

“(E) evidence-based practices related to care and treatment for individuals with congenital heart disease.

“(2) *PERMISSIBLE CONSIDERATIONS.*—In carrying out the activities under this section, the Secretary may, as appropriate—

“(A) collect data on the health outcomes, including behavioral and mental health outcomes, of a diverse population of individuals of all ages with congenital heart disease, such that analysis of the outcomes will inform evidence-based practices for individuals with congenital heart disease; and

“(B) consider health disparities among individuals with congenital heart disease, which may include the consideration of prenatal exposures.

“(c) *AWARENESS CAMPAIGN.*—The Secretary may carry out awareness and educational activities related to congenital heart disease in individuals of all ages, which may include information for patients, family members, and health care providers, on topics such as the prevalence of such disease, the effect of such disease on individuals of all ages, and the importance of long-term, specialized care for individuals with such disease.

“(d) *PUBLIC ACCESS.*—The Secretary shall ensure that, subject to subsection (e), information collected under this section is made available, as appropriate, to the public, including researchers.

“(e) *PATIENT PRIVACY.*—The Secretary shall ensure that the data and information collected under this section are made available in a manner that, at a minimum, protects personal privacy to the extent required by applicable Federal and State law.

“(f) *ELIGIBILITY FOR GRANTS.*—To be eligible to receive a grant under subsection (a)(3), an entity shall—

“(1) be a public or private nonprofit entity with specialized experience in congenital heart disease; and

“(2) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

“(g) *AUTHORIZATION OF APPROPRIATIONS.*—To carry out this section, there are authorized to be appropriated such sums as may be necessary for each of fiscal years 2019 through 2023.”.

SEC. 3. REPORT.

Not later than 3 years after the date of enactment of the Congenital Heart Futures Reauthorization Act of 2017, the Secretary of Health and Human Services shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report summarizing any activities carried out pursuant to section 399V-2 of the Public Health Service Act (as amended by section 2), including planned activities, and a summary of any research findings and ongoing research efforts, gaps, and areas of greatest need within the Department of Health and Human Services regarding congenital heart disease in patients of all ages.

Mr. GARDNER. I ask unanimous consent that the committee-reported substitute amendment be withdrawn, the Durbin substitute amendment at the desk be agreed to, the bill, as amended, be considered read a third time and passed, and the motion to reconsider be considered made and laid upon the table with no intervening action or debate.

The PRESIDING OFFICER. Without objection, it is so ordered.

The committee-reported substitute amendment was withdrawn.

The amendment (No. 4103) was agreed to, as follows:

(Purpose: In the nature of a substitute)

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Congenital Heart Futures Reauthorization Act of 2017”.

SEC. 2. NATIONAL CONGENITAL HEART DISEASE RESEARCH, SURVEILLANCE, AND AWARENESS.

Section 399V-2 of the Public Health Service Act (42 U.S.C. 280g-13) is amended to read as follows:

“SEC. 399V-2. NATIONAL CONGENITAL HEART DISEASE RESEARCH, SURVEILLANCE, AND AWARENESS.

“(a) *IN GENERAL.*—The Secretary shall, as appropriate—

“(1) enhance and expand research and data collection efforts related to congenital heart disease, including to study and track the epidemiology of congenital heart disease to understand health outcomes for individuals with congenital heart disease across all ages;

“(2) conduct activities to improve public awareness of, and education related to, congenital heart disease, including care of individuals with such disease; and

“(3) award grants to entities to undertake the activities described in this section.

“(b) *ACTIVITIES.*—

“(1) *IN GENERAL.*—The Secretary shall carry out activities, including, as appropriate, through a national cohort study and a nationally-representative, population-based surveillance system, to improve the understanding of the epidemiology of congenital heart disease in all age groups, with particular attention to—

“(A) the incidence and prevalence of congenital heart disease in the United States;

“(B) causation and risk factors associated with, and natural history of, congenital heart disease;

“(C) health care utilization by individuals with congenital heart disease;

“(D) demographic factors associated with congenital heart disease, such as age, race, ethnicity, sex, and family history of individuals who are diagnosed with the disease; and

“(E) evidence-based practices related to care and treatment for individuals with congenital heart disease.

“(2) *PERMISSIBLE CONSIDERATIONS.*—In carrying out the activities under this section, the Secretary may, as appropriate—

“(A) collect data on the health outcomes, including behavioral and mental health outcomes, of a diverse population of individuals of all ages with congenital heart disease, such that analysis of the outcomes will inform evidence-based practices for individuals with congenital heart disease; and

“(B) consider health disparities among individuals with congenital heart disease, which may include the consideration of prenatal exposures.

“(c) *AWARENESS CAMPAIGN.*—The Secretary may carry out awareness and educational activities related to congenital heart disease in individuals of all ages, which may include information for patients, family members, and health care providers, on topics such as the prevalence of such disease, the effect of such disease on individuals of all ages, and the importance of long-term, specialized care for individuals with such disease.

