



AMENDMENT NO. _____ Calendar No. _____

Purpose: In the nature of a substitute.

IN THE SENATE OF THE UNITED STATES—115th Cong., 2d Sess.

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.

Referred to the Committee on _____ and ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT IN THE NATURE OF A SUBSTITUTE intended to be proposed by _____

Viz:

- 1 Strike all after the enacting clause and insert the fol-
- 2 lowing:
- 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”.

1 **SEC. 2. 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 K of title III of the Public Health Service Act
7 (42 U.S.C. 280c et seq.) is amended—

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

11 (2) in subpart II—

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

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

16 (B) by striking section 398A (42 U.S.C.
17 280c-4) and inserting the following:

18 **“SEC. 398A. PROMOTION OF PUBLIC HEALTH KNOWLEDGE**
19 **AND AWARENESS OF ALZHEIMER’S DISEASE**
20 **AND RELATED DEMENTIAS.**

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

23 **“(1) IN GENERAL.—**The Secretary, in coordina-
24 tion with the Director of the Centers for Disease
25 Control and Prevention and the heads of other agen-
26 cies as appropriate, shall award grants, contracts, or

1 cooperative agreements to eligible entities, such as
2 institutions of higher education, State and local
3 health departments, associations, or other appro-
4 priate entities for the establishment or support of re-
5 gional centers to address Alzheimer’s disease and re-
6 lated dementias by—

7 “(A) advancing the awareness of public
8 health officials, health care professionals, and
9 the public, on the most current information and
10 research related to Alzheimer’s disease and re-
11 lated dementias, including cognitive decline,
12 brain health, and associated health disparities;

13 “(B) identifying and translating promising
14 research findings, such as findings from re-
15 search and activities conducted or supported by
16 the National Institutes of Health, including Alz-
17 heimer’s Disease Research Centers authorized
18 by section 445, into evidence-based pro-
19 grammatic interventions for populations with
20 Alzheimer’s disease and related dementias and
21 caregivers for such populations; and

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

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

7 “(A) coordinate, as applicable, with exist-
8 ing Federal and State programs related to Alz-
9 heimer’s disease and related dementias;

10 “(B) examine, evaluate, and promote evi-
11 dence-based interventions for individuals with
12 Alzheimer’s disease and related dementias, in-
13 cluding underserved populations with such con-
14 ditions, and those who provide care for such in-
15 dividuals; and

16 “(C) prioritize activities relating to—

17 “(i) expanding efforts, as appropriate,
18 to implement evidence-based practices to
19 address Alzheimer’s disease and related de-
20 mentias, including through the training of
21 State, local, and tribal public health offi-
22 cials and other health professionals on
23 such practices;

1 “(ii) supporting early detection and
2 diagnosis of Alzheimer’s disease and re-
3 lated dementias;

4 “(iii) reducing the risk of potentially
5 avoidable hospitalizations of individuals
6 with Alzheimer’s disease and related de-
7 mentias;

8 “(iv) reducing the risk of cognitive de-
9 cline and cognitive impairment associated
10 with Alzheimer’s disease and related de-
11 mentias;

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

15 “(vi) reducing health disparities re-
16 lated to the care and support of individuals
17 with Alzheimer’s disease and related de-
18 mentias;

19 “(vii) supporting care planning and
20 management for individuals with Alz-
21 heimer’s disease and related dementias;
22 and

23 “(viii) supporting other relevant ac-
24 tivities identified by the Secretary or the

1 Director of the Centers for Disease Control
2 and Prevention, as appropriate.

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

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

9 “(B) is able to build on an existing infra-
10 structure of services and public health research;
11 and

12 “(C) has experience with providing care or
13 caregiver support, or has experience conducting
14 research related to Alzheimer’s disease and re-
15 lated dementias.

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

23 “(5) DATA REPORTING AND PROGRAM OVER-
24 SIGHT.—With respect to a grant, contract, or coop-
25 erative agreement awarded under this subsection,

1 not later than 90 days after the end of the first year
2 of the period of assistance, and annually thereafter
3 for the duration of the grant, contract, or agreement
4 (including the duration of any renewal period as pro-
5 vided for under paragraph (5)), the entity shall sub-
6 mit data, as appropriate, to the Secretary regard-
7 ing—

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

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

12 “(b) IMPROVING DATA ON STATE AND NATIONAL
13 PREVALENCE OF ALZHEIMER’S DISEASE AND RELATED
14 DEMENTIAS.—

15 “(1) IN GENERAL.—The Secretary shall, as ap-
16 propriate, improve the analysis and timely reporting
17 of data on the incidence and prevalence of Alz-
18 heimer’s disease and related dementias at the State
19 and national levels. Such data may include, as ap-
20 propriate, information on cognitive decline,
21 caregiving, and health disparities experienced by in-
22 dividuals with cognitive decline and their caregivers.
23 The Secretary may award grants, contracts, or coop-
24 erative agreements to eligible entities for activities
25 under this paragraph.

