

# Calendar No. 330

110TH CONGRESS  
1ST SESSION

# S. 898

To amend the Public Health Service Act to fund breakthroughs in Alzheimer's disease research while providing more help to caregivers and increasing public education about prevention.

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## IN THE SENATE OF THE UNITED STATES

MARCH 15, 2007

Ms. MIKULSKI (for herself, Mr. BOND, Mrs. CLINTON, Ms. COLLINS, Mr. MENENDEZ, Mr. DODD, Mr. KOHL, Mr. ISAKSON, Mrs. BOXER, Mr. BAYH, Mr. BROWN, Mr. COLEMAN, Mr. DURBIN, Mr. REED, Mr. CARPER, Mr. LUGAR, Mr. SANDERS, Ms. KLOBUCHAR, Mr. BURR, Mrs. MURRAY, Mr. SALAZAR, Mr. LAUTENBERG, and Mrs. LINCOLN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

AUGUST 3, 2007

Reported by Mr. KENNEDY, with an amendment and an amendment to the title

[Strike out all after the enacting clause and insert the part printed in italic]

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## A BILL

To amend the Public Health Service Act to fund breakthroughs in Alzheimer's disease research while providing more help to caregivers and increasing public education about prevention.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Alzheimer’s Break-  
3 through Act of 2007”.

4 **SEC. 2. FINDINGS.**

5 Congress makes the following findings:

6 (1) Alzheimer’s disease is a disorder that de-  
7 stroys cells in the brain. The disease is the leading  
8 cause of dementia, a condition that involves gradual  
9 memory loss, decline in the ability to perform rou-  
10 tine tasks, disorientation, difficulty in learning, loss  
11 of language skills, impairment of judgment, and per-  
12 sonality changes. As the disease progresses, people  
13 with Alzheimer’s disease become unable to care for  
14 themselves. The loss of brain cells eventually leads  
15 to the failure of other systems in the body.

16 (2) An estimated 4,500,000 Americans have  
17 Alzheimer’s disease and 1 in 10 individuals have a  
18 family member with the disease. By 2050, the num-  
19 ber of individuals with the disease could range from  
20 13,000,000 to 16,000,000 unless science finds a way  
21 to prevent or cure the disease.

22 (3) One in 10 people over the age of 65, and  
23 nearly half of those over the age of 85 have Alz-  
24 heimer’s disease. Younger people also get the dis-  
25 ease.

1           (4) The Alzheimer's disease process may begin  
 2           in the brain as many as 20 years before the symp-  
 3           toms of Alzheimer's disease appear. An individual  
 4           will live an average of 8 years and as many as 20  
 5           once the symptoms of Alzheimer's disease appear.

6           (5) The average lifetime cost of care for an in-  
 7           dividual with Alzheimer's disease is \$170,000.

8           (6) In 2005, Medicare alone spent  
 9           \$91,000,000,000 for the care of individuals with  
 10          Alzheimer's disease and this amount is projected to  
 11          increase to \$160,000,000,000 in 2010.

12          (7) Ninety-five percent of Medicare beneficiaries  
 13          with Alzheimer's disease have one or more other  
 14          chronic conditions that are common in the elderly,  
 15          coronary heart disease (30 percent), congestive heart  
 16          failure (28 percent), diabetes (21 percent), and  
 17          chronic obstructive pulmonary disease (17 percent).

18          (8) Seven in 10 individuals with Alzheimer's  
 19          disease live at home. While almost 75 percent of  
 20          home care is provided by family and friends, the av-  
 21          erage annual cost of paid care for people with Alz-  
 22          heimer's disease at home is \$19,000 per year. Al-  
 23          most all families pay this cost out of pocket.

24          (9) Half of all nursing home residents have Alz-  
 25          heimer's disease or a related disorder. The average

1      annual cost of Alzheimer's disease nursing home  
 2      care is more than \$70,000. Medicaid pays half of  
 3      the total nursing home bill and helps 2 out of 3 resi-  
 4      dents pay for their care. Medicaid expenditures for  
 5      nursing home care for people with Alzheimer's dis-  
 6      ease are estimated to increase from \$21,000,000,000  
 7      in 2005 to \$24,000,000,000 in 2010.

8            (10) In fiscal year 2007, the Federal Govern-  
 9      ment will spend an estimated \$642,000,000 on Alz-  
 10     heimer's disease research. If the United States  
 11     achieves its research goals (preventing the onset of  
 12     Alzheimer's disease in those at risk and treating and  
 13     delaying progression of the disease in those who  
 14     have symptoms), annual Medicare savings would be  
 15     \$51,000,000,000 by 2015 and \$88,000,000,000 by  
 16     2020. Annual Medicaid savings would be  
 17     \$10,000,000,000 in 2015 and \$17,000,000,000 by  
 18     2020 and the projected number of cases of Alz-  
 19     heimer's disease can be reduced by 40 percent by  
 20     the middle of the century.

21           (11) An analysis by the Montefiore Medical  
 22      Center and the Albert Einstein College of Medicine  
 23      estimated that the annual value of the informal care  
 24      system is \$306,000,000,000. Family caregiving

1 comes at enormous physical, emotional, and financial  
2 sacrifice, putting the whole system at risk.

3 (12) One in 8 Alzheimer's disease caregivers be-  
4 comes ill or injured as a direct result of caregiving.  
5 One in 3 uses medication for problems related to  
6 caregiving. Older caregivers are 3 times more likely  
7 to become clinically depressed than others in their  
8 age group.

9 (13) Elderly spouses strained by caregiving are  
10 63 percent more likely to die during a given 4-year  
11 period than other spouses their age.

12 (14) Almost 3 of 4 caregivers are women. One  
13 in 3 has children or grandchildren under the age of  
14 18 living at home. Caregiving leaves them less time  
15 for other family members and they are much more  
16 likely to report family conflicts because of their  
17 caregiving role.

18 (15) Most Alzheimer's disease caregivers work  
19 outside the home before beginning their caregiving  
20 careers, but caregiving forces them to miss work, cut  
21 back to part-time, take less demanding jobs, choose  
22 early retirement, or give up work altogether. As a  
23 result, in 2002, Alzheimer's disease cost American  
24 business an estimated \$36,500,000,000 in lost pro-

ductivity, as well as an additional \$24,600,000,000  
in business contributions to the total cost of care.

**TITLE I—INCREASING THE FEDERAL COMMITMENT TO ALZHEIMER’S RESEARCH**

**SEC. 101. DOUBLING NIH FUNDING FOR ALZHEIMER’S DISEASE RESEARCH.**

(a) IN GENERAL.—For the purpose of conducting and supporting research on Alzheimer’s disease (including related activities under subpart 5 of part C of title IV of the Public Health Service Act (42 U.S.C. 285e et seq.) there is authorized to be appropriated \$1,300,000,000 for fiscal year 2008, and such sums as may be necessary for each of fiscal years 2009 through 2012.

