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H. R. 2077

To galvanize United States Government programs in support of brain health for global victims of autism, hydrocephalus and Alzheimer’s and other forms of dementia, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 3, 2019

Mr. SMITH of New Jersey (for himself and Ms. BASS) introduced the following bill; which was referred to the Committee on Foreign Affairs, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To galvanize United States Government programs in support of brain health for global victims of autism, hydrocephalus and Alzheimer’s and other forms of dementia, 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 “Global Brain Health
5 Act of 2019”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) The brain is the center of the human nerv-
4 ous system, exerting centralized control over all
5 other organs of the body.

6 (2) Abnormalities in sections of the brain—
7 namely the corpus callosum (which facilitates com-
8 munication between the two hemispheres of the
9 brain), the amygdala (which affects emotion and so-
10 cial behavior), and the cerebellum (which is involved
11 with motor activity, balance, and coordination)—
12 usually occur during prenatal development.

13 (3) Three main brain disorders are autism, hy-
14 drocephalus and Alzheimer’s and other forms of de-
15 mentia. They impact people in both the developed
16 and developing world, but weigh more heavily on
17 sufferers in developing countries due to lack of effec-
18 tive health care, lack of access to health care, or cul-
19 tural influences that inhibit treatment of sufferers of
20 one of these conditions.

21 (4) Autism is a complex neurological disorder
22 that affects an individual in the areas of social inter-
23 action and communication. Because it is a spectrum
24 disorder, it affects each individual differently and to
25 varying degrees of severity. People with autism proc-
26 ess and respond to information in unique ways. In

1 some cases, coexisting medical issues and aggressive
2 or self-injurious behavior may be present.

3 (5) The occurrence of autism spectrum dis-
4 orders (ASD) has increased during the past decade
5 from an estimated one in 150 in 2000 to an esti-
6 mated one in 68 in 2012, according to data released
7 by the Centers for Disease Control and Prevention
8 (CDC) in December 2016. CDC classified as suf-
9 fering from ASD children whose behaviors were con-
10 sistent with the DSM–IV–TR criteria for Autistic
11 Disorder, Asperger Disorder, and Pervasive Develop-
12 mental Disorder—Not Otherwise Specified (PDD–
13 NOS).

14 (6) The increased number of children diagnosed
15 with autism is a growing and urgent concern for
16 families, healthcare professionals, and educators, as
17 the health and education systems struggle to re-
18 spond to the needs of this population in a com-
19 prehensive manner.

20 (7) The prevalence of autism in developing
21 countries is also growing rapidly, and health and
22 education systems in these countries are particularly
23 ill-equipped to deal with these issues. According to
24 the World Health Organization, tens of millions of
25 individuals in Africa are affected by autism.

1 (8) Children with autism who receive intensive
2 and appropriate educational services before age 5
3 often make significant functional improvements. In
4 the United States, significant efforts are being pur-
5 sued to expand early diagnosis and the provision of
6 these services. In a report on the identification, eval-
7 uation, and management of children with autism,
8 the American Academy of Pediatrics recommended
9 in November 2007 that all children should be
10 screened for developmental delays and disabilities,
11 presumably including autism, twice by the age of 2,
12 even if they have no symptoms. Early screening and
13 services for autism are sorely lacking in most of the
14 developing world. An opportunity exists to use
15 United States expertise to significantly aid children
16 and families in developing countries, for relatively
17 small costs.

18 (9) Hydrocephalus, also known as “water on
19 the brain”, is a medical condition in which an abnor-
20 mal accumulation of cerebrospinal fluid in the ven-
21 tricles or cavities of the brain causes increased
22 intracranial pressure inside the skull and progressive
23 enlargement of the head. If left untreated, hydro-
24 cephalus leads to physical and mental disabilities
25 and eventually death.