“(d) *PUBLIC ACCESS.*—The Secretary shall ensure that, subject to subsection (e), information collected under this section is made available, as appropriate, to the public, including researchers.

“(e) *PATIENT PRIVACY.*—The Secretary shall ensure that the data and information collected under this section are made available in a manner that, at a minimum, protects personal privacy to the extent required by applicable Federal and State law.

“(f) *ELIGIBILITY FOR GRANTS.*—To be eligible to receive a grant under subsection (a)(3), an entity shall—

“(1) be a public or private nonprofit entity with specialized experience in congenital heart disease; and

“(2) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

“(g) *AUTHORIZATION OF APPROPRIATIONS.*—To carry out this section, there are authorized to be appropriated \$10,000,000 for each of fiscal years 2020 through 2024.”.

SEC. 3. REPORT.

Not later than 3 years after the date of enactment of the Congenital Heart Futures Reauthorization Act of 2017, the Secretary of Health and Human Services shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report summarizing any activities carried out pursuant to section 399V-2 of the Public Health Service Act (as amended by section 2), including planned activities, and a summary of any research findings and ongoing research efforts, gaps, and areas of greatest need within the Department of Health and Human Services regarding congenital heart disease in patients of all ages.

The amendment was ordered to be engrossed, and the bill to be read a third time.

The bill was read the third time.

The bill (H.R. 1222), as amended, was passed.

FEDERAL PERSONAL PROPERTY MANAGEMENT ACT OF 2018

Mr. GARDNER. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 621, S. 3031.

The PRESIDING OFFICER. The clerk will report the bill by title.

The senior assistant legislative clerk read as follows:

A bill (S. 3031) to amend chapter 5 of title 40, United States Code, to improve the management of Federal personal property.

There being no objection, the Senate proceeded to consider the bill, which had been reported from the Committee on Homeland Security and Governmental Affairs.

Mr. GARDNER. I ask unanimous consent that the bill be considered read a third time and passed and that the motion to reconsider be considered made and laid upon the table.

The PRESIDING OFFICER. Without objection, it is so ordered.

The bill (S. 3031) was ordered to be engrossed for a third reading, was read the third time, and passed, as follows:

S. 3031

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

SECTION 1. SHORT TITLE.

This Act may be cited as the “Federal Personal Property Management Act of 2018”.

SEC. 2. FEDERAL PERSONAL PROPERTY MANAGEMENT.

(a) *INVENTORY ASSESSING AND IDENTIFYING EXCESS PERSONAL PROPERTY.*—Section 524(a) of title 40, United States Code, is amended—

(1) in paragraph (11), by striking “and” at the end;

(2) in paragraph (12), by striking the period at the end and inserting “; and”; and

(3) by adding at the end the following:

“(13) in accordance with guidance from the Administrator of General Services—

“(A) on an annual basis, conduct an inventory and assessment of capitalized personal property to identify excess capitalized personal property under its control, including evaluating—

“(i) the age and condition of the personal property;

“(ii) the extent to which the executive agency utilizes the personal property;

“(iii) the extent to which the mission of the executive agency is dependent on the personal property; and

“(iv) any other aspect of the personal property that the Administrator determines is useful or necessary for the executive agency to evaluate; and

“(B) on a regular basis, conduct an inventory and assessment of accountable personal property under its control, including evaluating—

“(i) the age and condition of the personal property;

“(ii) the extent to which the executive agency utilizes the personal property;

“(iii) the extent to which the mission of the executive agency is dependent on the personal property; and

“(iv) any other aspect of the personal property that the Administrator determines is useful or necessary for the executive agency to evaluate.”.

(b) **THRESHOLDS FOR CAPITALIZATION AND ACCOUNTABILITY.**—Section 506(a)(1) of title 40, United States Code, is amended by adding at the end the following:

“(E) **CAPITALIZATION THRESHOLDS.**—Establish thresholds for acquisitions of personal property for which executive agencies shall capitalize the personal property.

“(F) **ACCOUNTABILITY THRESHOLDS.**—Notwithstanding section 121(b), for the management and accountability of personal property, establish thresholds for acquisitions of personal property for which executive agencies shall establish and maintain property records in a centralized system.”.

BUILDING OUR LARGEST DEMENTIA INFRASTRUCTURE FOR ALZHEIMER'S ACT

Mr. GARDNER. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 694, S. 2076.

The PRESIDING OFFICER. The clerk will report the bill by title.

The senior assistant legislative clerk read as follows:

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.

There being no objection, the Senate proceeded to consider the bill, which had been reported from the Committee on Health, Education, Labor, and Pensions, with an amendment to strike all after the enacting clause and insert in lieu thereof the following:

SECTION 1. SHORT TITLE.

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

SEC. 2. PROMOTION OF PUBLIC HEALTH KNOWLEDGE AND AWARENESS OF ALZHEIMER'S DISEASE, COGNITIVE DECLINE, AND BRAIN HEALTH UNDER THE ALZHEIMER'S DISEASE AND HEALTHY AGING PROGRAM.