(b) AGING PROCESS REGARDING WOMEN.—Section 445H(b) of the Public Health Service Act (42 U.S.C. 285e–10(b)) is amended by striking “2003” and inserting “2012”.

(c) CLINICAL RESEARCH AND TRAINING AWARDS.—Section 445I(d) of the Public Health Service Act (42 U.S.C. 285e–10a(d)) is amended by striking “2005” and inserting “2012”.

**SEC. 102. PRIORITY TO ALZHEIMER’S DISEASE RESEARCH.**

Section 443 of the Public Health Service Act (42 U.S.C. 285e) is amended—

1           (1) by striking “The general” and inserting

2           “(a) **IN GENERAL.**—The general”; and

3           (2) by adding at the end the following:

4           “(b) **PRIORITIES.**—The Director of the Institute  
5 shall, in expending amounts appropriated under this sub-  
6 part, give priority to conducting and supporting Alz-  
7 heimer’s disease research.”.

8 **SEC. 103. ALZHEIMER’S DISEASE PREVENTION INITIATIVE.**

9           Section 443 of the Public Health Service Act (42  
10 U.S.C. 285e), as amended by section 102, is further  
11 amended by adding at the end the following:

12           “(c) **PREVENTION TRIALS.**—The Director of the In-  
13 stitute shall increase the emphasis on the need to conduct  
14 Alzheimer’s disease prevention trials within the National  
15 Institutes of Health.

16           “(d) **NEUROSCIENCE INITIATIVE.**—The Director of  
17 the Institute shall ensure that Alzheimer’s disease is main-  
18 tained as a high priority for the existing neuroscience ini-  
19 tiative.”.

20 **SEC. 104. ALZHEIMER’S DISEASE CLINICAL RESEARCH.**

21           (a) **CLINICAL RESEARCH.**—Subpart 5 of part C of  
22 title IV of the Public Health Service Act (42 U.S.C. 285e  
23 et seq.) is amended by adding at the end the following:

1 **“SEC. 445J. ALZHEIMER’S DISEASE CLINICAL RESEARCH.**

2 “(a) IN GENERAL.—The Director of the Institute,  
3 pursuant to subsections (d) and (e) of section 444, shall  
4 conduct and support cooperative clinical research regard-  
5 ing Alzheimer’s disease. Such research shall include—

6 “(1) investigating therapies, interventions, and  
7 agents to detect, treat, slow the progression of, or  
8 prevent Alzheimer’s disease;

9 “(2) enhancing the national infrastructure for  
10 the conduct of clinical trials;

11 “(3) developing and testing novel approaches to  
12 the design and analysis of such trials;

13 “(4) facilitating the enrollment of patients for  
14 such trials, including patients from diverse popu-  
15 lations;

16 “(5) developing improved diagnostics and  
17 means of patient assessment for Alzheimer’s disease;

18 “(6) the conduct of clinical trials on potential  
19 therapies, including readily available compounds  
20 such as herbal remedies and other alternative treat-  
21 ments;

22 “(7) research to develop better methods of early  
23 diagnosis, including the use of current imaging tech-  
24 niques; and

25 “(8) other research as determined appropriate  
26 by the Director of the Institute, the Alzheimer’s Dis-



1       ease Centers and Alzheimer’s Disease Research Cen-  
2       ters established under section 445.

3       “(b) ~~EARLY DIAGNOSIS AND DETECTION RE-~~  
4 ~~SEARCH.—~~

5           “(1) ~~IN GENERAL.—~~The Director of the Insti-  
6       tute, in consultation with the directors of other rel-  
7       evant institutes and centers of the National Insti-  
8       tutes of Health, shall conduct, or make grants for  
9       the conduct of, research related to the early detec-  
10      tion, diagnosis, and prevention of Alzheimer’s dis-  
11      ease and of mild cognitive impairment or other po-  
12      tential precursors to Alzheimer’s disease.

13          “(2) ~~EVALUATION.—~~The research described in  
14      paragraph (1) may include the evaluation of diag-  
15      nostic tests and imaging techniques.

16          “(3) ~~STUDY.—~~Not later than 1 year after the  
17      date of enactment of this section, the Director of the  
18      Institute, in cooperation with the heads of other rel-  
19      evant Federal agencies, shall conduct a study, and  
20      submit to Congress a report, to estimate the number  
21      of individuals with early-onset Alzheimer’s disease  
22      (those diagnosed before the age of 65) and related  
23      dementias in the United States, the causes of early-  
24      onset dementia, and the unique problems faced by

1       such individuals, including problems accessing gov-  
2       ernment services.

3       ~~“(c) VASCULAR DISEASE.—The Director of the Insti-~~  
4       tute, in consultation with the directors of other relevant  
5       institutes and centers of the National Institutes of Health,  
6       shall conduct, or make grants for the conduct of, research  
7       related to the relationship of vascular disease and Alz-  
8       heimer’s disease, including clinical trials to determine  
9       whether drugs developed to prevent cerebrovascular dis-  
10      ease can prevent the onset or progression of Alzheimer’s  
11      disease.

12      ~~“(d) TREATMENTS AND PREVENTION.—The Director~~  
13      of the Institute shall place special emphasis on expediting  
14      the translation of research findings under this section into  
15      effective treatments and prevention strategies for at-risk  
16      individuals.

17      ~~“(e) NATIONAL ALZHEIMER’S COORDINATING CEN-~~  
18      TER.—The Director of the Institute may establish a Na-  
19      tional Alzheimer’s Coordinating Center to facilitate col-  
20      laborative research among the Alzheimer’s Disease Cen-  
21      ters and Alzheimer’s Disease Research Centers established  
22      under section 445.”.

23      (b) ALZHEIMER’S DISEASE CENTERS.—Section  
24      445(a)(1) of the Public Health Service Act (42 U.S.C.  
25      285e-2(a)(1)) is amended by inserting “, and outcome

1 measures and disease management” after “treatment  
2 methods”.

3 **SEC. 105. RESEARCH ON ALZHEIMER’S DISEASE**  
4 **CAREGIVING.**

5 Section 445C of the Public Health Service Act (42  
6 U.S.C. 285e–5) is amended—

7 (1) by striking “**SEC. 445C.** (a)” and inserting  
8 the following:

9 “**SEC. 445C. RESEARCH ON ALZHEIMER’S DISEASE SERV-**  
10 **ICES AND CAREGIVING.**

11 “(a) SERVICES RESEARCH.—”;

12 (2) by striking subsections (b), (c), and (d);

13 (3) by inserting after subsection (a) the fol-  
14 lowing:

15 “(b) INTERVENTIONS RESEARCH.—The Director  
16 shall, in collaboration with the directors of the other rel-  
17 evant institutes and centers of the National Institutes of  
18 Health, conduct, or make grants for the conduct of, clin-  
19 ical, social, and behavioral research related to interven-  
20 tions designed to help caregivers of patients with Alz-  
21 heimer’s disease and related disorders and improve patient  
22 outcomes.”; and

23 (4) in subsection (d) by striking “(d) the Direc-  
24 tor” and inserting “(c) **MODEL CURRICULA AND**  
25 **TECHNIQUES.**—The Director”.