1 (10) Hydrocephalus is an extremely painful
2 condition that most commonly occurs in infants and
3 young children as a result of a congenital abnormality (anatomic abnormality, aqueductal stenosis,
4 spina bifida or encephalocele), or post-infectious hydrocephalus (PIH) caused by infections acquired
5 after birth, such as meningitis, that attack the
6 brain.
7

8
9 (11) In developed countries, up to one of every
10 1,000 newborns develop hydrocephalus, while up to
11 five of every 1,000 newborns in developing countries
12 develop the condition. It is conservatively estimated
13 that more than 300,000 children are born with or
14 acquire hydrocephalus in the developing world each
15 year. Experts posit that hydrocephalus is more common
16 in developing countries because of higher birth
17 rates, as well as high rates of nutritional deficiencies,
18 low infant birth weight, and perinatal and
19 neonatal infections.

20 (12) Children with hydrocephalus who are not
21 effectively treated or who are not treated in the early
22 stages of the condition suffer from cognitive deficiencies or physical disabilities or both.

23
24 (13) Families of children who have hydrocephalus in developing countries rarely know that it
25

1 is a treatable condition, where to go for treatment,
2 or how to care for a child suffering from the condi-
3 tion. In addition, access to care is limited in many
4 developing countries due to low numbers of prac-
5 ticing neurosurgeons. In 2007, for example, Africa
6 had 565 neurosurgeons, roughly 86 percent of whom
7 were practicing in South Africa and Northern Afri-
8 ca.

9 (14) Many children with hydrocephalus in de-
10 veloping countries are abandoned, ostracized, or
11 abused due to their appearance, physical and mental
12 disabilities, and inadequate options for care.

13 (15) Hydrocephalus can be treated, and ad-
14 vances in innovative medical procedures such as
15 ETV/CPC have the potential to save thousands of
16 lives annually and prevent or mitigate physical and
17 mental disabilities in thousands of children in devel-
18 oping countries.

19 (16) A number of international studies show
20 that between 3.5 to 15 percent of all patients diag-
21 nosed with Alzheimer's or another form of dementia
22 actually have Normal Pressure Hydrocephalus, a
23 condition in which there is too much cerebrospinal
24 fluid, used to cushion and protect the brain and spi-
25 nal cord, in cavities in the brain called ventricles.

1 Such significant incidents of misdiagnosis illustrate
2 the need for greater awareness among members of
3 the medical profession and the general public of
4 adult hydrocephalus, as well as the need for adopt-
5 ing a holistic approach towards brain health instead
6 of a siloed one.

7 (17) Dementia is a degenerative condition
8 caused by disease of the brain—usually of a chronic
9 or progressive nature in which there is disturbance
10 of multiple higher cortical functions, including mem-
11 ory, thinking, orientation, comprehension, calcula-
12 tion, learning capacity, language, and judgment. Be-
13 tween 5 to 7 percent of the world’s population age
14 60 and above are estimated to have dementia.

15 (18) Dementia can be caused by various fac-
16 tors, including traumatic or localized brain injury, a
17 temporary interruption of the brain’s supply of blood
18 or oxygen, infection, stroke, brain hemorrhage, pro-
19 longed seizures, or even excessive alcohol use.

20 (19) According to Alzheimer’s Disease Inter-
21 national, more than 47,000,000 people worldwide
22 were suffering from Alzheimer’s or dementia in
23 2015, a figure that will expand to more than
24 75,000,000 people by 2030 and more than
25 131,000,000 people by 2050 if the current trajectory

1 of the disease remains unchanged. Globally, a new
2 person develops dementia every four seconds. Almost
3 60 percent of people with dementia globally live in
4 low-to-middle income countries, and by 2050 this
5 percentage will exceed 70 percent.

6 (20) Alzheimer’s disease and related dementias
7 impose a devastating, unsustainable, and rapidly
8 growing toll on the health and fiscal well-being of
9 the United States and all countries. In 2015, demen-
10 tia care cost an estimated \$818,000,000,000, world-
11 wide, more than 1 percent of the world’s Gross Do-
12 mestic Product (GDP). The cost of dementia care is
13 projected to reach \$2,000,000,000,000 by 2030.

