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S. 2076

To amend the Public Health Service Act to authorize the expansion of activities related to Alzheimer's disease, cognitive decline, and brain health under the Alzheimer's Disease and Healthy Aging Program, and for other purposes.

IN THE SENATE OF THE UNITED STATES

NOVEMBER 6, 2017

Ms. COLLINS (for herself, Ms. CORTEZ MASTO, Mrs. CAPITO, Mr. KAINE, Mr. COONS, Mr. WICKER, Mr. MARKEY, Ms. STABENOW, Mr. KING, Ms. WARREN, Mr. CRAPO, Mr. YOUNG, Mr. RISCH, Mr. VAN HOLLEN, Mr. MORAN, Mr. BLUMENTHAL, Mr. INHOFE, Mr. BOOZMAN, Mr. ROUNDS, Mr. SANDERS, Mr. BARRASSO, Mrs. SHAHEEN, Mr. GARDNER, Ms. HEITKAMP, Mr. CASEY, Mr. KENNEDY, Ms. KLOBUCHAR, Mr. NELSON, Mr. MURPHY, Mr. CASSIDY, Mr. TILLIS, Ms. HASSAN, Ms. SMITH, Mrs. FISCHER, Ms. MURKOWSKI, Ms. HIRONO, Mr. DONNELLY, Mrs. GILLIBRAND, Mr. BENNET, Mr. JONES, Ms. BALDWIN, Mr. MERKLEY, Mr. WHITEHOUSE, Mr. PETERS, Mrs. HYDE-SMITH, Mr. TESTER, Mr. MENENDEZ, Mrs. FEINSTEIN, Mr. SULLIVAN, Mr. WYDEN, Mr. ROBERTS, Mr. HEINRICH, Mr. REED, Mr. BOOKER, Mr. BROWN, and Ms. HARRIS) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

NOVEMBER 29, 2018

Reported by Mr. ALEXANDER, with an amendment

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

A BILL

To amend the Public Health Service Act to authorize the expansion of activities related to Alzheimer's disease, cog-

nitive decline, and brain health under the Alzheimer’s Disease and Healthy Aging Program, and for other purposes.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Building Our Largest
 5 Dementia Infrastructure for Alzheimer’s Act” or the
 6 “BOLD Infrastructure for Alzheimer’s Act”.

7 **SEC. 2. FINDINGS.**

8 Congress finds as follows:

9 (1) According to former Surgeon General and
 10 Director of the Centers for Disease Control and Pre-
 11 vention, Dr. David Satcher, “Alzheimer’s is the most
 12 under-recognized threat to public health in the 21st
 13 century.”.

14 (2) Deaths from Alzheimer’s disease increased
 15 55 percent between 1999 and 2014 in the United
 16 States, according to data from the Centers for Dis-
 17 ease Control and Prevention.

18 (3) More than 5,000,000 people in the United
 19 States are living with Alzheimer’s disease and, with-
 20 out significant efforts to change the current trajec-
 21 tory, as many as 16,000,000 people in the United
 22 States will have Alzheimer’s disease by 2050. This
 23 explosive growth will cause costs associated with Alz-

1 heimer's disease to increase from an estimated
2 \$259,000,000,000 in 2017 to more than
3 \$1,100,000,000,000 in 2050 (in 2017 dollars).

4 (4) Among individuals living with Alzheimer's
5 disease and other dementias, evidence indicates as
6 many as 50 percent have not been diagnosed.
7 Among individuals diagnosed with Alzheimer's dis-
8 ease, only 33 percent are aware of the diagnosis.
9 Early detection and diagnosis of Alzheimer's disease
10 and other dementias allow people to access available
11 treatments, build a care team, participate in support
12 services, and enroll in clinical trials. Early detection
13 can help physicians better manage a patient's co-
14 morbid conditions and avoid prescribing medications
15 that may worsen cognition or function.

16 (5) Among individuals living with Alzheimer's
17 disease and other dementias, 25.3 percent experience
18 a preventable hospitalization, and such preventable
19 hospitalizations cost the Medicare program nearly
20 \$2,600,000,000 in 2013.

21 (6) African Americans are about 2 times more
22 likely than White Americans to have Alzheimer's dis-
23 ease and other dementias. Hispanics are about one
24 and one-half times more likely than White Ameri-

1 eans to have Alzheimer’s disease and other demen-
2 tias.

3 (7) In 2016, 15,900,000 family members and
4 friends provided 18,200,000,000 hours of unpaid
5 care to individuals with Alzheimer’s disease and
6 other dementias, at an economic value of over
7 \$230,000,000,000. The physical and emotional im-
8 pact of caregiving of individuals with Alzheimer’s
9 disease and other dementia resulted in an estimated
10 \$10,900,000,000 in increased caregiver health costs
11 in 2016.