1 **SEC. 106. NATIONAL SUMMIT ON ALZHEIMER'S DISEASE.**

2       (a) **IN GENERAL.**—Not later than 3 years after the  
 3 date of enactment of this Act, and every 3 years there-  
 4 after, the Secretary of Health and Human Services (re-  
 5 ferred to in this section as the “Secretary”) shall convene  
 6 a summit of researchers, representatives of academic insti-  
 7 tutions, Federal and State policymakers, public health  
 8 professionals, and representatives of voluntary health  
 9 agencies to provide a detailed overview of current research  
 10 activities at the National Institutes of Health, as well as  
 11 to discuss and solicit input related to potential areas of  
 12 collaboration between the National Institutes of Health  
 13 and other Federal health agencies, including the Centers  
 14 for Disease Control and Prevention, the Administration on  
 15 Aging, the Agency for Healthcare Research and Quality,  
 16 and the Health Resources and Services Administration,  
 17 related to research, prevention, and treatment of Alz-  
 18 heimer’s disease.

19       (b) **FOCUS AREAS.**—The summit convened under  
 20 subsection (a) shall focus on—

- 21               (1) a broad range of Alzheimer’s disease re-  
 22 search activities relating to biomedical research, pre-  
 23 vention research, and caregiving issues;
- 24               (2) clinical research for the development and  
 25 evaluation of new treatments for the disease;

1           (3) translational research on evidence-based and  
2           cost-effective best practices in the treatment and  
3           prevention of the disease;

4           (4) information and education programs for  
5           health care professionals and the public relating to  
6           the disease;

7           (5) priorities among the programs and activities  
8           of the various Federal agencies regarding such dis-  
9           eases; and

10          (6) challenges and opportunities for scientists,  
11          clinicians, patients, and voluntary organizations re-  
12          lating to the disease.

13          (c) REPORT.—Not later than 180 days after the date  
14          on which the National Summit on Alzheimer’s Disease is  
15          convened under subsection (a), the Director of National  
16          Institutes of Health shall prepare and submit to the ap-  
17          propriate committees of Congress a report that includes  
18          a summary of the proceedings of the summit and a de-  
19          scription of Alzheimer’s research, education, and other ac-  
20          tivities that are conducted or supported through the na-  
21          tional research institutes.

22          (d) PUBLIC INFORMATION.—The Secretary shall  
23          make readily available to the public information about the  
24          research, education, and other activities relating to Alz-

1 heimer’s disease and other related dementias; conducted  
 2 or supported by the National Institutes of Health.

3 **TITLE II—PUBLIC HEALTH PRO-**  
 4 **MOTION AND PREVENTION**  
 5 **OF ALZHEIMER’S DISEASE**

6 **SEC. 201. ENHANCING PUBLIC HEALTH ACTIVITIES RE-**  
 7 **LATED TO COGNITIVE HEALTH, ALZHEIMER’S**  
 8 **DISEASE, AND OTHER DEMENTIA’S.**

9 Part P of title III of the Public Health Service Act  
 10 (42 U.S.C. 280g et seq.) is amended by adding at the end  
 11 the following:

12 **“SEC. 399R. ALZHEIMER’S DISEASE PUBLIC EDUCATION**  
 13 **CAMPAIGN.**

14 “(a) IN GENERAL.—The Secretary, acting through  
 15 the Director of the Centers for Disease Control and Pre-  
 16 vention, shall directly or through grants, cooperative  
 17 agreements, or contracts to eligible entities, conduct, sup-  
 18 port, and promote the coordination of research, investiga-  
 19 tions, demonstrations, training, and studies relating to the  
 20 control, prevention, and surveillance of the risk factors as-  
 21 sociated with cognitive health, Alzheimer’s disease, and  
 22 other dementia’s, and seek early recognition and interven-  
 23 tion in the course of Alzheimer’s disease and other demen-  
 24 tias.

1       “(b) CERTAIN ACTIVITIES.—Activities under sub-  
2 section (a) shall include—

3           “(1) providing support for the dissemination  
4 and implementation of the Roadmap to Maintaining  
5 Cognitive Health to effectively mobilize the public  
6 health community into action;

7           “(2) the development of coordinated public edu-  
8 cation programs, services, and demonstrations which  
9 are designed to increase general awareness of cog-  
10 nitive function and promote a brain healthy lifestyle;

11          “(3) the development of targeted communica-  
12 tion strategies and tools to educate health profes-  
13 sionals and service providers about the early recogni-  
14 tion, diagnosis, care, and management of Alz-  
15 heimer’s disease and dementia, and to provide con-  
16 sumers with information about interventions, prod-  
17 ucts, and services that promote cognitive health and  
18 assist consumers in maintaining current under-  
19 standing about cognitive health based on the best  
20 science available; and

21          “(4) provide support for the collection, publica-  
22 tion, and analysis of data on the prevalence and inci-  
23 dence of cognitive health, Alzheimer’s disease, and  
24 other dementias, and the evaluation of existing pop-  
25 ulation-based surveillance systems (such as the Be-

1       havioral Risk Factors Surveillance Survey (BRFSS)  
 2       and the National Health Interview Survey (NHIS))  
 3       to identify limitations that exist in the area of cog-  
 4       nitive health, and if necessary, the development of a  
 5       surveillance system for cognitive decline, including  
 6       Alzheimer’s disease and dementia.

7       “(c) GRANTS.—The Secretary may award grants  
 8       under this section—

9               “(1) to State and local health agencies for the  
 10       purpose of—

11                   “(A) coordinating activities related to cog-  
 12                   nitive health, Alzheimer’s disease, and other de-  
 13                   mentias with existing State-based health pro-  
 14                   grams and community-based organizations;

15                   “(B) providing Alzheimer’s disease edu-  
 16                   cation and training opportunities and programs  
 17                   for health professionals; and

18                   “(C) developing, testing, evaluating, and  
 19                   replicating effective Alzheimer’s disease inter-  
 20                   vention programs to maintain or improve cog-  
 21                   nitive health; and

22               “(2) to nonprofit private health organizations  
 23       with expertise in providing care and services to indi-  
 24       viduals with Alzheimer’s disease for the purpose  
 25       of—



1                   “(A) disseminating information to the pub-  
2                   lic;

3                   “(B) testing model intervention programs  
4                   to improve cognitive health; and

5                   “(C) coordinating existing services with  
6                   State-based health programs.

