

**SEC. 3. SUPPORTING STATE PUBLIC HEALTH PROGRAMS RELATED TO ALZHEIMER'S DISEASE AND RELATED DEMENTIAS.**

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

(1) in the section heading, by striking “ESTABLISHMENT OF PROGRAM” and inserting “COOPERATIVE AGREEMENTS TO STATES AND PUBLIC HEALTH DEPARTMENTS FOR ALZHEIMER'S DISEASE AND RELATED DEMENTIAS”;

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

“(a) **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 cooperative agreements to health departments of States, political subdivisions of States, and Indian tribes and tribal organizations, to address Alzheimer's disease and related dementias, including by reducing cognitive decline, helping meet the needs of caregivers, and addressing unique aspects of Alzheimer's disease and related dementias to support the development and implementation of evidence-based interventions with respect to—

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

“(2) supporting early detection and diagnosis;

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

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

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

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

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

(3) by striking subsection (b);

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

(5) by inserting after subsection (a), the following:

“(b) **PREFERENCE.**—In awarding cooperative agreements under this section, the Secretary shall give preference to applications that focus on addressing health disparities, including populations and geographic areas that have the highest prevalence of Alzheimer's disease and related dementias.

“(c) **ELIGIBILITY.**—To be eligible to receive a cooperative agreement under this section, an eligible entity (pursuant to subsection (a)) shall prepare and submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require, including a plan that describes—

“(1) how the applicant proposes to develop or expand, programs to educate individuals through partnership engagement, workforce development, guidance and support for programmatic efforts, and evaluation with re-

spect to Alzheimer's disease and related dementias, and in the case of a cooperative agreement under this section, how the applicant proposes to support other relevant activities identified by the Secretary or Director of the Centers for Disease Control and Prevention, as appropriate.

“(2) the manner in which the applicant will coordinate with Federal, tribal, and State programs related to Alzheimer's disease and related dementias, and appropriate State, tribal, and local agencies, as well as other relevant public and private organizations or agencies; and

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

“(d) **MATCHING REQUIREMENT.**—Each health department that is awarded a cooperative agreement under subsection (a) shall provide, from non-Federal sources, an amount equal to 30 percent of the amount provided under such agreement (which may be provided in cash or in-kind) to carry out the activities supported by the cooperative agreement.

“(e) **WAIVER AUTHORITY.**—The Secretary may waive all or part of the matching requirement described in subsection (d) for any fiscal year for a health department of a State, political subdivision of a State, or Indian tribe and tribal organization (including those located in a rural area or frontier area), if the Secretary determines that applying such matching requirement would result in serious hardship or an inability to carry out the purposes of the cooperative agreement awarded to such health department of a State, political subdivision of a State, or Indian tribe and tribal organization.”;

(6) in subsection (f) (as so redesignated), by striking “grant” and inserting “cooperative agreement”;

(7) by adding at the end the following:

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

“(1) activities of centers of excellence with respect to Alzheimer's disease and related dementias described in section 398A; and

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

**SEC. 4. ADDITIONAL PROVISIONS.**

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

(1) in subsection (a)—

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

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

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

(2) by striking subsection (b);

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

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

(A) in the matter preceding paragraph (1), by striking “section 398(a) to a State unless

the State” and inserting “sections 398 or 398A to an entity unless the entity”;

(B) in paragraph (1), by striking “expenditures required in subsection (b);” and inserting “expenditures;”;

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

(A) in paragraph (1)—

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

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

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

(6) by inserting after subsection (c) (as so redesignated), the following:

“(d) **DEFINITION.**—In this subpart, the terms ‘Indian tribe’ and ‘tribal organization’ have the meanings given such terms in section 4 of the Indian Health Care Improvement Act.”; and

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

**SIGNING AUTHORITY**

Mr. DAINES. Madam President, I ask unanimous consent that the majority leader and the junior Senator from Montana be authorized to sign duly enrolled bills or joint resolutions on Friday, December 21.

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

**ORDERS FOR SATURDAY,  
DECEMBER 22, 2018**

Mr. DAINES. Madam President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 12 noon, Saturday, December 22; further, that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, and the time for the two leaders be reserved for their use later in the day; finally, that following leader remarks, the Senate resume consideration of the House message to accompany H.R. 695.

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

**ADJOURNMENT UNTIL TOMORROW**

Mr. DAINES. Madam President, if there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order.

There being no objection, the Senate, at 8:07 p.m., adjourned until Saturday, December 22, 2018, at 12 noon.