14 **TITLE I—GLOBAL AUTISM**
15 **ASSISTANCE**

16 **SEC. 101. GLOBAL AUTISM ASSISTANCE PROGRAM.**

17 (a) ESTABLISHMENT AND PURPOSE.—The Adminis-
18 trator for the United States Agency for International De-
19 velopment shall establish and administer a health and edu-
20 cation grant program, to be known as the Global Autism
21 Assistance Program, to—

22 (1) support activities under subsection (c)(2) by
23 nongovernmental organizations and other service
24 providers, including advocacy groups, focused on au-
25 tism in developing countries; and

1 (2) establish a “teach the teachers” program
2 under subsection (d) to train health and education
3 professionals working with children with autism in
4 developing countries.

5 (b) DESIGNATION OF ELIGIBLE REGIONS.—Not later
6 than 120 days after the date of the enactment of this Act,
7 the Administrator, in consultation with knowledgeable au-
8 tism organizations such as the World Autism Organiza-
9 tion, the Autism Society of America, and Autism Speaks,
10 shall designate not fewer than two regions in developing
11 countries that are determined to—

12 (1) require assistance in dealing with autism;
13 and

14 (2) have sufficient familiarity with issues re-
15 lated to autism to make effective use of the Global
16 Autism Assistance Program.

17 (c) SELECTION OF IMPLEMENTING NGO.—

18 (1) IN GENERAL.—Not later than 180 days
19 after the designation of eligible regions pursuant to
20 subsection (b), the Administrator shall select and
21 award a grant under this section to a nongovern-
22 mental organization with experience in autism-re-
23 lated issues to implement the Global Autism Assist-
24 ance Program through selection and awarding of

1 grants to local service providers and advocacy groups
2 focused on autism.

3 (2) ACTIVITIES.—A local service provider or ad-
4 vocacy group that receives a grant under paragraph
5 (1) may use such grant to carry out any of the fol-
6 lowing activities (including, as appropriate, the
7 translation into local languages of relevant English-
8 language publications):

9 (A) EDUCATION AND OUTREACH TO THE
10 PUBLIC.—Use public service announcements
11 and other public media to help the public be-
12 come more aware of the signs of autism so that
13 children with autism can be diagnosed and
14 treated earlier.

15 (B) SUPPORT TO FAMILIES.—Development
16 of resources for families, such as online web re-
17 source centers in local languages, dissemination
18 of materials to parents of newly diagnosed chil-
19 dren, such as information contained in the Cen-
20 ters for Disease Control and Prevention’s publi-
21 cation entitled “Learn the Signs, Act Early”, or
22 other suitable alternatives, and dissemination of
23 educational aids and guides to help parents
24 with their children’s development.

1 (C) SUPPORT TO EDUCATIONAL INSTITU-
2 TIONS.—Funding for schools or other edu-
3 cational institutions, focusing on teachers of the
4 youngest students, and including the distribu-
5 tion of equipment or of the materials referred
6 to in subparagraph (B).

7 (D) SUPPORT TO CLINICS AND MEDICAL
8 CENTERS.—Provision of funding to clinics and
9 medical centers with proven records in address-
10 ing autism to assist with operating expenses, in-
11 cluding personnel, equipment supplies, and fa-
12 cilities, development of assessment testing for
13 autism, and acquisition of specialized equip-
14 ment, such as augmentative communication de-
15 vices.

16 (3) APPLICATIONS FOR GRANTS.—

17 (A) SUBMISSION OF APPLICATIONS.—To
18 be eligible to receive a grant from the imple-
19 menting nongovernmental organization, a local
20 service provider or advocacy group shall submit
21 to such implementing nongovernmental organi-
22 zation an application at such time, in such
23 manner, and containing such information as
24 such implementing nongovernmental organiza-
25 tion may require.

1 (B) ESTABLISHMENT OF SCREENING
2 BOARD.—

3 (i) IN GENERAL.—The implementing
4 nongovernmental organization responsible
5 for implementing the Global Autism Assist-
6 ance Program shall establish a screening
7 board to be known as the Project Advisory
8 Board to review for content and appro-
9 priateness applications from local service
10 providers or advocacy groups submitted in
11 accordance with subparagraph (A).