7           “(d) ~~AUTHORIZATION OF APPROPRIATIONS.~~—For the  
8   purpose of carrying out this section, there are authorized  
9   to be appropriated \$15,000,000 for fiscal year 2008, and  
10   such sums as may be necessary for each of fiscal years  
11   2009 through 2012.”.

## 12                   **TITLE III—ASSISTANCE FOR** 13                   **CAREGIVERS**

### 14   **SEC. 301. ALZHEIMER’S DISEASE CALL CENTER.**

15           Part P of title III of the Public Health Service Act  
16   (42 U.S.C. 280g et seq.), as amended by section 201, is  
17   further amended by adding at the end the following:

### 18   **“SEC. 399S. ALZHEIMER’S DISEASE CALL CENTER.**

19           “(a) ~~IN GENERAL.~~—The Secretary, acting through  
20   the Administration on Aging, shall award a cooperative  
21   grant to a non-profit or community-based organization to  
22   support the establishment and operation of an Alzheimer’s  
23   Call Center that is accessible 24 hours a day, 7 days a  
24   week, to provide expert advice, care consultation, informa-

1 tion, and referrals nationwide at the national and local  
2 level regarding Alzheimer's disease.

3       “(b) ~~ACTIVITIES.~~—The Alzheimer's Call Center es-  
4 tablished under subsection (a) shall—

5               “(1) collaborate with the Administration on  
6 Aging in the development, modification, and execu-  
7 tion of the Call Center's work plan;

8               “(2) assist the Administration on Aging in de-  
9 veloping and sustaining collaborations between the  
10 Alzheimer's Call Center, the Eldercare Locator, the  
11 grantees under the Alzheimer's Demonstration Pro-  
12 gram, and the Aging Network;

13               “(3) provide a 24-hour a day, 7-days a week  
14 toll-free Call Center with trained professional staff  
15 who are available to provide care consultation and  
16 crisis intervention to individuals with Alzheimer's  
17 disease and other dementias, their family and infor-  
18 mal caregivers, and others as appropriate;

19               “(4) be accessible by telephone through a single  
20 1-800 telephone number, website and e-mail ad-  
21 dress; and

22               “(5) evaluate the impact of the Call Center's  
23 activities and services.

24       “(c) ~~MULTILINGUAL CAPACITY.~~—The Call Center es-  
25 tablished under this section shall have a multilingual ca-

“(c) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated \$1,000,000 for fiscal year 2008, and such sums as may be necessary for each of fiscal years 2009 through 2012.”.

18           (a) ~~AUTHORIZATION OF APPROPRIATIONS.~~—Section  
19 398B(e) of the Public Health Service Act (42 U.S.C.  
20 280c-5(e)) is amended—

23 (2) by inserting before the period the following:

24 “, \$25,000,000 for fiscal year 2008, and such sums

1 as may be necessary for each of fiscal years 2009  
 2 through 2012”.

3 (b) PROGRAM EXPANSION.—Section 398(a) of the  
 4 Public Health Service Act (42 U.S.C. 280c-3(a))

5 (1) in paragraph (2), by inserting after “other  
 6 respite care” the following: “and care consultation  
 7 including assessment of needs, assistance with plan-  
 8 ning and problem solving and providing supportive  
 9 listening”;

10 (2) in paragraph (3), by striking “, and” and  
 11 inserting the following: “and individuals in frontier  
 12 areas (as defined as areas with 6 or fewer people per  
 13 square mile or areas in which it takes people at least  
 14 60 minutes or 60 miles to reach a market or service  
 15 area);”;

16 (3) in paragraph (4), by striking the period at  
 17 the end and inserting a semicolon; and

18 (4) by adding at the end the following:

19 “(5) to encourage grantees under this section to  
 20 coordinate activities with other State officials admin-  
 21 istering efforts to promote long-term care options  
 22 that enable older individuals to receive long-term  
 23 care in home- and community-based settings, in a  
 24 manner responsive to the needs and preferences of  
 25 older individuals and their family caregivers;

1           “(6) to encourage grantees under this section  
2       to—

3           “(A) engage in activities that support early  
4       detection and diagnosis of Alzheimer’s disease  
5       and related dementia;

6           “(B) provide training to medical personnel  
7       including hospital staff, emergency room per-  
8       sonnel, home health care workers and physician  
9       office staff, rehabilitation services providers,  
10      and caregivers about how Alzheimer’s can affect  
11      behavior and impede communication in medical  
12      and community settings;

13          “(C) develop guidelines to provide the med-  
14      ical community with up-to-date information  
15      about the best methods of care for individuals  
16      with Alzheimer’s disease;

17          “(D) inform community physicians about  
18      available resources to assist them in detecting  
19      and managing Alzheimer’s; and

20          “(E) raise awareness among community  
21      physicians about the availability of community-  
22      based organizations which can assist individuals  
23      with Alzheimer’s and their caregivers;

24          “(7) to encourage grantees under this section to  
25      engage in activities that use findings from evidence-

1 based research on service models and techniques to  
 2 support individuals with Alzheimer's disease and  
 3 their caregivers; and

4 “(8) to encourage grantees under this section to  
 5 incorporate best practices for effectively serving indi-  
 6 viduals with Alzheimer's disease in community-based  
 7 settings into ongoing State systems change and  
 8 long-term care activities.”.

9 **SECTION 1. SHORT TITLE.**

10 *This Act may be cited as the “Alzheimer's Break-*  
 11 *through Act of 2007”.*

12 **SEC. 2. FINDINGS.**

13 *Congress makes the following findings:*

14 *(1) Alzheimer's disease is a disorder that de-*  
 15 *stroys cells in the brain. The disease is the leading*  
 16 *cause of dementia, a condition that involves gradual*  
 17 *memory loss, decline in the ability to perform routine*  
 18 *tasks, disorientation, difficulty in learning, loss of*  
 19 *language skills, impairment of judgment, and person-*  
 20 *ality changes. As the disease progresses, people with*  
 21 *Alzheimer's disease become unable to care for them-*  
 22 *selves. The loss of brain cells eventually leads to the*  
 23 *failure of other systems in the body.*

24 *(2) An estimated 4,500,000 Americans have Alz-*  
 25 *heimer's disease and 1 in 10 individuals have a fam-*

1        *ily member with the disease. By 2050, the number of*  
 2        *individuals with the disease could range from*  
 3        *13,000,000 to 16,000,000 unless science finds a way*  
 4        *to prevent or cure the disease.*

5            *(3) One in 10 people over the age of 65, and*  
 6        *nearly half of those over the age of 85 have Alz-*  
 7        *heimer's disease. Younger people also get the disease.*

8            *(4) The Alzheimer's disease process may begin in*  
 9        *the brain as many as 20 years before the symptoms*  
 10       *of Alzheimer's disease appear. An individual will live*  
 11       *an average of 8 years and as many as 20 once the*  
 12       *symptoms of Alzheimer's disease appear.*

