

116TH CONGRESS
2D SESSION

H. R. 6935

To provide for the establishment of a National COVID–19 Resource Center for Older Adults, to authorize a Healthy Aging Program, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 19, 2020

Ms. FRANKEL (for herself, Mr. BILIRAKIS, Mrs. DINGELL, and Ms. SHALALA) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Education and Labor, 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 provide for the establishment of a National COVID–19 Resource Center for Older Adults, to authorize a 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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Protecting the Health
5 of America’s Older Adults During COVID–19 and Beyond
6 Act”.

1 **SEC. 2. NATIONAL COVID-19 RESOURCE CENTER FOR**
2 **OLDER ADULTS.**

3 (a) IN GENERAL.—The Secretary of Health and
4 Human Services (in this Act referred to as the “Sec-
5 retary”) shall establish within the Office of the Assistant
6 Secretary for Health a National COVID-19 Resource
7 Center for Older Adults (in this section referred to as the
8 “Center”) to identify, curate, and disseminate, promising
9 and proven practices and tools for the care of older adults
10 in their homes, community-based care settings, hospitals,
11 and nursing and acute care facilities.

12 (b) INVOLVEMENT BY FEDERAL DEPARTMENTS AND
13 ALL LEVELS OF GOVERNMENT.—The Center shall—

14 (1) be advised by a team of senior officials
15 from—

16 (A) agencies across the Department of
17 Health and Human Services, including the Ad-
18 ministration for Community Living (including
19 the Administration on Aging), the Centers for
20 Disease Control and Prevention, the Centers for
21 Medicare & Medicaid Services, the Health Re-
22 sources and Services Administration, the Indian
23 Health Service, and the Office of Minority
24 Health in the Office of the Secretary; and

25 (B) other Federal departments, including
26 the Department of Housing and Urban Devel-

1 opment and the Department of Veterans Af-
2 fairs; and

3 (2) collaborate with State and local govern-
4 ments, Indian tribes and Tribal organizations, and
5 nonprofit organizations.

6 (c) ACTIVITIES.—The Center shall perform the fol-
7 lowing activities:

8 (1) Develop a set of best practices for older
9 adult health and wellbeing during and beyond the
10 period of the COVID–19 pandemic, including such
11 best practices with respect to the following focus
12 areas:

13 (A) Providing specialized services to over-
14 come the risks associated with social isolation,
15 such as additional resources for home-delivered
16 meals and other nutrition programs to provide
17 not only food but also face-to-face interactions.

18 (B) Streamlining and improving access to
19 screening, testing, and health care services and
20 resources, and prioritizing venues older adults
21 can reach.

22 (C) Expanding the use of telemedicine, in-
23 cluding the provision of technology to execute
24 televisits that safely and comprehensively ad-
25 dress older adults' health care needs.

1 (D) Supporting family caregivers, includ-
2 ing those with additional responsibilities for
3 homebound individuals.

4 (E) Reducing disparities among under-
5 served populations.

6 (F) Developing cross-sector collaborative
7 efforts.

8 (2) Create and disseminate tools, technical as-
9 sistance, training, and funding to State, local, Trib-
10 al, and territorial governments to adopt best prac-
11 tices developed under subparagraphs (E) and (F) of
12 paragraph (1).

13 (3) Establish mechanisms for providing training
14 and technical assistance to State, local, Tribal, and
15 territorial governments to ensure that complemen-
16 tary cross-sector activities are replicated at the
17 State, local, Tribal, and territorial levels.

18 (4) Facilitate the development of learning net-
19 works of practitioners at the hospital, nursing facil-
20 ity, and community levels to disseminate the best
21 practices developed under paragraph (1) and ensure
22 implementation of such best practices to reduce mor-
23 bidity and mortality of older adults affected by
24 COVID–19.

1 (5) Identify and disseminate approaches that
2 strengthen public health and health care system ca-
3 pacity to serve older Americans with regard to
4 health issues during and beyond the COVID–19
5 pandemic.

