

115TH CONGRESS
2D SESSION

S. 2076

AN ACT

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.

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

1 **SECTION 1. SHORT TITLE.**

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

5 **SEC. 2. PROMOTION OF PUBLIC HEALTH KNOWLEDGE AND**
6 **AWARENESS OF ALZHEIMER’S DISEASE, COG-**
7 **NITIVE DECLINE, AND BRAIN HEALTH UNDER**
8 **THE ALZHEIMER’S DISEASE AND HEALTHY**
9 **AGING PROGRAM.**

10 Part K of title III of the Public Health Service Act
11 (42 U.S.C. 280c et seq.) is amended—

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

15 (2) in subpart II—

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

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

20 (B) by striking section 398A (42 U.S.C.
21 280c–4) and inserting the following:

22 **“SEC. 398A. PROMOTION OF PUBLIC HEALTH KNOWLEDGE**
23 **AND AWARENESS OF ALZHEIMER’S DISEASE**
24 **AND RELATED DEMENTIAS.**

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

1 “(1) IN GENERAL.—The Secretary, in coordina-
2 tion with the Director of the Centers for Disease
3 Control and Prevention and the heads of other agen-
4 cies as appropriate, shall award grants, contracts, or
5 cooperative agreements to eligible entities, such as
6 institutions of higher education, State, tribal, and
7 local health departments, Indian tribes, tribal orga-
8 nizations, associations, or other appropriate entities
9 for the establishment or support of regional centers
10 to address Alzheimer’s disease and related dementias
11 by—

12 “(A) advancing the awareness of public
13 health officials, health care professionals, and
14 the public, on the most current information and
15 research related to Alzheimer’s disease and re-
16 lated dementias, including cognitive decline,
17 brain health, and associated health disparities;

18 “(B) identifying and translating promising
19 research findings, such as findings from re-
20 search and activities conducted or supported by
21 the National Institutes of Health, including Alz-
22 heimer’s Disease Research Centers authorized
23 by section 445, into evidence-based pro-
24 grammatic interventions for populations with

1 Alzheimer’s disease and related dementias and
 2 caregivers for such populations; and

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

7 “(2) REQUIREMENTS.—To be eligible to receive
 8 a grant, contract, or cooperative agreement under
 9 this subsection, an entity shall submit to the Sec-
 10 retary an application containing such agreements
 11 and information as the Secretary may require, in-
 12 cluding a description of how the entity will—

13 “(A) coordinate, as applicable, with exist-
 14 ing Federal, State, and tribal programs related
 15 to Alzheimer’s disease and related dementias;

16 “(B) examine, evaluate, and promote evi-
 17 dence-based interventions for individuals with
 18 Alzheimer’s disease and related dementias, in-
 19 cluding underserved populations with such con-
 20 ditions, and those who provide care for such in-
 21 dividuals; and

22 “(C) prioritize activities relating to—

23 “(i) expanding efforts, as appropriate,
 24 to implement evidence-based practices to
 25 address Alzheimer’s disease and related de-

1 mentias, including through the training of
2 State, local, and tribal public health offi-
3 cials and other health professionals on
4 such practices;

5 “(ii) supporting early detection and
6 diagnosis of Alzheimer’s disease and re-
7 lated dementias;

8 “(iii) reducing the risk of potentially
9 avoidable hospitalizations of individuals
10 with Alzheimer’s disease and related de-
11 mentias;

12 “(iv) reducing the risk of cognitive de-
13 cline and cognitive impairment associated
14 with Alzheimer’s disease and related de-
15 mentias;

16 “(v) enhancing support to meet the
17 needs of caregivers of individuals with Alz-
18 heimer’s disease and related dementias;

19 “(vi) reducing health disparities re-
20 lated to the care and support of individuals
21 with Alzheimer’s disease and related de-
22 mentias;

23 “(vii) supporting care planning and
24 management for individuals with Alz-

1 heimer’s disease and related dementias;
2 and

3 “(viii) supporting other relevant ac-
4 tivities identified by the Secretary or the
5 Director of the Centers for Disease Control
6 and Prevention, as appropriate.

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

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

13 “(B) is able to build on an existing infra-
14 structure of services and public health research;
15 and

16 “(C) has experience with providing care or
17 caregiver support, or has experience conducting
18 research related to Alzheimer’s disease and re-
19 lated dementias.

20 “(4) DISTRIBUTION OF AWARDS.—In awarding
21 grants, contracts, or cooperative agreements under
22 this subsection, the Secretary, to the extent prac-
23 ticable, shall ensure equitable distribution of awards
24 based on geographic area, including consideration of

1 rural areas, and the burden of the disease within
 2 sub-populations.

3 “(5) DATA REPORTING AND PROGRAM OVER-
 4 SIGHT.—With respect to a grant, contract, or coop-
 5 erative agreement awarded under this subsection,
 6 not later than 90 days after the end of the first year
 7 of the period of assistance, and annually thereafter
 8 for the duration of the grant, contract, or agreement
 9 (including the duration of any renewal period as pro-
 10 vided for under paragraph (5)), the entity shall sub-
 11 mit data, as appropriate, to the Secretary regard-
 12 ing—

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

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

17 “(b) IMPROVING DATA ON STATE AND NATIONAL
 18 PREVALENCE OF ALZHEIMER’S DISEASE AND RELATED
 19 DEMENTIAS.—

20 “(1) IN GENERAL.—The Secretary shall, as ap-
 21 propriate, improve the analysis and timely reporting
 22 of data on the incidence and prevalence of Alz-
 23 heimer’s disease and related dementias. Such data
 24 may include, as appropriate, information on cog-
 25 nitive decline, caregiving, and health disparities ex-

1 perienced by individuals with cognitive decline and
2 their caregivers. The Secretary may award grants,
3 contracts, or cooperative agreements to eligible enti-
4 ties for activities under this paragraph.