13           *(5) The average lifetime cost of care for an indi-*  
 14       *vidual with Alzheimer's disease is \$170,000.*

15           *(6) In 2005, Medicare alone spent*  
 16       *\$91,000,000,000 for the care of individuals with Alz-*  
 17       *heimer's disease and this amount is projected to in-*  
 18       *crease to \$160,000,000,000 in 2010.*

19           *(7) Ninety-five percent of Medicare beneficiaries*  
 20       *with Alzheimer's disease have one or more other*  
 21       *chronic conditions that are common in the elderly,*  
 22       *coronary heart disease (30 percent), congestive heart*  
 23       *failure (28 percent), diabetes (21 percent), and chron-*  
 24       *ic obstructive pulmonary disease (17 percent).*

1           (8) *Seven in 10 individuals with Alzheimer's*  
2           *disease live at home. While almost 75 percent of home*  
3           *care is provided by family and friends, the average*  
4           *annual cost of paid care for people with Alzheimer's*  
5           *disease at home is \$19,000 per year. Almost all fami-*  
6           *lies pay this cost out of pocket.*

7           (9) *Half of all nursing home residents have Alz-*  
8           *heimer's disease or a related disorder. The average*  
9           *annual cost of Alzheimer's disease nursing home care*  
10          *is more than \$70,000. Medicaid pays half of the total*  
11          *nursing home bill and helps 2 out of 3 residents pay*  
12          *for their care. Medicaid expenditures for nursing*  
13          *home care for people with Alzheimer's disease are esti-*  
14          *mated to increase from \$21,000,000,000 in 2005 to*  
15          *\$24,000,000,000 in 2010.*

16          (10) *In fiscal year 2007, the Federal Government*  
17          *will spend an estimated \$642,000,000 on Alzheimer's*  
18          *disease research. If the United States achieves its re-*  
19          *search goals (preventing the onset of Alzheimer's dis-*  
20          *ease in those at risk and treating and delaying pro-*  
21          *gression of the disease in those who have symptoms),*  
22          *annual Medicare savings would be \$51,000,000,000*  
23          *by 2015 and \$88,000,000,000 by 2020. Annual Med-*  
24          *icaid savings would be \$10,000,000,000 in 2015 and*  
25          *\$17,000,000,000 by 2020 and the projected number of*



1       *cases of Alzheimer's disease would be reduced by 40*  
2       *percent by the middle of the century.*

3               *(11) An analysis by the Montefiore Medical Cen-*  
4       *ter and the Albert Einstein College of Medicine esti-*  
5       *mated that the annual value of the informal care sys-*  
6       *tem is \$306,000,000,000. Family caregiving comes at*  
7       *enormous physical, emotional, and financial sacrifice,*  
8       *putting the whole system at risk.*

9               *(12) One in 8 Alzheimer's disease caregivers be-*  
10       *comes ill or injured as a direct result of caregiving.*  
11       *One in 3 uses medication for problems related to*  
12       *caregiving. Older caregivers are 3 times more likely*  
13       *to become clinically depressed than others in their age*  
14       *group.*

15               *(13) Elderly spouses strained by caregiving are*  
16       *63 percent more likely to die during a given 4-year*  
17       *period than other spouses their age.*

18               *(14) Almost 3 of 4 caregivers are women. One in*  
19       *3 has children or grandchildren under the age of 18*  
20       *living at home. Caregiving leaves them less time for*  
21       *other family members and they are much more likely*  
22       *to report family conflicts because of their caregiving*  
23       *role.*

24               *(15) Most Alzheimer's disease caregivers work*  
25       *outside the home before beginning their caregiving ca-*

1        *reers, but caregiving forces them to miss work, cut*  
 2        *back to part-time, take less demanding jobs, choose*  
 3        *early retirement, or give up work altogether. As a re-*  
 4        *sult, in 2002, Alzheimer’s disease cost American busi-*  
 5        *ness an estimated \$36,500,000,000 in lost produc-*  
 6        *tivity, as well as an additional \$24,600,000,000 in*  
 7        *business contributions to the total cost of care.*

8        ***TITLE I—INCREASING THE FED-***  
 9        ***ERAL COMMITMENT TO ALZ-***  
 10       ***HEIMER’S RESEARCH***

11       ***SEC. 101. INCREASE IN NIH FUNDING FOR ALZHEIMER’S***  
 12       ***DISEASE RESEARCH.***

13       *For the purpose of conducting and supporting research*  
 14       *on Alzheimer’s disease, cognitive health, and related dis-*  
 15       *orders (including related activities under subpart 5 of part*  
 16       *C of title IV of the Public Health Service Act (42 U.S.C.*  
 17       *285e et seq.) there is authorized to be appropriated*  
 18       *\$780,000,000 for fiscal year 2008, \$910,000,000 for fiscal*  
 19       *year 2009, \$1,040,000,000 for fiscal year 2010,*  
 20       *\$1,170,000,000 for fiscal year 2011, and \$1,300,000,000 for*  
 21       *fiscal year 2012.*

22       ***SEC. 102. PRIORITY TO ALZHEIMER’S DISEASE RESEARCH.***

23       *Section 444(d) of the Public Health Service Act (42*  
 24       *U.S.C. 285e–1(d)) is amended by adding at the end the fol-*  
 25       *lowing: “The Director of the Institute shall continue to*

1 *make research related to Alzheimer’s Disease, cognitive*  
 2 *health, and related disorders’, a priority within the Insti-*  
 3 *tute’s activities consistent with the peer-review process.”.*

4 **SEC. 103. ALZHEIMER’S DISEASE PREVENTION INITIATIVE.**

5 *Section 444 of the Public Health Service Act (42*  
 6 *U.S.C. 285e–1), as amended by section 102, is further*  
 7 *amended by adding at the end the following:*

8 *“(e) PREVENTION TRIALS.—The Director of the Insti-*  
 9 *tute, shall increase the emphasis on the need to conduct Alz-*  
 10 *heimer’s disease, cognitive health, and related disorders pre-*  
 11 *vention trials within the National Institutes of Health.*

12 *“(f) NEUROSCIENCE INITIATIVE.—The Director of the*  
 13 *Institute, shall ensure that Alzheimer’s disease, cognitive*  
 14 *health, and related disorders is maintained as a high pri-*  
 15 *ority for the existing neuroscience initiative.”.*

16 **SEC. 104. ALZHEIMER’S DISEASE CLINICAL RESEARCH.**

17 *(a) CLINICAL RESEARCH.—Subpart 5 of part C of title*  
 18 *IV of the Public Health Service Act (42 U.S.C. 285e et seq.)*  
 19 *is amended by adding at the end the following:*