12 (ii) MEMBERSHIP.—The members of
13 the Project Advisory Board shall be ap-
14 pointed by the implementing nongovern-
15 mental organization, in consultation with
16 the Administrator, and in accordance with
17 the following provisions:

18 (I) Each member shall serve for
19 a term of one year and each member
20 may serve as many as three consecu-
21 tive terms.

22 (II) A member of the Project Ad-
23 visory Board may continue to serve
24 after the expiration of the term of

1 such member until such time as a suc-
2 cessor is appointed.

3 (III) Membership of the Project
4 Advisory Board shall include at least
5 seven voting members who are mem-
6 bers of autism advocacy groups, pro-
7 fessionals working with autism, or
8 otherwise associated with the autism
9 community. Among the voting mem-
10 bers of the Board shall be at least two
11 parents from different families of indi-
12 viduals with autism, one medical pro-
13 fessional working with autism, one
14 teacher of individuals with autism,
15 and one individual who has autism.
16 Efforts shall be made to include on
17 the Project Advisory Board individ-
18 uals with experience working in the
19 developing world.

20 (IV) Membership of the Project
21 Advisory Board shall include non-vot-
22 ing members as determined appro-
23 priate by the Administrator.

24 (V) Membership of the Project
25 Advisory Board shall be chosen so as

1 to ensure objectivity and balance and
2 to reduce the potential for conflicts of
3 interest.

4 (4) SUPPORT AND ASSISTANCE.—The imple-
5 menting nongovernmental organization shall provide,
6 contract for, and coordinate technical assistance in
7 support of its mission in meeting the goals and pur-
8 poses of this Act.

9 (d) TEACH THE TEACHERS.—The implementing non-
10 governmental organization, acting on behalf of the Admin-
11 istrator, in consultation with the Project Advisory Board,
12 shall establish a program, to be known as the Teach the
13 Teachers Program, to—

14 (1) identify health and education professionals
15 to receive specialized training for teaching and work-
16 ing with youth with autism, including training con-
17 ducted in two- or three-day workshops at locations
18 within one of the regions designated pursuant to
19 subsection (b); and

20 (2) conduct training through two- or three-day
21 biomedical conferences in at least two of the regions
22 designated pursuant to subsection (b), including
23 bringing medical and psychological specialists from
24 the United States to train and educate parents and

1 health professionals who deal with autism, including
2 training related to—

3 (A) biomedical interventions that can af-
4 fect autism;

5 (B) how nutrition and various metabolic
6 issues can impact behavior;

7 (C) the role of applied behavioral analysis;
8 and

9 (D) various occupational and speech thera-
10 pies in fighting autism.

11 (e) FUNDING.—To carry out this section, the Admin-
12 istrator shall allocate amounts that have been appro-
13 priated or otherwise made available to the United States
14 Agency for International Development.

15 (f) ANNUAL REPORT.—The Administrator shall sub-
16 mit to the Committee on Foreign Affairs of the House
17 of Representatives and the Committee on Foreign Rela-
18 tions of the Senate on an annual basis a report on activi-
19 ties carried out under this section during the prior cal-
20 endar year.

21 (g) AUTISM DEFINED.—In this section, the term
22 “autism” means all conditions consistent with autism
23 spectrum disorders described in section 2(5).