1 “(2) ELIGIBILITY.—To be eligible to receive a
2 grant, contract, or cooperative agreement under this
3 subsection, an entity shall be a public or nonprofit
4 private entity, including institutions of higher edu-
5 cation and State and local health departments, and
6 submit to the Secretary an application at such time,
7 in such manner, and containing such information as
8 the Secretary may require.

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

13 “(A) The Behavioral Risk Factor Surveil-
14 lance System.

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

17 “(C) The National Health Interview Sur-
18 vey.

19 “(c) IMPROVED COORDINATION.—The Secretary
20 shall ensure that activities and programs related to de-
21 mentia under this section do not unnecessarily duplicate
22 activities and programs of other agencies and offices with-
23 in the Department of Health and Human Services.”.

1 **SEC. 3. SUPPORTING STATE PUBLIC HEALTH PROGRAMS**
2 **RELATED TO ALZHEIMER'S DISEASE AND RE-**
3 **LATED DEMENTIAS.**

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

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

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

13 “(a) IN GENERAL.—The Secretary, in coordination
14 with the Director of the Centers for Disease Control and
15 Prevention and the heads of other agencies, as appro-
16 priate, shall award cooperative agreements to State, local,
17 and tribal departments of health, to address Alzheimer's
18 disease and related dementias, including by reducing cog-
19 nitive decline, helping meet the needs of caregivers, and
20 addressing unique aspects of Alzheimer's disease and re-
21 lated dementias to support the development and imple-
22 mentation of evidence-based interventions with respect
23 to—

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

1 “(2) supporting early detection and diagnosis;

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

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

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

11 “(6) supporting care planning and management
12 for individuals with Alzheimer’s disease and related
13 dementias.

14 “(7) supporting other relevant activities identi-
15 fied by the Secretary or the Director of the Centers
16 for Disease Control and Prevention, as appro-
17 priate”.; and

18 (3) by striking subsection (b);

19 (4) by redesignating subsection (c) as sub-
20 section (g);

21 (5) by inserting after subsection (a), the fol-
22 lowing:

23 “(b) PREFERENCE.—In awarding cooperative agree-
24 ments under this section, the Secretary shall give pref-
25 erence to applications that focus on addressing health dis-

1 parities, including populations and geographic areas that
2 have the highest prevalence of Alzheimer's disease and re-
3 lated dementias.

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

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

20 “(2) the manner in which the applicant will co-
21 ordinate with Federal and State programs related to
22 Alzheimer's disease and related dementias, and ap-
23 propriate State and local agencies, as well as other
24 relevant public and private organizations or agen-
25 cies; and

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

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

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

14 “(1) a health department, if the Secretary de-
15 termines that applying such matching requirement
16 to the health department would result in serious
17 hardship or an inability to carry out the purposes of
18 the cooperative agreement awarded to such health
19 department; or

20 “(2) a rural or frontier region.”;

21 (6) in subsection (f) (as so redesignated), by
22 striking “grant” and inserting “cooperative agree-
23 ment”; and

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

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

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

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

12 **SEC. 4. ADDITIONAL PROVISIONS.**

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

15 (1) in subsection (a)—

16 (A) by inserting “or cooperative agree-
17 ment” after “grant” each place that such ap-
18 pears;

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

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

23 (2) by striking subsection (b);

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

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

2 (A) in the matter preceding paragraph (1),
3 by striking “section 398(a) to a State unless
4 the State” and inserting “sections 398 or 398A
5 to an entity unless the entity”;

6 (B) in paragraph (1), by striking “expendi-
7 tures required in subsection (b);” and inserting
8 “expenditures;”;

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

10 (A) in paragraph (1)—

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

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

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

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

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

24 (7) in subsection (e), by striking “\$5,000,000
25 for each of the fiscal years 1988 through 1990” and

1 all that follows through “2002” and inserting
2 “\$20,000,000 for each of fiscal years 2020 through
3 2024”.