To amend the Public Health Service Act to authorize grants for training and support services for Alzheimer’s patients and their families.

IN THE HOUSE OF REPRESENTATIVES

AUGUST 1, 2013

Ms. Waters (for herself, Mr. Smith of New Jersey, Mr. Van Hollen, Mr. Grijalva, Ms. Bordallo, Mrs. Christensen, Mr. Lynch, Ms. Loretta Sanchez of California, Ms. Linda T. Sanchez of California, Ms. Jackson Lee, Ms. Sewell of Alabama, Mr. Hastings of Florida, Ms. Wilson of Florida, Mr. Payne, Ms. Norton, Ms. Brown of Florida, Mr. Carson of Indiana, Mr. Connolly, Mr. Rangel, Mr. Farr, Ms. Lee of California, Mr. Hinojosa, Ms. McCollum, Mr. Polis, Mr. David Scott of Georgia, Ms. Clarke, Mr. Ryan of Ohio, Mr. Keating, and Ms. Schakowsky) introduced the following bill; which was referred to the Committee on Energy and Commerce.

A BILL

To amend the Public Health Service Act to authorize grants for training and support services for Alzheimer’s patients and their families.

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 “Alzheimer’s Caregiver Support Act”.

1  2  3  4  5
SEC. 2. GRANTS REGARDING TRAINING AND SUPPORT SERVICES FOR ALZHEIMER’S PATIENTS AND THEIR FAMILIES.

Part D of title III of the Public Health Service Act (42 U.S.C. 254b et seq.) is amended by inserting after section 330L the following:

“SEC. 330M. GRANTS REGARDING TRAINING AND SUPPORT SERVICES FOR ALZHEIMER’S PATIENTS AND THEIR FAMILIES.

“(a) IN GENERAL.—The Secretary may make grants to public and nonprofit private health care providers for the purpose of expanding training and support services for families and caregivers of patients with Alzheimer’s disease.

“(b) RECIPIENTS OF GRANTS.—The public and nonprofit private health care providers to whom grants may be made under subsection (a) include health care organizations, community health centers, nursing homes, senior centers, Area Agencies on Aging, community-based organizations, and State, local, and tribal health agencies and social service agencies.

“(c) INTEGRATION OF TREATMENT, TRAINING, AND SUPPORT SERVICES.—A condition for the receipt of a grant under subsection (a) is that the applicant involved agrees to employ a comprehensive approach to Alzheimer’s care that integrates treatment of patients with Alz-
heimer’s disease with training and support services for the patients’ families and caregivers.

“(d) COORDINATION.—The Secretary shall coordinate with the Deputy Assistant Secretary for Women’s Health and the Deputy Assistant Secretary for Minority Health in order to ensure that women, minorities, and patients who live in medically underserved communities (as defined in section 799B(6)) are able to benefit from the training and support services funded through grants under subsection (a).

“(e) APPROPRIATE CULTURAL CONTEXT.—A condition for the receipt of a grant under subsection (a) is that the applicant involved agrees that, in any program to be funded by such grant, services will be provided in the languages most appropriate for, and with consideration for the cultural backgrounds of, the individuals for whom the services are provided.

“(f) OUTREACH SERVICES.—A condition for the receipt of a grant under subsection (a) is that the applicant involved agrees to provide outreach activities to inform the public of the services of the program, and to provide information on Alzheimer’s disease.

“(g) APPLICATION FOR GRANT.—A grant may be made under subsection (a) only if an application for the grant is submitted to the Secretary and the application
is in such form, is made in such manner, and contains
such agreements, assurances, and information as the Sec-
retary determines to be necessary to carry out this section.

“(h) FUNDING.—

“(1) AUTHORIZATION OF APPROPRIATIONS.—
For the purpose of carrying out this section, there
are authorized to be appropriated such sums as may
be necessary for each of the fiscal years 2014
through 2019.

“(2) ALLOCATION FOR MEDICALLY UNDER-
served communities.—Of the amounts appro-
priated under paragraph (1) for a fiscal year, the
Secretary shall make available not less than 10 per-
cent for grants under subsection (a) to applicants
that primarily serve medically underserved commu-
nities, as defined in section 799B(6).”.