12 (8) Strategy 4.B of the “National Plan to Ad-
13 dress Alzheimer’s Disease: 2017 Update” of the Of-
14 fice of the Assistant Secretary for Planning and
15 Evaluation of the Department of Health and Human
16 Services is to “work with State, Tribal, and local
17 governments to improve coordination and identify
18 model initiatives to advance Alzheimer’s disease
19 awareness and readiness across the Government.”.

1 **SEC. 3. PROMOTION OF PUBLIC HEALTH KNOWLEDGE AND**
 2 **AWARENESS OF ALZHEIMER'S DISEASE, COG-**
 3 **NITIVE DECLINE, AND BRAIN HEALTH UNDER**
 4 **THE ALZHEIMER'S DISEASE AND HEALTHY**
 5 **AGING PROGRAM.**

6 Part P of title III of the Public Health Service Act
 7 (42 U.S.C. 280g et seq.) is amended by adding at the end
 8 the following:

9 **“SEC. 399V-7. PROMOTION OF PUBLIC HEALTH KNOWL-**
 10 **EDGE AND AWARENESS OF ALZHEIMER'S DIS-**
 11 **EASE, COGNITIVE DECLINE, AND BRAIN**
 12 **HEALTH UNDER THE ALZHEIMER'S DISEASE**
 13 **AND HEALTHY AGING PROGRAM.**

14 **“(a) DEFINITIONS.—**In the section:

15 **“(1) ALZHEIMER'S DISEASE.—**The term ‘Alz-
 16 heimer’s disease’ means Alzheimer’s disease and re-
 17 lated dementias.

18 **“(2) INDIAN TRIBE; TRIBAL ORGANIZATION.—**
 19 The terms ‘Indian tribe’ and ‘tribal organization’
 20 have the meanings given such terms in section 4 of
 21 the Indian Health Care Improvement Act.

22 **“(b) EXPANSION OF ACTIVITIES UNDER THE ALZ-**
 23 **HEIMER'S DISEASE AND HEALTHY AGING PROGRAM.—**In
 24 addition to activities conducted by the Secretary under the
 25 Alzheimer’s Disease and Healthy Aging Program of the
 26 Centers for Disease Control and Prevention, the Sec-

1 retary, acting through the Director of the Centers for Dis-
 2 ease Control and Prevention, subject to appropriations
 3 under subsection (g), shall award cooperative agreements
 4 under subsections (c), (d), and (e).

5 “(e) CENTERS OF EXCELLENCE IN PUBLIC HEALTH
 6 PRACTICE.—

7 “(1) IN GENERAL.—The Secretary shall award
 8 cooperative agreements to eligible entities for the es-
 9 tablishment or support of national or regional cen-
 10 ters of excellence in public health practice in Alz-
 11 heimer’s disease to—

12 “(A) advance the education of public
 13 health officials of States, of political subdivi-
 14 sions of States, and of Indian tribes or tribal
 15 organizations, health care professionals, and the
 16 public on Alzheimer’s disease, cognitive decline,
 17 brain health, and associated health disparities;

18 “(B) advance the efforts of public health
 19 officials referred to in subparagraph (A) in ap-
 20 plying evidence-based systems change, commu-
 21 nications, and programmatic interventions for
 22 populations with cognitive impairment, includ-
 23 ing Alzheimer’s disease, and caregivers for such
 24 populations; and

1 “(C) expand public-private partnerships
2 engaged in activities related to cognitive impair-
3 ment and associated health disparities with
4 demonstrated success or innovative programs
5 (as determined by the Secretary).

6 “(2) REQUIREMENTS.—To be eligible to receive
7 a cooperative agreement under this subsection, an
8 entity shall submit to the Secretary an application
9 containing such agreements and information as the
10 Secretary may require, including an agreement that
11 the center to be established or supported under the
12 cooperative agreement will operate in accordance
13 with the following:

14 “(A) The center will examine, evaluate, in-
15 crease, and promote evidence-based and effec-
16 tive Alzheimer’s disease and caregiving-related
17 interventions for health and social services pro-
18 fessionals, underserved populations, families,
19 and the public, after consultation with relevant
20 State and local public health officials, private-
21 sector Alzheimer’s disease researchers, and ad-
22 vocates for individuals with Alzheimer’s disease.

23 “(B) The center will prioritize its activities
24 on the following:

1 “(i) Expanding efforts to educate
2 State, local, and tribal officials and public
3 health professionals in applying established
4 data and evidence-based best practices to
5 address Alzheimer’s disease.