6 **SEC. 3. HEALTHY AGING PROGRAM.**

7 (a) IN GENERAL.—The Secretary, acting through the
8 Director of the Centers for Disease Control and Preven-
9 tion, shall establish a Healthy Aging Program for the pur-
10 pose of promoting the health and wellbeing of older adults
11 by—

12 (1) improving the coordination of public health
13 interventions that promote the health and wellbeing
14 of older adults;

15 (2) disseminating and implementing evidence-
16 based best practices and programs with respect to
17 promoting the health and wellbeing of older adults;
18 and

19 (3) coordinating multisectoral efforts to pro-
20 mote the health and wellbeing of older adults across
21 governmental and nongovernmental health and re-
22 lated agencies.

23 (b) ACTIVITIES.—For the purpose described in sub-
24 section (a), the Secretary shall design the Healthy Aging
25 Program to carry out the following activities:

1 (1) Regularly assess the health-related needs of
2 older adults and promote policies addressing those
3 needs through evidence-based public health interven-
4 tions to promote overall health and wellbeing among
5 older adults and reduce health care costs.

6 (2) Identify disparities in health among vulner-
7 able populations of older adults.

8 (3) Identify gaps in existing public health pro-
9 grams and policies that focus on older adults.

10 (4) Promote public health partnerships with
11 aging and other sector stakeholders to ensure non-
12 duplication of efforts and increase efficiency by
13 working collaboratively across sectors.

14 (5) Work with multisectoral agencies to improve
15 emergency preparedness plans and activities for vul-
16 nerable older adult populations.

17 (6) Coordinate efforts to promote the health of
18 older adults with the Administration for Community
19 Living, other Federal departments and agencies, and
20 nonprofit organizations.

21 (7) Identify resources and evidence-based pro-
22 grams available to local and State health depart-
23 ments, including resources and programs that could
24 be coordinated across sectors, to address the health
25 and wellbeing of older adults.

1 (c) GRANTS TO HEALTH DEPARTMENTS.—The Sec-
2 retary, acting through the Director of the Centers for Dis-
3 ease Control and Prevention, shall award grants or cooper-
4 ative agreements to eligible health departments to carry
5 out any of the following activities:

6 (1) Improving availability of data on the older
7 adult population, including through data-sharing
8 with elder affairs agencies.

9 (2) Linking the health care sector with the
10 community services sector (including aging services
11 and supports) to coordinate and promote commu-
12 nity-based prevention services.

13 (3) Ensuring that State and local emergency
14 preparedness plans and activities address the special
15 needs of older adults, particularly the most vulner-
16 able populations.

17 (4) Training State and local public health per-
18 sonnel to implement or adapt evidence-based and in-
19 novative health promotion and disease prevention
20 programs and policies.

21 (5) Improving community conditions and ad-
22 dressing social determinants to promote health and
23 wellbeing and foster independence among older
24 adults, such as efforts to advance age-friendly com-
25 munities and dementia-friendly communities.

1 (d) TECHNICAL ASSISTANCE.—The Secretary shall
2 (directly or through grants, cooperative agreements, or
3 contracts) provide technical assistance to eligible health
4 departments in carrying out activities described in sub-
5 section (c).

6 (e) EVALUATIONS.—The Secretary shall (directly or
7 through grants, cooperative agreements, or contracts) pro-
8 vide for the evaluation of activities carried out under sub-
9 sections (a), (b), and (c) in order to determine the extent
10 to which such activities have been effective in carrying out
11 the purpose described in subsection (a), including the ef-
12 fects of such activities on addressing health disparities.

13 (f) DEFINITION.—In this section, the term “eligible
14 health department” means a health department of a State,
15 the District of Columbia, the Commonwealth of Puerto
16 Rico, the United States Virgin Islands, Guam, American
17 Samoa, the Commonwealth of the Northern Mariana Is-
18 lands, a Tribe (as defined in section 4 of the Indian Self-
19 Determination and Education Assistance Act (25 U.S.C.
20 5304)), or a large city (as defined by the Director of the
21 Centers for Disease Control and Prevention for purposes
22 of this section).

23 **SEC. 4. AUTHORIZATION OF APPROPRIATIONS.**

24 There is authorized to be appropriated—

1 (1) \$10,000,000 for the period of fiscal years
2 2020 through 2024 to carry out section 2, to remain
3 available until September 30, 2024; and

4 (2) \$20,000,000 for each of fiscal years 2021
5 through 2025 to carry out section 3, including for
6 grants under section 3(c), to remain available until
7 September 30, 2025.

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