1 **TITLE II—INTERNATIONAL HY-**
2 **DROCEPHALUS TREATMENT**
3 **AND TRAINING**

4 **SEC. 201. ASSISTANCE TO TREAT HYDROCEPHALUS AND**
5 **TRAIN SURGEONS.**

6 Chapter 1 of part I of the Foreign Assistance Act
7 of 1961 (22 U.S.C. 2151 et seq.) is amended by adding
8 at the end the following:

9 **“SEC. 137. ASSISTANCE TO TREAT HYDROCEPHALUS AND**
10 **TRAIN SURGEONS.**

11 “(a) PURPOSES.—The purposes of assistance author-
12 ized by this section are—

13 “(1) to ensure that life-saving treatment of hy-
14 drocephalus is an important priority of United
15 States bilateral foreign assistance, including through
16 promotion of innovative treatments and training of
17 medical practitioners from the developing world in
18 the latest treatment protocols and best practices for
19 the treatment of hydrocephalus, including—

20 “(A) surgery and post-surgery care in de-
21 veloping countries;

22 “(B) the creation of a comprehensive hy-
23 drocephalus training program based in the de-
24 veloping world for surgeons and key members
25 of their medical team; and

1 “(C) the training of medical practitioners
2 based in the developing world in ETV/CPC and
3 other appropriate treatment protocols; and

4 “(2) to promote research to reduce the inci-
5 dence of PIH epidemiology, pathophysiology, and
6 disease burden, and to improve treatment of hydro-
7 cephalus.

8 “(b) AUTHORIZATION.—To carry out the purposes of
9 subsection (a), the President is authorized to provide as-
10 sistance to support a network of trained medical practi-
11 tioners to treat hydrocephalus in children at pediatric hos-
12 pitals and hydrocephalus treatment centers in developing
13 countries with a high incidence of hydrocephalus.

14 “(c) ACTIVITIES SUPPORTED.—

15 “(1) COMPREHENSIVE PROGRAM.—

16 “(A) IN GENERAL.—Assistance provided
17 under subsection (b) shall, to the maximum ex-
18 tent practicable, be used to establish a com-
19 prehensive program to administer global hydro-
20 cephalus treatment and training activities uti-
21 lizing a network of pediatric hospitals capable
22 of performing endoscopic surgery in developing
23 countries.

24 “(B) ADMINISTRATION.—The program de-
25 scribed in subparagraph (A) shall be adminis-

1 tered by healthcare executives and neuro-
2 surgeons with expertise in the treatment of hy-
3 drocephalus.

4 “(C) RESPONSIBILITIES.—The responsibil-
5 ities of the administrators described in subpara-
6 graph (B) shall include—

7 “(i) developing an appropriate edu-
8 cation and training curriculum;

9 “(ii) establishing quality control
10 standards;

11 “(iii) instituting safety guidelines and
12 standards; and

13 “(iv) developing monitoring and eval-
14 uation protocols.

15 “(2) TRAINING HOSPITAL.—

16 “(A) IN GENERAL.—Assistance provided
17 under subsection (b) shall, to the maximum ex-
18 tent practicable, be used to establish a surgeon
19 training program within a pediatric hospital
20 based in a developing country with a high inci-
21 dence of hydrocephalus with the goal of training
22 four surgeons annually and a total of 20 sur-
23 geons over a 5-year period to treat hydro-
24 cephalus utilizing the ETV/CPC technique.

1 “(B) TIMELINE.—To the maximum extent
2 practicable, the surgeon training program de-
3 scribed in subparagraph (A) should be oper-
4 ational no later than 1 year after the date of
5 enactment of this section.

6 “(C) TRAINING ADMISSIONS CRITERIA.—
7 Candidates for the surgeon training program
8 established under subparagraph (A) shall—

9 “(i) have a demonstrated commitment
10 to providing medical assistance in the de-
11 veloping world; and

12 “(ii) certify that the candidate intends
13 to remain and practice medicine in the de-
14 veloping world following completion of the
15 program.

16 “(D) TRAINING PROGRAM METHODOLOGY.—The surgeon training program estab-
17 lished under subparagraph (A) shall—

18 “(i) be conducted by a neurosurgeon
19 with a minimum of 3 years of full-time op-
20 erating experience in the developing world;

21 “(ii) be a hands-on operating room ex-
22 perience in the developing world;

23 “(iii) utilize a hydrocephalus treat-
24 ment protocol with an emphasis on ETV/
25

1 CPC as the preferred treatment when
2 medically appropriate; and

3 “(iv) require that each trainee com-
4 plete a minimum of 50 ETV/CPC or ETV
5 procedures and at least 25 VP shunt pro-
6 cedures.