6 “(ii) Supporting public health officials
7 of States, of political subdivisions of
8 States, and of Indian tribes or tribal orga-
9 nizations in implementing the most current
10 version of the ‘Healthy Brain Initiative:
11 Public Health Road Map’ of the Centers
12 for Disease Control and Prevention.

13 “(iii) Supporting early detection and
14 diagnosis of Alzheimer’s disease.

15 “(iv) Reducing the risk of potentially
16 avoidable hospitalizations of individuals
17 with Alzheimer’s disease.

18 “(v) Reducing the risk of cognitive de-
19 cline and cognitive impairment, including
20 Alzheimer’s disease.

21 “(vi) Enhancing support to meet the
22 needs of caregivers of individuals with Alz-
23 heimer’s disease.

24 “(vii) Reducing health disparities re-
25 lated to the care and support of individuals

1 with cognitive decline and Alzheimer's dis-
2 ease.

3 “(viii) Supporting care planning and
4 management for individuals with Alz-
5 heimer's disease.

6 “(3) CONSIDERATIONS.—In awarding coopera-
7 tive agreements under this subsection, the Secretary
8 shall consider, among other factors, whether the en-
9 tity—

10 “(A) has access to rural areas or other un-
11 derserved populations;

12 “(B) is located in an area where the aggre-
13 gate success rate for applications for National
14 Institutes of Health funding has been histori-
15 cally low;

16 “(C) is able to build on an existing infra-
17 structure of service and public health research;

18 “(D) has experience with providing care,
19 caregiver support, and research related to Alz-
20 heimer's disease; and

21 “(E) is integrated into existing local gov-
22 ernment and public health infrastructures.

23 “(4) DISTRIBUTION OF AWARDS.—In awarding
24 cooperative agreements under this subsection, the
25 Secretary, to the extent practicable, shall ensure eq-

1 equitable distribution of awards based on geographic
 2 area, including consideration of rural areas, and the
 3 burden of the disease on sub-populations.

4 “(d) COOPERATIVE AGREEMENTS TO PUBLIC
 5 HEALTH DEPARTMENTS.—

6 “(1) IN GENERAL.—The Secretary shall award
 7 cooperative agreements to health departments of
 8 States, of political subdivisions of States, and of In-
 9 dian tribes and tribal organizations to promote cog-
 10 nitive functioning; address cognitive impairment for
 11 individuals living in such communities; help meet the
 12 needs of caregivers; and address unique aspects of
 13 Alzheimer’s disease, as follows:

14 “(A) The Secretary shall award core ca-
 15 pacity cooperative agreements to such health
 16 departments to support the development and
 17 implementation of systems change, communica-
 18 tions, and programmatic interventions with re-
 19 spect to Alzheimer’s disease, including activities
 20 involving—

21 “(i) educating and informing the pub-
 22 lic based on established public health re-
 23 search and data;

24 “(ii) supporting early detection and
 25 diagnosis;

1 ~~“(iii) reducing the risk of potentially~~
2 ~~avoidable hospitalizations;~~

3 ~~“(iv) reducing the risk of cognitive de-~~
4 ~~cline and cognitive impairment;~~

5 ~~“(v) enhancing support to meet the~~
6 ~~needs of caregivers;~~

7 ~~“(vi) supporting care planning and~~
8 ~~management; or~~

9 ~~“(vii) supporting the actions set forth~~
10 ~~in the most current version of the ‘Healthy~~
11 ~~Brain Initiative: Public Health Road Map’~~
12 ~~of the Centers for Disease Control and~~
13 ~~Prevention.~~

14 ~~“(B) The Secretary shall award not less~~
15 ~~than 5 enhanced activity cooperative agree-~~
16 ~~ments to such health departments to carry out~~
17 ~~activities related to Alzheimer’s disease, includ-~~
18 ~~ing through public-private partnerships with or-~~
19 ~~ganizations or other agencies, such as large em-~~
20 ~~ployers, public housing agencies, large health~~
21 ~~care systems, and parks and recreation depart-~~
22 ~~ments, that include—~~

23 ~~“(i) expanding implementation of pro-~~
24 ~~grams described in paragraph (2)(A) to~~

1 reach larger segments of the population;
2 and

3 “(ii) implementing the reports de-
4 scribed in subparagraph (A)(vii).

5 “(2) OTHER CONSIDERATIONS.—

6 “(A) PREFERENCE.—In awarding coopera-
7 tive agreements under paragraph (1), the Sec-
8 retary shall give preference to applications that
9 focus on addressing health disparities, including
10 populations and geographic areas that are most
11 in need of intervention.