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

(1) in the part heading, by adding “AND PUBLIC HEALTH PROGRAMS FOR DEMENTIA” at the end; and

(2) in subpart II—

(A) by striking the subpart heading and inserting the following:

“Subpart II—Programs With Respect to Alzheimer's Disease and Related Dementias”; and

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

“SEC. 398A. PROMOTION OF PUBLIC HEALTH KNOWLEDGE AND AWARENESS OF ALZHEIMER'S DISEASE AND RELATED DEMENTIAS.

“(a) ALZHEIMER'S DISEASE AND RELATED DEMENTIAS PUBLIC HEALTH CENTERS OF EXCELLENCE.—

“(1) IN GENERAL.—The Secretary, in coordination with the Director of the Centers for Disease Control and Prevention and the heads of other agencies as appropriate, shall award grants, contracts, or cooperative agreements to eligible entities, such as institutions of higher education, State, tribal, and local health departments, Indian tribes, tribal organizations, associations, or other appropriate entities for the establishment or support of regional centers to address Alzheimer's disease and related dementias by—

“(A) advancing the awareness of public health officials, health care professionals, and the public, on the most current information and research related to Alzheimer's disease and related dementias, including cognitive decline, brain health, and associated health disparities;

“(B) identifying and translating promising research findings, such as findings from research and activities conducted or supported by the National Institutes of Health, including Alzheimer's Disease Research Centers authorized by section 445, into evidence-based programmatic interventions for populations with Alzheimer's disease and related dementias and caregivers for such populations; and

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

“(2) REQUIREMENTS.—To be eligible to receive a grant, contract, or cooperative agreement under this subsection, an entity shall submit to the Secretary an application containing such agreements and information as the Secretary may require, including a description of how the entity will—

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

“(B) examine, evaluate, and promote evidence-based interventions for individuals with Alzheimer's disease and related dementias, including underserved populations with such conditions, and those who provide care for such individuals; and

“(C) prioritize activities relating to—

“(i) expanding efforts, as appropriate, to implement evidence-based practices to address Alzheimer's disease and related dementias, including through the training of State, local, and tribal public health officials and other health professionals on such practices;

“(ii) supporting early detection and diagnosis of Alzheimer's disease and related dementias;

“(iii) reducing the risk of potentially avoidable hospitalizations of individuals with Alzheimer's disease and related dementias;

“(iv) reducing the risk of cognitive decline and cognitive impairment associated with Alzheimer's disease and related dementias;

“(v) enhancing support to meet the needs of caregivers of individuals with Alzheimer's disease and related dementias;

“(vi) reducing health disparities related to the care and support of individuals with Alzheimer's disease and related dementias;

“(vii) supporting care planning and management for individuals with Alzheimer's disease and related dementias; and

“(viii) supporting other relevant activities identified by the Secretary or the Director of the Centers for Disease Control and Prevention, as appropriate.

“(3) CONSIDERATIONS.—In awarding grants, contracts, and cooperative agreements under this subsection, the Secretary shall consider, among other factors, whether the entity—

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

“(B) is able to build on an existing infrastructure of services and public health research; and

“(C) has experience with providing care or caregiver support, or has experience conducting research related to Alzheimer's disease and related dementias.

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

“(5) DATA REPORTING AND PROGRAM OVERSIGHT.—With respect to a grant, contract, or cooperative agreement awarded under this subsection, not later than 90 days after the end of the first year of the period of assistance, and annually thereafter for the duration of the grant, contract, or agreement (including the duration of any renewal period as provided for under paragraph (5)), the entity shall submit data, as appropriate, to the Secretary regarding—

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

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

“(b) IMPROVING DATA ON STATE AND NATIONAL PREVALENCE OF ALZHEIMER'S DISEASE AND RELATED DEMENTIAS.—

“(1) IN GENERAL.—The Secretary shall, as appropriate, improve the analysis and timely reporting of data on the incidence and prevalence of Alzheimer's disease and related dementias. Such data may include, as appropriate, information on cognitive decline, caregiving, and health disparities experienced by individuals with cognitive decline and their caregivers. The Secretary may award grants, contracts, or cooperative agreements to eligible entities for activities under this paragraph.

“(2) ELIGIBILITY.—To be eligible to receive a grant, contract, or cooperative agreement under this subsection, an entity shall be a public or nonprofit private entity, including institutions of higher education, State, local, and tribal health departments, and Indian tribes and tribal organizations, and submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

“(3) DATA SOURCES.—The analysis, timely public reporting, and dissemination of data under this subsection may be carried out using data sources such as the following:

“(A) The Behavioral Risk Factor Surveillance System.

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

“(C) The National Health Interview Survey.

“(c) IMPROVED COORDINATION.—The Secretary shall ensure that activities and programs related to dementia under this section do not unnecessarily duplicate activities and programs of other agencies and offices within the Department of Health and Human Services.”.