7 “(3) TREATMENT CENTERS.—

8 “(A) IN GENERAL.—Assistance provided
9 under subsection (b) shall, to the maximum ex-
10 tent practicable, be used to establish at least 20
11 hydrocephalus treatment centers located at pub-
12 lic and private hospitals in developing countries
13 with a high incidence of hydrocephalus, which
14 shall include treatment costs, endoscopy equip-
15 ment and medical supplies necessary to provide
16 ETV/CPC procedures to treat hydrocephalus.

17 “(B) STAFFING.—The treatment centers
18 described in subparagraph (A) shall be staffed
19 by—

20 “(i) one or more surgeons who have
21 successfully completed the surgeon training
22 program provided pursuant to paragraph
23 (2); and

24 “(ii) a patient care administrator.

1 “(C) TREATMENT.—The treatment centers
2 described in subparagraph (A) shall—

3 “(i) provide surgery to treat hydro-
4 cephalus in children;

5 “(ii) perform at least 50 hydro-
6 cephalus surgeries annually including a
7 minimum of 25 ETV or ETV/CPC sur-
8 geries; and

9 “(iii) provide post-surgery care and
10 support for the children treated in accord-
11 ance with clause (i).

12 “(4) MEDICAL RECORDS AND DATA.—Assist-
13 ance provided under subsection (b) shall, to the
14 maximum extent practicable, include the mainte-
15 nance of medical records which track patient care
16 activities and information about the causes and inci-
17 dence rates of PIH.

18 “(d) DEFINITIONS.—In this section:

19 “(1) CPC.—The term ‘CPC’ means choroid
20 plexus cauterization, a surgical procedure to reduce
21 the production of cerebrospinal fluid in the brain.

22 “(2) ETV.—The term ‘ETV’ means endoscopic
23 third ventriculostomy, a shunt-less surgical proce-
24 dure in which an opening is created in the floor of
25 the third ventricle of the brain allowing cerebro-

1 spinal fluid to bypass any obstruction and flow di-
2 rectly to the basal cisterns.

3 “(3) ETV/CPC.—The term ‘ETV/CPC’ means
4 the shunt-less surgical method for treating hydro-
5 cephalus through the combination of ETV and CPC
6 surgical procedures.

7 “(4) HYDROCEPHALUS.—The term ‘hydro-
8 cephalus’ means a medical condition in which an ab-
9 normal accumulation of cerebrospinal fluid in the
10 ventricles or cavities of the brain causes increased
11 intracranial pressure inside the skull and progressive
12 enlargement of the head.

13 “(5) MEDICAL PRACTITIONERS.—The term
14 ‘medical practitioners’ means physicians, nurses, and
15 other clinicians, such as physical therapists.

16 “(6) PIH.—The term ‘PIH’ means post-infec-
17 tious or acquired hydrocephalus which is the onset
18 of hydrocephalus after birth due to the affects of an
19 infection, such as meningitis, that has attacked the
20 brain.

21 “(7) VP SHUNT.—The term ‘VP shunt’ means
22 a ventriculoperitonea shunt which is a plastic tube
23 that is regulated by a valve and surgically placed in
24 a brain ventricle that allows the cerebrospinal fluid

1 to flow out of the brain through the tube and into
2 the patient's abdomen.

3 “(e) AUTHORIZATION OF APPROPRIATIONS.—Of the
4 amounts made available to carry out this chapter for child
5 survival and maternal health programs through the Bu-
6 reau of Global Health of the United States Agency for
7 International Development, there are authorized to be ap-
8 propriated to the President \$375,000,000 for each of the
9 fiscal years 2021 through 2025 to carry out this section.”.