12 “(B) CLARIFICATION ON ENHANCED AC-
13 TIVITY COOPERATIVE AGREEMENTS.—If the
14 Secretary is unable to identify 5 eligible health
15 departments to receive a cooperative agreement
16 under paragraph (1)(B), the Secretary shall al-
17 locate any amounts reserved for such agree-
18 ments to additional cooperative agreements
19 under paragraph (1)(A).

20 “(3) ELIGIBILITY.—To be eligible to receive a
21 cooperative agreement under paragraph (1), a State,
22 political subdivision of a State, Indian tribe, or tribal
23 organization shall prepare and submit to the Sec-
24 retary an application at such time, in such manner,

1 and containing such information as the Secretary
2 may require, including a plan that describes—

3 “(A) how the applicant proposes to develop
4 or expand, programs to educate individuals
5 through partnership engagement, workforce de-
6 velopment, guidance and support for pro-
7 grammatic efforts, strategic communication,
8 and evaluation with respect to Alzheimer’s dis-
9 ease; and in the case of a cooperative agree-
10 ment under paragraph (1)(B), how the appli-
11 cant proposes to implement the most current
12 version of the ‘Healthy Brain Initiative: Public
13 Health Road Map’ of the Centers for Disease
14 Control and Prevention;

15 “(B) the manner in which the applicant
16 will coordinate with appropriate State and local
17 authorities as well as, in the case of a coopera-
18 tive agreement under paragraph (1)(B), rel-
19 evant public and private organizations or agen-
20 cies; and

21 “(C) the manner in which the applicant
22 will evaluate the effectiveness of any program
23 carried out under the cooperative agreement.

24 “(4) USE OF FUNDS.—A health department
25 awarded a cooperative agreement under paragraph

1 (1) shall use amounts received under such coopera-
2 tive agreement to—

3 “(A) develop, implement, disseminate,
4 evaluate, and if applicable, expand programs to
5 educate individuals on matters related to Alz-
6 heimer’s disease described in paragraph (1)(A);
7 and

8 “(B) in the case of a cooperative agree-
9 ment under paragraph (1)(B), implement the
10 most current version of the ‘Healthy Brain Ini-
11 tiative: Public Health Road Map’ of the Centers
12 for Disease Control and Prevention and evalu-
13 ate its implementation.

14 “(5) MATCHING REQUIREMENT.—

15 “(A) IN GENERAL.—Except as may be pro-
16 vided in subparagraph (B), each health depart-
17 ment that is awarded a cooperative agreement
18 under paragraph (1) shall provide, from non-
19 Federal sources, an amount equal to 15 percent
20 of the amount provided under such agreement
21 (which may be provided in cash or in-kind) to
22 carry out the activities supported by the cooper-
23 ative agreement.

24 “(B) WAIVER AUTHORITY.—The Secretary
25 may waive all or part of the matching require-

1 ment described in subparagraph (A) for any fis-
2 cal year for—

3 “(i) a health department, if the Sec-
4 retary determines that applying such
5 matching requirement to the health depart-
6 ment would result in serious hardship or
7 an inability to carry out the purposes of
8 the cooperative agreement awarded to such
9 health department; or

10 “(ii) a rural or frontier region.

11 “(e) COOPERATIVE AGREEMENTS FOR ANALYSIS AND
12 REPORTING OF DATA REGARDING COGNITIVE DECLINE
13 AND CAREGIVING.—

14 “(1) IN GENERAL.—The Secretary may award
15 cooperative agreements to eligible entities for the fol-
16 lowing activities:

17 “(A) The analysis and timely public re-
18 porting of data on the State and national levels
19 regarding cognitive decline, including Alz-
20 heimer’s disease, caregiving, and health dispari-
21 ties experienced by individuals with cognitive
22 decline and their caregivers.

23 “(B) The monitoring of objectives on de-
24 mentia, including Alzheimer’s disease, and
25 caregiving in the program of the Secretary re-

1 garding health-status goals for 2020 (commonly
2 referred to as the ‘Healthy People 2020 re-
3 port’), and the development and monitoring of
4 such objectives in future Healthy People reports
5 of the Department of Health and Human Serv-
6 ices.

7 “(2) ELIGIBILITY.—To be eligible to receive a
8 cooperative agreement under this subsection, an en-
9 tity shall be a public or nonprofit private entity, in-
10 cluding institutions of higher education, and submit
11 to the Secretary an application at such time, in such
12 manner, and containing such information as the Sec-
13 retary may require.

14 “(3) SURVEILLANCE.—The analysis, timely
15 public reporting, and dissemination of data regard-
16 ing cognitive decline, cognitive impairment, caregiv-
17 ing, and health disparities on the State and national
18 levels under a cooperative agreement under this sub-
19 section may be carried out by eligible entities using
20 data sources such as the following:

21 “(A) The Behavioral Risk Factor Surveil-
22 lance System.