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

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

18 “(A) The Behavioral Risk Factor Surveil-
19 lance System.

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

22 “(C) The National Health Interview Sur-
23 vey.

24 “(c) IMPROVED COORDINATION.—The Secretary
25 shall ensure that activities and programs related to de-

1 mentia under this section do not unnecessarily duplicate
 2 activities and programs of other agencies and offices with-
 3 in the Department of Health and Human Services.”.

4 **SEC. 3. SUPPORTING STATE PUBLIC HEALTH PROGRAMS**
 5 **RELATED TO ALZHEIMER’S DISEASE AND RE-**
 6 **LATED DEMENTIAS.**

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

9 (1) in the section heading, by striking “**ESTAB-**
 10 **LISHMENT OF PROGRAM**” and inserting “**COOP-**
 11 **ERATIVE AGREEMENTS TO STATES AND PUB-**
 12 **LIC HEALTH DEPARTMENTS FOR ALZHEIMER’S**
 13 **DISEASE AND RELATED DEMENTIAS**”;

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

16 “(a) IN GENERAL.—The Secretary, in coordination
 17 with the Director of the Centers for Disease Control and
 18 Prevention and the heads of other agencies, as appro-
 19 priate, shall award cooperative agreements to health de-
 20 partments of States, political subdivisions of States, and
 21 Indian tribes and tribal organizations, to address Alz-
 22 heimer’s disease and related dementias, including by re-
 23 ducing cognitive decline, helping meet the needs of care-
 24 givers, and addressing unique aspects of Alzheimer’s dis-
 25 ease and related dementias to support the development

1 and implementation of evidence-based interventions with
 2 respect to—

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

6 “(2) supporting early detection and diagnosis;

7 “(3) reducing the risk of potentially avoidable
 8 hospitalizations for individuals with Alzheimer’s dis-
 9 ease and related dementias;

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

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

16 “(6) supporting care planning and management
 17 for individuals with Alzheimer’s disease and related
 18 dementias.

19 “(7) supporting other relevant activities identi-
 20 fied by the Secretary or the Director of the Centers
 21 for Disease Control and Prevention, as appro-
 22 priate”.; and

23 (3) by striking subsection (b);

24 (4) by redesignating subsection (c) as sub-
 25 section (g);

1 (5) by inserting after subsection (a), the fol-
2 lowing:

3 “(b) PREFERENCE.—In awarding cooperative agree-
4 ments under this section, the Secretary shall give pref-
5 erence to applications that focus on addressing health dis-
6 parities, including populations and geographic areas that
7 have the highest prevalence of Alzheimer’s disease and re-
8 lated dementias.

9 “(c) ELIGIBILITY.—To be eligible to receive a cooper-
10 ative agreement under this section, an eligible entity (pur-
11 suant to subsection (a)) shall prepare and submit to the
12 Secretary an application at such time, in such manner,
13 and containing such information as the Secretary may re-
14 quire, including a plan that describes—

15 “(1) how the applicant proposes to develop or
16 expand, programs to educate individuals through
17 partnership engagement, workforce development,
18 guidance and support for programmatic efforts, and
19 evaluation with respect to Alzheimer’s disease and
20 related dementias, and in the case of a cooperative
21 agreement under this section, how the applicant pro-
22 poses to support other relevant activities identified
23 by the Secretary or Director of the Centers for Dis-
24 ease Control and Prevention, as appropriate.

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

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

10 “(d) MATCHING REQUIREMENT.—Each health de-
11 partment that is awarded a cooperative agreement under
12 subsection (a) shall provide, from non-Federal sources, an
13 amount equal to 30 percent of the amount provided under
14 such agreement (which may be provided in cash or in-
15 kind) to carry out the activities supported by the coopera-
16 tive agreement.

17 “(e) WAIVER AUTHORITY.—The Secretary may waive
18 all or part of the matching requirement described in sub-
19 section (d) for any fiscal year for a health department of
20 a State, political subdivision of a State, or Indian tribe
21 and tribal organization (including those located in a rural
22 area or frontier area), if the Secretary determines that ap-
23 plying such matching requirement would result in serious
24 hardship or an inability to carry out the purposes of the
25 cooperative agreement awarded to such health department

1 of a State, political subdivision of a State, or Indian tribe
 2 and tribal organization.”;

3 (6) in subsection (f) (as so redesignated), by
 4 striking “grant” and inserting “cooperative agree-
 5 ment”; and

6 (7) by adding at the end the following:

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

12 “(1) activities of centers of excellence with re-
 13 spect to Alzheimer’s disease and related dementias
 14 described in section 398A; and

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

18 **SEC. 4. ADDITIONAL PROVISIONS.**

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

21 (1) in subsection (a)—

22 (A) by inserting “or cooperative agree-
 23 ment” after “grant” each place that such ap-
 24 pears;

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

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

5 (2) by striking subsection (b);

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

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

9 (A) in the matter preceding paragraph (1),
 10 by striking “section 398(a) to a State unless
 11 the State” and inserting “sections 398 or 398A
 12 to an entity unless the entity”;

13 (B) in paragraph (1), by striking “expendi-
 14 tures required in subsection (b);” and inserting
 15 “expenditures;”;

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

17 (A) in paragraph (1)—

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

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

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

1 (6) by inserting after subsection (c) (as so re-
2 designated), the following:

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

7 (7) in subsection (e), by striking “\$5,000,000
8 for each of the fiscal years 1988 through 1990” and
9 all that follows through “2002” and inserting
10 “\$20,000,000 for each of fiscal years 2020 through
11 2024”.

Passed the Senate December 12, 2018.

Attest:

Secretary.

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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.