20 **“SEC. 445J. ALZHEIMER’S DISEASE CLINICAL RESEARCH.**

21 *“(a) IN GENERAL.—The Secretary, acting through the*  
 22 *Director of the Institute, pursuant to subsection (d) of sec-*  
 23 *tion 444, shall, consistent with the peer-review and priority*  
 24 *setting process of the Institute, conduct and support cooper-*  
 25 *ative clinical research regarding Alzheimer’s disease, cog-*

1 *nitive health, and related disorders. Such research may in-*  
 2 *clude—*

3           “(1) *investigating therapies, interventions, and*  
 4           *agents to detect, treat, slow the progression of, or pre-*  
 5           *vent Alzheimer’s disease;*

6           “(2) *enhancing the national infrastructure for*  
 7           *the conduct of clinical trials;*

8           “(3) *developing and testing novel approaches to*  
 9           *the design and analysis of such trials;*

10           “(4) *facilitating the enrollment of patients for*  
 11           *such trials, including patients from diverse popu-*  
 12           *lations;*

13           “(5) *developing improved diagnostics and means*  
 14           *of patient assessment for Alzheimer’s disease;*

15           “(6) *the conduct of clinical trials on potential*  
 16           *therapies, including readily available compounds such*  
 17           *as herbal remedies and other alternative treatments;*

18           “(7) *research to develop better methods of early*  
 19           *diagnosis, including the use of current imaging tech-*  
 20           *niques;*

21           “(8) *enhance research currently being done on*  
 22           *minorities and health disparities; and*

23           “(9) *other research as determined appropriate by*  
 24           *the Director of the Institute, the Alzheimer’s Disease*

1        *Centers and Alzheimer’s Disease Research Centers es-*  
 2        *tablished under section 445.*

3        “(b) *EARLY DIAGNOSIS AND DETECTION RE-*  
 4        *SEARCH.*—

5                “(1) *IN GENERAL.*—*The Secretary, acting*  
 6        *through the Director of the Institute, in consultation*  
 7        *with the directors of other relevant institutes and cen-*  
 8        *ters of the National Institutes of Health, shall con-*  
 9        *duct, or make grants for the conduct of, research re-*  
 10       *lated to the early detection, diagnosis, and prevention*  
 11       *of Alzheimer’s disease and of mild cognitive impair-*  
 12       *ment or other potential precursors to Alzheimer’s dis-*  
 13       *ease.*

14               “(2) *EVALUATION.*—*The research described in*  
 15       *paragraph (1) may include the evaluation of diag-*  
 16       *nostic tests and imaging techniques.*

17               “(3) *STUDY ON THE PREVALENCE AND CAUSES*  
 18       *OF EARLY ONSET DEMENTIA.*—*The Director of the In-*  
 19       *stitute is encouraged to explore the feasibility and sci-*  
 20       *entific opportunities in research regarding the preva-*  
 21       *lence and causes of early onset dementia (diagnosed*  
 22       *before the age of 65).*

23               “(c) *VASCULAR DISEASE.*—*The Secretary, acting*  
 24       *through the Director of the Institute, in consultation with*  
 25       *the directors of other relevant institutes and centers of the*

1 *National Institutes of Health, are strongly encouraged to*  
 2 *conduct or make grants for the conduct of research related*  
 3 *to the relationship of vascular disease and Alzheimer’s dis-*  
 4 *ease and related disorders, including clinical trials to deter-*  
 5 *mine whether drugs developed to prevent cerebrovascular*  
 6 *disease can prevent the onset or progression of Alzheimer’s*  
 7 *disease.*

8       “(d) *TREATMENTS AND PREVENTION.—The Secretary,*  
 9 *acting through the Director of the Institute, shall place spe-*  
 10 *cial emphasis on expediting the translation of research find-*  
 11 *ings under this section into effective treatments and preven-*  
 12 *tion strategies for at-risk individuals.*

13       “(e) *NATIONAL ALZHEIMER’S COORDINATING CEN-*  
 14 *TER.—The Secretary, acting through the Director of the In-*  
 15 *stitute, may establish a National Alzheimer’s Coordinating*  
 16 *Center to facilitate collaborative research among the Alz-*  
 17 *heimer’s Disease Centers and Alzheimer’s Disease Research*  
 18 *Centers established under section 445.”.*

19       “(b) *ALZHEIMER’S DISEASE CENTERS.—Section*  
 20 *445(a)(1) of the Public Health Service Act (42 U.S.C. 285e–*  
 21 *2(a)(1)) is amended by inserting “, and outcome measures*  
 22 *and disease management” after “treatment methods”.*

1 **SEC. 105. RESEARCH ON ALZHEIMER'S DISEASE**  
 2 **CAREGIVING.**

3 *Section 445C of the Public Health Service Act (42*  
 4 *U.S.C. 285e-5) is amended—*

5 *(1) by striking “SEC. 445C. (a)” and inserting*  
 6 *the following:*

7 **“SEC. 445C. RESEARCH ON ALZHEIMER'S DISEASE SERV-**  
 8 **ICES AND CAREGIVING.**

9 *“(a) SERVICES RESEARCH.—”;*

10 *(2) by striking subsections (b), (c), and (e);*

11 *(3) by inserting after subsection (a) the fol-*  
 12 *lowing:*

13 *“(b) INTERVENTIONS RESEARCH.—The Secretary, act-*  
 14 *ing through the Director, shall, in collaboration with the*  
 15 *directors of the other relevant institutes and centers of the*  
 16 *National Institutes of Health, conduct, or make grants for*  
 17 *the conduct of, clinical, social, and behavioral research re-*  
 18 *lated to interventions designed to help caregivers of patients*  
 19 *with Alzheimer's disease and related disorders and improve*  
 20 *patient outcomes.”; and*

21 *(4) in subsection (d) by striking “(d) the Direc-*  
 22 *tor” and inserting “(c) MODEL CURRICULA AND*  
 23 *TECHNIQUES.—The Director”.*

1 **SEC. 106. NATIONAL SUMMIT ON ALZHEIMER'S DISEASE**  
 2 **AND RELATED DISORDERS.**

3       (a) *IN GENERAL.*—Not later than 3 years after the  
 4 date of enactment of this Act, and every 3 years thereafter,  
 5 the Secretary of Health and Human Services (referred to  
 6 in this section as the “Secretary”) shall convene a summit  
 7 of researchers, representatives of academic institutions, Fed-  
 8 eral and State policy makers, public health professionals,  
 9 community health organizations, and representatives of vol-  
 10 untary health organizations to provide a detailed overview  
 11 of current research activities at the National Institutes of  
 12 Health, as well as to discuss and solicit input related to  
 13 potential areas of collaboration between the National Insti-  
 14 tutes of Health and other Federal health agencies, including  
 15 the Centers for Disease Control and Prevention, the Admin-  
 16 istration on Aging, the Agency for Healthcare Research and  
 17 Quality, and the Health Resources and Services Adminis-  
 18 tration, related to research, prevention, and treatment of  
 19 Alzheimer’s disease.