23 “(B) The National Health and Nutrition
24 Examination Survey.

1 “(C) The National Health Interview Sur-
2 vey.

3 “(f) DATA COLLECTION.—The Secretary shall collect
4 data on cognitive decline, cognitive impairment, caregiv-
5 ing, and health disparities on the State and national levels,
6 using the surveillance systems described in subparagraphs
7 (A) through (C) of subsection (e)(3).

8 “(g) NONDUPLICATION OF EFFORT.—The Secretary
9 shall ensure that activities under any cooperative agree-
10 ment awarded under this section do not unnecessarily du-
11 plicate efforts of other agencies and offices within the De-
12 partment of Health and Human Services related to—

13 “(1) activities of centers of excellence in public
14 health practice with respect to Alzheimer’s disease
15 described in subsection (e);

16 “(2) activities of public health departments with
17 respect to Alzheimer’s disease described in sub-
18 section (d); or

19 “(3) the analysis and public reporting of sur-
20 veillance data on cognitive decline, caregiving, and
21 health disparities of individuals with Alzheimer’s dis-
22 ease under subsection (e).

23 “(h) AUTHORIZATION OF APPROPRIATIONS.—For
24 each of fiscal years 2018 through 2025, there are author-
25 ized to be appropriated \$12,000,000 for purposes of ear-

1 rying out subsection (c), \$20,000,000 for purposes of ear-
 2 rying out subsection (d), and \$5,000,000 for purposes of
 3 carrying out subsections (e) and (f). Funds appropriated
 4 under this subsection shall remain available until ex-
 5 pended.”.

6 **SECTION 1. SHORT TITLE.**

7 *This Act may be cited as the “Building Our Largest*
 8 *Dementia Infrastructure for Alzheimer’s Act” or the*
 9 *“BOLD Infrastructure for Alzheimer’s Act”.*

10 **SEC. 2. PROMOTION OF PUBLIC HEALTH KNOWLEDGE AND**
 11 **AWARENESS OF ALZHEIMER’S DISEASE, COG-**
 12 **NITIVE DECLINE, AND BRAIN HEALTH UNDER**
 13 **THE ALZHEIMER’S DISEASE AND HEALTHY**
 14 **AGING PROGRAM.**

15 *Part K of title III of the Public Health Service Act*
 16 *(42 U.S.C. 280c et seq.) is amended—*

17 *(1) in the part heading, by adding “**AND PUB-***
 18 ***LIC HEALTH PROGRAMS FOR DEMENTIA” at the***
 19 *end; and*

20 *(2) in subpart II—*

21 *(A) by striking the subpart heading and in-*
 22 *serting the following:*

1 **“Subpart II—Programs With Respect to Alzheimer’s**
 2 **Disease and Related Dementias”;** and

3 (B) by striking section 398A (42 U.S.C.
 4 280c-4) and inserting the following:

5 **“SEC. 398A. PROMOTION OF PUBLIC HEALTH KNOWLEDGE**
 6 **AND AWARENESS OF ALZHEIMER’S DISEASE**
 7 **AND RELATED DEMENTIAS.**

8 “(a) *ALZHEIMER’S DISEASE AND RELATED DEMEN-*
 9 *TIAS PUBLIC HEALTH CENTERS OF EXCELLENCE.—*

10 “(1) *IN GENERAL.—The Secretary, in coordina-*
 11 *tion with the Director of the Centers for Disease Con-*
 12 *trol and Prevention and the heads of other agencies*
 13 *as appropriate, shall award grants, contracts, or co-*
 14 *operative agreements to eligible entities, such as insti-*
 15 *tutions of higher education, State, tribal, and local*
 16 *health departments, Indian tribes, tribal organiza-*
 17 *tions, associations, or other appropriate entities for*
 18 *the establishment or support of regional centers to ad-*
 19 *dress Alzheimer’s disease and related dementias by—*

20 “(A) *advancing the awareness of public*
 21 *health officials, health care professionals, and the*
 22 *public, on the most current information and re-*
 23 *search related to Alzheimer’s disease and related*
 24 *dementias, including cognitive decline, brain*
 25 *health, and associated health disparities;*

1 “(B) identifying and translating promising
2 research findings, such as findings from research
3 and activities conducted or supported by the Na-
4 tional Institutes of Health, including Alzheimer’s
5 Disease Research Centers authorized by section
6 445, into evidence-based programmatic interven-
7 tions for populations with Alzheimer’s disease
8 and related dementias and caregivers for such
9 populations; and

10 “(C) expanding activities, including
11 through public-private partnerships related to
12 Alzheimer’s disease and related dementias and
13 associated health disparities.