10 **TITLE III—INTERNATIONAL ALZ-**
11 **HEIMER’S DISEASE AND DE-**
12 **MENTIA PROGRAMS**

13 **SEC. 301. GLOBAL ALZHEIMER’S DISEASE AND DEMENTIA**
14 **ACTION PLAN.**

15 (a) IN GENERAL.—The Secretary of Health and
16 Human Services shall enter into negotiations with the
17 World Health Organization to develop a plan for address-
18 ing Alzheimer’s disease and other forms of dementia glob-
19 ally, to be known as the Global Alzheimer’s Disease and
20 Dementia Action Plan, focused on the following areas:

- 21 (1) Research, including—
22 (A) clinical research; and
23 (B) development of a stable and sustained
24 international commitment to research.
25 (2) Regulatory issues.

1 (3) Clinical care.

2 (4) Supportive services for patients and care-
3 givers, including supports using innovative tech-
4 nologies.

5 (5) Prevention and health promotion.

6 (6) Public awareness and education, particu-
7 larly efforts aimed at reducing stigmas and increas-
8 ing the inclusion of persons with Alzheimer’s disease
9 and dementia within civil society.

10 (b) INTERNATIONAL PARTNERSHIPS.—

11 (1) IN GENERAL.—In developing the plan under
12 subsection (a), the Secretary of Health and Human
13 Services—

14 (A) shall seek—

15 (i) to enter into partnerships with
16 other nations that have in place national
17 plans for addressing Alzheimer’s disease
18 and other forms of dementia; and

19 (ii) to the greatest extent possible, en-
20 sure that the plan under subsection (a) is
21 compatible with the plans of such other na-
22 tions; and

23 (B) in the case of other nations that do
24 not have such plans in place, shall encourage

1 such nations to develop and implement such
2 plans.

3 (2) SENSE OF CONGRESS.—It is the sense of
4 the Congress that the Group of Eight (G8) nations,
5 working with the Group of Twenty (G20) nations,
6 the Group of Seventy-Seven (G77) nations, and
7 other organizations including the Organization for
8 Economic Cooperation and Development (OECD),
9 should investigate systems to monitor and provide
10 care to individuals with Alzheimer’s disease and
11 other forms of dementia in developing countries to
12 help build care delivery capacity.

13 **SEC. 302. GLOBAL ALZHEIMER’S DISEASE AND DEMENTIA**
14 **FUND.**

15 (a) IN GENERAL.—The Secretary of Health and
16 Human Services, working with the Secretary of the Treas-
17 ury, other nations, nongovernmental organizations, and
18 private entities, shall seek to establish a fund, to be known
19 as the Global Alzheimer’s Disease and Dementia Fund,
20 to provide resources to support implementation of the
21 Global Alzheimer’s Disease and Dementia Action Plan.

22 (b) EARLY-STAGE EFFORTS.—In the early stages of
23 carrying out subsection (a), the Secretary of Health and
24 Human Services shall establish priority areas of focus and

1 a governance structure for the Global Alzheimer’s Disease
2 and Dementia Fund.

3 **SEC. 303. ALZHEIMER’S DISEASE AND DEMENTIA COORDI-**
4 **NATOR.**

5 The President shall appoint a high-level official from
6 the Department of Health and Human Services to lead
7 and coordinate all efforts of the Federal Government with
8 respect to developing the Global Alzheimer’s Disease and
9 Dementia Action Plan and the Global Alzheimer’s Disease
10 and Dementia Fund.

11 **SEC. 304. FOREIGN AID IMPLICATIONS.**

12 The Secretary of Health and Human Services, in col-
13 laboration with the heads of the United States Agency for
14 International Development and other relevant Federal de-
15 partments and agencies, shall—

16 (1) investigate the foreign aid implications of
17 Alzheimer’s disease and other forms of dementia;
18 and

19 (2) inform Congress as to the need for possible
20 changes to health care-related foreign assistance.

21 **SEC. 305. PUBLIC-PRIVATE PARTNERSHIPS.**

22 The President shall encourage and facilitate partner-
23 ships between the Federal Government and the private
24 sector, such as the partnerships in effect between the Na-
25 tional Institutes of Health and pharmaceutical companies,

- 1 to identify new approaches to treat Alzheimer's disease
- 2 and other forms of dementia.

○