20       (b) *FOCUS AREAS.*—The summit convened under sub-  
 21 section (a) shall focus on—

22               (1) *a broad range of Alzheimer’s disease research*  
 23               *activities relating to breakthroughs in biomedical re-*  
 24               *search, prevention research, and caregiving issues;*

25               (2) *clinical research for the development and*  
 26               *evaluation of new treatments for Alzheimer’s disease;*



1           (3) *translational research on evidence-based and*  
 2           *cost-effective best practices in the treatment and pre-*  
 3           *vention of Alzheimer’s disease;*

4           (4) *international research and activities relating*  
 5           *to breakthroughs in prevention, diagnosis, and treat-*  
 6           *ment of Alzheimer’s disease;*

7           (5) *advances in complimentary and alternative*  
 8           *medicine related to Alzheimer’s disease;*

9           (6) *information and education programs for*  
 10          *health care professionals and the public relating to*  
 11          *Alzheimer’s disease;*

12          (7) *priorities among the programs and activities*  
 13          *of the various Federal agencies related to Alzheimer’s*  
 14          *disease; and*

15          (8) *challenges and opportunities for scientists,*  
 16          *clinicians, patients, and voluntary organizations re-*  
 17          *lating to Alzheimer’s disease.*

18          (c) *REPORT.*—*Not later than 180 days after the date*  
 19          *on which the National Summit on Alzheimer’s Disease is*  
 20          *convened under subsection (a), the Secretary, acting*  
 21          *through the Director of National Institutes of Health, shall*  
 22          *prepare and submit to the appropriate committees of Con-*  
 23          *gress a report that includes a summary of the proceedings*  
 24          *of the summit and a description of Alzheimer’s research,*

1 *education, and other activities that are conducted or sup-*  
 2 *ported through the national research institutes.*

3 *(d) PUBLIC INFORMATION.—The Secretary shall make*  
 4 *readily available to the public information about the re-*  
 5 *search, education, and other activities relating to Alz-*  
 6 *heimer’s disease and other related dementias, conducted or*  
 7 *supported by the National Institutes of Health.*

8 ***TITLE II—ENHANCED PUBLIC***  
 9 ***HEALTH ACTIVITIES RELATED***  
 10 ***TO COGNITIVE HEALTH, ALZ-***  
 11 ***HEIMER’S DISEASE AND***  
 12 ***OTHER DEMENTIAS***

13 ***SEC. 201. ENHANCED PUBLIC HEALTH ACTIVITIES RELATED***  
 14 ***TO COGNITIVE HEALTH, ALZHEIMER’S DIS-***  
 15 ***EASE, AND OTHER DEMENTIAS.***

16 *Part P of title III of the Public Health Service Act*  
 17 *(42 U.S.C. 280g et seq.) is amended by adding at the end*  
 18 *the following:*

19 ***“SEC. 399R. ALZHEIMER’S DISEASE PUBLIC EDUCATION***  
 20 ***AWARENESS PROGRAM.***

21 *“(a) IN GENERAL.—The Secretary, acting through the*  
 22 *Director of the Centers for Disease Control and Prevention,*  
 23 *shall directly or through grants, cooperative agreements, or*  
 24 *contracts to eligible entities, conduct, support, and promote*  
 25 *the coordination of research, investigations, demonstrations,*

1 *training, and studies relating to the control, prevention,*  
 2 *and surveillance of the risk factors associated with cognitive*  
 3 *health, Alzheimer’s disease, and related disorders, and seek*  
 4 *early recognition and intervention in the course of Alz-*  
 5 *heimer’s disease and related disorders.*

6 “(b) *CERTAIN ACTIVITIES.*—Activities under sub-  
 7 *section (a) may include—*

8 “(1) *providing support for the dissemination*  
 9 *and implementation of the Roadmap to Maintaining*  
 10 *Cognitive Health to effectively mobilize the public*  
 11 *health community into action;*

12 “(2) *the development of coordinated public edu-*  
 13 *cation programs, services, and demonstrations which*  
 14 *are designed to increase general awareness of cog-*  
 15 *nitive function and promote a brain healthy lifestyle;*

16 “(3) *the development of targeted communication*  
 17 *strategies and tools to educate health professionals*  
 18 *and service providers about the early recognition, di-*  
 19 *agnosis, care, and management of Alzheimer’s disease*  
 20 *and related disorders, and to provide consumers with*  
 21 *information about interventions, products, and serv-*  
 22 *ices that promote cognitive health and assist con-*  
 23 *sumers in maintaining current understanding about*  
 24 *cognitive health based on the best science available;*  
 25 *and*

1           “(4) provide support for the collection, publica-  
 2           tion, and analysis of data on the prevalence and inci-  
 3           dence of cognitive function, Alzheimer’s disease and  
 4           related disorders, and the related public health bur-  
 5           den, and the evaluation of existing population-based  
 6           surveillance systems (such as the Behavioral Risk  
 7           Factors Surveillance Survey (BRFSS) and the Na-  
 8           tional Health Interview Survey (NHIS)) to identify  
 9           limitations that exist in the area of cognitive health,  
 10          and if necessary, the development of a surveillance  
 11          system for cognitive decline, including Alzheimer’s  
 12          disease and related disorders.

13          “(c) GRANTS.—The Secretary may award grants  
 14          under this section—

15               “(1) to State and local health agencies and  
 16               health organizations for the purpose of—

17                   “(A) coordinating activities related to Alz-  
 18                   heimer’s disease, cognitive health, and related  
 19                   disorders with existing State-based health pro-  
 20                   grams and community-based organizations;

21                   “(B) providing Alzheimer’s disease, cog-  
 22                   nitive health, and related disorders education  
 23                   and training opportunities and programs for  
 24                   health professionals; and

1           “(C) developing, testing, evaluating, and  
 2           replicating effective Alzheimer’s disease and re-  
 3           lated disorders intervention programs to main-  
 4           tain or improve cognitive health; and

5           “(2) to nonprofit private health organizations  
 6           with expertise in providing care and services to indi-  
 7           viduals with Alzheimer’s disease and related disorders  
 8           for the purpose of—

9           “(A) disseminating information to the pub-  
 10          lic;

11          “(B) testing model intervention programs to  
 12          improve cognitive health; and

13          “(C) coordinating existing services with  
 14          State-based health programs.