14 “(2) REQUIREMENTS.—To be eligible to receive a
15 grant, contract, or cooperative agreement under this
16 subsection, an entity shall submit to the Secretary an
17 application containing such agreements and informa-
18 tion as the Secretary may require, including a de-
19 scription of how the entity will—

20 “(A) coordinate, as applicable, with existing
21 Federal, State, and tribal programs related to
22 Alzheimer’s disease and related dementias;

23 “(B) examine, evaluate, and promote evi-
24 dence-based interventions for individuals with
25 Alzheimer’s disease and related dementias, in-

1 *cluding underserved populations with such con-*
2 *ditions, and those who provide care for such in-*
3 *dividuals; and*

4 “(C) *prioritize activities relating to—*

5 “(i) *expanding efforts, as appropriate,*
6 *to implement evidence-based practices to ad-*
7 *dress Alzheimer’s disease and related de-*
8 *mentias, including through the training of*
9 *State, local, and tribal public health offi-*
10 *cial and other health professionals on such*
11 *practices;*

12 “(ii) *supporting early detection and*
13 *diagnosis of Alzheimer’s disease and related*
14 *dementias;*

15 “(iii) *reducing the risk of potentially*
16 *avoidable hospitalizations of individuals*
17 *with Alzheimer’s disease and related demen-*
18 *tias;*

19 “(iv) *reducing the risk of cognitive de-*
20 *cline and cognitive impairment associated*
21 *with Alzheimer’s disease and related demen-*
22 *tias;*

23 “(v) *enhancing support to meet the*
24 *needs of caregivers of individuals with Alz-*
25 *heimer’s disease and related dementias;*

1 “(vi) reducing health disparities re-
2 lated to the care and support of individuals
3 with Alzheimer’s disease and related demen-
4 tias;

5 “(vii) supporting care planning and
6 management for individuals with Alz-
7 heimer’s disease and related dementias; and

8 “(viii) supporting other relevant ac-
9 tivities identified by the Secretary or the
10 Director of the Centers for Disease Control
11 and Prevention, as appropriate.

12 “(3) CONSIDERATIONS.—In awarding grants,
13 contracts, and cooperative agreements under this sub-
14 section, the Secretary shall consider, among other fac-
15 tors, whether the entity—

16 “(A) provides services to rural areas or
17 other underserved populations;

18 “(B) is able to build on an existing infra-
19 structure of services and public health research;
20 and

21 “(C) has experience with providing care or
22 caregiver support, or has experience conducting
23 research related to Alzheimer’s disease and re-
24 lated dementias.

1 “(4) *DISTRIBUTION OF AWARDS.*—*In awarding*
2 *grants, contracts, or cooperative agreements under*
3 *this subsection, the Secretary, to the extent prac-*
4 *ticable, shall ensure equitable distribution of awards*
5 *based on geographic area, including consideration of*
6 *rural areas, and the burden of the disease within sub-*
7 *populations.*

8 “(5) *DATA REPORTING AND PROGRAM OVER-*
9 *SIGHT.*—*With respect to a grant, contract, or coopera-*
10 *tive agreement awarded under this subsection, not*
11 *later than 90 days after the end of the first year of*
12 *the period of assistance, and annually thereafter for*
13 *the duration of the grant, contract, or agreement (in-*
14 *cluding the duration of any renewal period as pro-*
15 *vided for under paragraph (5)), the entity shall sub-*
16 *mit data, as appropriate, to the Secretary regard-*
17 *ing—*

18 “(A) *the programs and activities funded*
19 *under the grant, contract, or agreement; and*

20 “(B) *outcomes related to such programs and*
21 *activities.*

22 “(b) *IMPROVING DATA ON STATE AND NATIONAL*
23 *PREVALENCE OF ALZHEIMER’S DISEASE AND RELATED*
24 *DEMENTIAS.*—

1 “(1) *IN GENERAL.*—*The Secretary shall, as ap-*
2 *propriate, improve the analysis and timely reporting*
3 *of data on the incidence and prevalence of Alzheimer’s*
4 *disease and related dementias. Such data may in-*
5 *clude, as appropriate, information on cognitive de-*
6 *cline, caregiving, and health disparities experienced*
7 *by individuals with cognitive decline and their care-*
8 *givers. The Secretary may award grants, contracts, or*
9 *cooperative agreements to eligible entities for activi-*
10 *ties under this paragraph.*

11 “(2) *ELIGIBILITY.*—*To be eligible to receive a*
12 *grant, contract, or cooperative agreement under this*
13 *subsection, an entity shall be a public or nonprofit*
14 *private entity, including institutions of higher edu-*
15 *cation, State, local, and tribal health departments,*
16 *and Indian tribes and tribal organizations, and sub-*
17 *mit to the Secretary an application at such time, in*
18 *such manner, and containing such information as the*
19 *Secretary may require.*

20 “(3) *DATA SOURCES.*—*The analysis, timely pub-*
21 *lic reporting, and dissemination of data under this*
22 *subsection may be carried out using data sources such*
23 *as the following:*

24 “(A) *The Behavioral Risk Factor Surveil-*
25 *lance System.*

1 “(B) *The National Health and Nutrition*
2 *Examination Survey.*

3 “(C) *The National Health Interview Sur-*
4 *vey.*

5 “(c) *IMPROVED COORDINATION.—The Secretary shall*
6 *ensure that activities and programs related to dementia*
7 *under this section do not unnecessarily duplicate activities*
8 *and programs of other agencies and offices within the De-*
9 *partment of Health and Human Services.”.*

10 **SEC. 3. SUPPORTING STATE PUBLIC HEALTH PROGRAMS**
11 **RELATED TO ALZHEIMER’S DISEASE AND RE-**
12 **LATED DEMENTIAS.**

13 *Section 398 of the Public Health Service Act (42*
14 *U.S.C. 280c-3) is amended—*

15 (1) *in the section heading, by striking “ESTAB-*
16 ***LISHMENT OF PROGRAM*”** *and inserting “COOP-*
17 ***ERATIVE AGREEMENTS TO STATES AND PUBLIC***
18 ***HEALTH DEPARTMENTS FOR ALZHEIMER’S DIS-***
19 ***EASE AND RELATED DEMENTIAS*”;**

20 (2) *by striking subsection (a) and inserting the*
21 *following:*

22 “(a) *IN GENERAL.—The Secretary, in coordination*
23 *with the Director of the Centers for Disease Control and*
24 *Prevention and the heads of other agencies, as appropriate,*
25 *shall award cooperative agreements to health departments*

1 *of States, political subdivisions of States, and Indian tribes*
2 *and tribal organizations, to address Alzheimer’s disease and*
3 *related dementias, including by reducing cognitive decline,*
4 *helping meet the needs of caregivers, and addressing unique*
5 *aspects of Alzheimer’s disease and related dementias to sup-*
6 *port the development and implementation of evidence-based*
7 *interventions with respect to—*

8 “(1) *educating and informing the public, based*
9 *on evidence-based public health research and data,*
10 *about Alzheimer’s disease and related dementias;*

11 “(2) *supporting early detection and diagnosis;*

12 “(3) *reducing the risk of potentially avoidable*
13 *hospitalizations for individuals with Alzheimer’s dis-*
14 *ease and related dementias;*

15 “(4) *reducing the risk of cognitive decline and*
16 *cognitive impairment associated with Alzheimer’s dis-*
17 *ease and related dementias;*

18 “(5) *improving support to meet the needs of*
19 *caregivers of individuals with Alzheimer’s disease and*
20 *related dementias;*

21 “(6) *supporting care planning and management*
22 *for individuals with Alzheimer’s disease and related*
23 *dementias.*

24 “(7) *supporting other relevant activities identi-*
25 *fied by the Secretary or the Director of the Centers for*

1 *Disease Control and Prevention, as appropriate”;*
2 *and*

3 (3) *by striking subsection (b);*

4 (4) *by redesignating subsection (c) as subsection*
5 *(g);*

6 (5) *by inserting after subsection (a), the fol-*
7 *lowing:*

8 “(b) *PREFERENCE.—In awarding cooperative agree-*
9 *ments under this section, the Secretary shall give preference*
10 *to applications that focus on addressing health disparities,*
11 *including populations and geographic areas that have the*
12 *highest prevalence of Alzheimer’s disease and related demen-*
13 *tias.*

14 “(c) *ELIGIBILITY.—To be eligible to receive a coopera-*
15 *tive agreement under this section, an eligible entity (pursu-*
16 *ant to subsection (a)) shall prepare and submit to the Sec-*
17 *retary an application at such time, in such manner, and*
18 *containing such information as the Secretary may require,*
19 *including a plan that describes—*

20 “(1) *how the applicant proposes to develop or ex-*
21 *pend, programs to educate individuals through part-*
22 *nership engagement, workforce development, guidance*
23 *and support for programmatic efforts, and evaluation*
24 *with respect to Alzheimer’s disease and related demen-*
25 *tias, and in the case of a cooperative agreement under*

1 *this section, how the applicant proposes to support*
2 *other relevant activities identified by the Secretary or*
3 *Director of the Centers for Disease Control and Pre-*
4 *vention, as appropriate.*