15          “(d) *AUTHORIZATION OF APPROPRIATIONS.—For the*  
 16 *purpose of carrying out this section, there are authorized*  
 17 *to be appropriated \$3,000,000 for each of fiscal years 2008*  
 18 *through 2012.”.*

## 19           ***TITLE III—ASSISTANCE FOR*** 20           ***CAREGIVERS***

### 21           ***SEC. 301. ALZHEIMER’S DISEASE CALL CENTER.***

22           *Part P of title III of the Public Health Service Act*  
 23 *(42 U.S.C. 280g et seq.), as amended by section 201, is fur-*  
 24 *ther amended by adding at the end the following:*

1 **“SEC. 399S. ALZHEIMER’S DISEASE CALL CENTER.**

2       “(a) *IN GENERAL.*—*The Secretary, acting through the*  
 3 *Administration on Aging, shall award a cooperative grant*  
 4 *to a non-profit or community-based organization to support*  
 5 *the establishment and operation of an Alzheimer’s Call Cen-*  
 6 *ter that is accessible 24 hours a day, 7 days a week, to*  
 7 *provide expert advice, care consultation, information, and*  
 8 *referrals nationwide at the national and local level regard-*  
 9 *ing Alzheimer’s disease and related disorders.*

10       “(b) *ACTIVITIES.*—*The Alzheimer’s Call Center estab-*  
 11 *lished under subsection (a) shall—*

12               “(1) *collaborate with the Administration on*  
 13 *Aging in the development, modification, and execu-*  
 14 *tion of the Call Center’s work plan;*

15               “(2) *assist the Administration on Aging in de-*  
 16 *veloping and sustaining collaborations between the*  
 17 *Alzheimer’s Call Center, the Eldercare Locator, the*  
 18 *grantees under the Alzheimer’s Demonstration Pro-*  
 19 *gram, and the Aging Network;*

20               “(3) *provide a 24-hour a day, 7-days a week toll-*  
 21 *free Call Center with trained professional staff who*  
 22 *are available to provide care consultation and crisis*  
 23 *intervention to individuals with Alzheimer’s disease*  
 24 *and other dementias, their family and informal care-*  
 25 *givers, and others as appropriate;*

1           “(4) be accessible by telephone through a single  
 2           1–800 telephone number, website and e-mail address;  
 3           and

4           “(5) evaluate the impact of the Call Center’s ac-  
 5           tivities and services.

6           “(c) *MULTILINGUAL CAPACITY.*—The Call Center es-  
 7           tablished under this section shall have a multilingual ca-  
 8           pacity and shall respond to inquiries in at least 140 lan-  
 9           guages through its own bilingual staff and with the use of  
 10          a language translation service.

11          “(d) *RESPONSE TO EMERGENCY AND ONGOING*  
 12          *NEEDS.*—The Call Center established under this section  
 13          shall collaborate with community-based organizations, in-  
 14          cluding non-profit agencies and organizations, to ensure  
 15          local, on-the-ground capacity to respond to emergency and  
 16          on-going needs of Alzheimer’s patients, their families, and  
 17          informal caregivers.

18          “(e) *AUTHORIZATION OF APPROPRIATIONS.*—For the  
 19          purpose of carrying out this section, there are authorized  
 20          to be appropriated \$1,000,000 for fiscal year 2008, and  
 21          such sums as may be necessary for each of fiscal years 2009  
 22          through 2012.”.

1 **SEC. 302. INNOVATIVE ALZHEIMER'S CARE STATE MATCH-**  
 2 **ING GRANT PROGRAM.**

3 (a) *AUTHORIZATION OF APPROPRIATIONS.*—Section  
 4 398B(e) of the Public Health Service Act (42 U.S.C. 280c–  
 5 5(e)) is amended—

6 (1) by striking “and such” and inserting “such”;  
 7 and

8 (2) by inserting before the period the following:  
 9 “, and \$20,000,000 for each of fiscal years 2008  
 10 through 2012”.

11 (b) *PROGRAM EXPANSION.*—Section 398(a) of the Pub-  
 12 lic Health Service Act (42 U.S.C. 280c–3(a))

13 (1) in paragraph (2), by inserting after “other  
 14 respite care” the following: “and care consultation in-  
 15 cluding assessment of needs, assistance with planning  
 16 and problem solving and providing supportive listen-  
 17 ing”;

18 (2) in paragraph (3), by striking “; and” and  
 19 inserting the following: “and individuals in frontier  
 20 areas (as defined as areas with 6 or fewer people per  
 21 square mile or areas in which it takes people at least  
 22 60 minutes or 60 miles to reach a market or service  
 23 area);”;

24 (3) in paragraph (4), by striking the period at  
 25 the end and inserting a semicolon; and

26 (4) by adding at the end the following:



1           “(5) to encourage grantees under this section to  
2           coordinate activities with other State officials admin-  
3           istering efforts to promote long-term care options that  
4           enable older individuals to receive long-term care in  
5           home- and community-based settings, in a manner re-  
6           sponsive to the needs and preferences of older individ-  
7           uals and their family caregivers;

8           “(6) to encourage grantees under this section  
9           to—

10                   “(A) engage in activities that support early  
11                   detection and diagnosis of Alzheimer’s disease  
12                   and related disorders;

13                   “(B) provide training to medical personnel  
14                   including hospital staff, emergency room per-  
15                   sonnel, home health care workers and physician  
16                   office staff, rehabilitation services providers, and  
17                   caregivers about how Alzheimer’s can affect be-  
18                   havior and impede communication in medical  
19                   and community settings;

20                   “(C) develop guidelines to provide the med-  
21                   ical community with up-to-date information  
22                   about the best methods of care for individuals  
23                   with Alzheimer’s disease and related disorders;

24                   “(D) inform community physicians about  
25                   available resources to assist them in detecting

1           *and managing Alzheimer’s disease and related*  
 2           *disorders; and*

3           “(E) *raise awareness among community*  
 4           *physicians about the availability of community-*  
 5           *based organizations which can assist individuals*  
 6           *with Alzheimer’s disease and related disorders*  
 7           *and their caregivers;*

8           “(7) *to encourage grantees under this section to*  
 9           *engage in activities that use findings from evidence-*  
 10          *based research on service models and techniques to*  
 11          *support individuals with Alzheimer’s disease and re-*  
 12          *lated disorders and their caregivers;*

13          “(8) *to encourage grantees under this section to*  
 14          *incorporate best practices for effectively serving indi-*  
 15          *viduals with Alzheimer’s disease and related disorders*  
 16          *in community-based settings into ongoing State sys-*  
 17          *tems change and long-term care activities; and*

18          “(9) *to encourage grantees to coordinate with*  
 19          *Aging and Disability Resource Centers or other single*  
 20          *point of entry systems.”.*

Amend the title so as to read: “A bill to amend the Public Health Service Act to fund breakthroughs in Alzheimer’s disease research while providing more help to caregivers and increasing public and provider awareness about steps that may be taken to respond rapidly to breakthroughs in prevention, early detection, and man-

agement, about cognitive health, Alzheimer's disease, and other dementias related to aging.”.

Calendar No. 330

110TH CONGRESS  
1ST Session  
**S. 898**

**A BILL**

To amend the Public Health Service Act to fund breakthroughs in Alzheimer's disease research while providing more help to caregivers and increasing public education about prevention.

AUGUST 3, 2007

Reported with an amendment and an amendment to the title