5 *“(2) the manner in which the applicant will co-*
6 *ordinate with Federal, tribal, and State programs re-*
7 *lated to Alzheimer’s disease and related dementias,*
8 *and appropriate State, tribal, and local agencies, as*
9 *well as other relevant public and private organiza-*
10 *tions or agencies; and*

11 *“(3) the manner in which the applicant will*
12 *evaluate the effectiveness of any program carried out*
13 *under the cooperative agreement.*

14 *“(d) MATCHING REQUIREMENT.—Each health depart-*
15 *ment that is awarded a cooperative agreement under sub-*
16 *section (a) shall provide, from non-Federal sources, an*
17 *amount equal to 30 percent of the amount provided under*
18 *such agreement (which may be provided in cash or in-kind)*
19 *to carry out the activities supported by the cooperative*
20 *agreement.*

21 *“(e) WAIVER AUTHORITY.—The Secretary may waive*
22 *all or part of the matching requirement described in sub-*
23 *section (d) for any fiscal year for—*

24 *“(1) a health department of a State, political*
25 *subdivision of a State, or Indian tribe and tribal or-*

1 *ganization, if the Secretary determines that applying*
2 *such matching requirement would result in serious*
3 *hardship or an inability to carry out the purposes of*
4 *the cooperative agreement awarded to such health de-*
5 *partment of a State, political subdivision of a State,*
6 *or Indian tribe and tribal organization; or*

7 *“(2) a health department of a State, political*
8 *subdivision of a State, or Indian tribe and tribal or-*
9 *ganization located in a rural area or frontier area.”;*

10 *(6) in subsection (f) (as so redesignated), by*
11 *striking “grant” and inserting “cooperative agree-*
12 *ment”;* and

13 *(7) by adding at the end the following:*

14 *“(f) NON-DUPLICATION OF EFFORT.—The Secretary*
15 *shall ensure that activities under any cooperative agreement*
16 *awarded under this subpart do not unnecessarily duplicate*
17 *efforts of other agencies and offices within the Department*
18 *of Health and Human Services related to—*

19 *“(1) activities of centers of excellence with respect*
20 *to Alzheimer’s disease and related dementias described*
21 *in section 398A; and*

22 *“(2) activities of public health departments with*
23 *respect to Alzheimer’s disease and related dementias*
24 *described in this section.”.*

1 **SEC. 4. ADDITIONAL PROVISIONS.**

2 *Section 398B of the Public Health Service Act (42*
3 *U.S.C. 280c-5) is amended—*

4 *(1) in subsection (a)—*

5 *(A) by inserting “or cooperative agreement”*
6 *after “grant” each place that such appears;*

7 *(B) by striking “section 398(a) to a State*
8 *unless the State” and inserting “sections 398 or*
9 *398A to an entity unless the entity”; and*

10 *(C) by striking “10” and inserting “5”;*

11 *(2) by striking subsection (b);*

12 *(3) by redesignating subsections (c) and (d) as*
13 *subsections (b) and (c), respectively;*

14 *(4) in subsection (b) (as so redesignated)—*

15 *(A) in the matter preceding paragraph (1),*
16 *by striking “section 398(a) to a State unless the*
17 *State” and inserting “sections 398 or 398A to an*
18 *entity unless the entity”;*

19 *(B) in paragraph (1), by striking “expendi-*
20 *tures required in subsection (b);” and inserting*
21 *“expenditures;”;*

22 *(5) in subsection (c) (as so redesignated)—*

23 *(A) in paragraph (1)—*

24 *(i) by striking “each demonstration*
25 *project for which a grant” and inserting*
26 *“the activities for which an award”; and*

1 (ii) by striking “section 398(a)” and
2 inserting “sections 398 or 398A”; and

3 (B) in paragraph (2), by striking “6
4 months” and inserting “1 year”;

5 (6) by inserting after subsection (c) (as so reded-
6 ignated), the following:

7 “(d) DEFINITION.—In this subpart, the terms ‘Indian
8 tribe’ and ‘tribal organization’ have the meanings given
9 such terms in section 4 of the Indian Health Care Improve-
10 ment Act.”; and

11 (7) in subsection (e), by striking “\$5,000,000 for
12 each of the fiscal years 1988 through 1990” and all
13 that follows through “2002” and inserting
14 “\$20,000,000 for each of fiscal years 2020 through
15 2024”.

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115TH CONGRESS
2^D SESSION

S. 2076

A BILL

To amend the Public Health Service Act to authorize the expansion of activities related to Alzheimer's disease, cognitive decline, and brain health under the Alzheimer's Disease and Healthy Aging Program, and for other purposes.

NOVEMBER 29, 2018

Reported with an amendment