

110TH CONGRESS
2D SESSION

S. 3092

To amend the Public Health Service Act to ensure sufficient resources and increase efforts for research at the National Institutes of Health relating to Alzheimer's disease, to authorize an education and outreach program to promote public awareness and risk reduction with respect to Alzheimer's disease (with particular emphasis on education and outreach in Hispanic populations), and for other purposes.

IN THE SENATE OF THE UNITED STATES

JUNE 5, 2008

Mr. MENENDEZ (for himself and Ms. MIKULSKI) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to ensure sufficient resources and increase efforts for research at the National Institutes of Health relating to Alzheimer's disease, to authorize an education and outreach program to promote public awareness and risk reduction with respect to Alzheimer's disease (with particular emphasis on education and outreach in Hispanic populations), 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 “Cure and Under-
3 standing through Research for Alzheimer’s Act of 2008”,
4 or the “CURA Act of 2008”.

5 **SEC. 2. FINDINGS.**

6 Congress makes the following findings:

7 (1) The incidence and prevalence of Alzheimer’s
8 disease increase with age. Alzheimer’s disease is cur-
9 rently the 7th leading cause of death of all ages in
10 the United States (number 5 for people over 65
11 years of age), with 5,200,000 Americans living with
12 Alzheimer’s. Currently, 1 in 8 Americans over age
13 65 has Alzheimer’s. Every 71 seconds, someone de-
14 velops Alzheimer’s disease, and by 2050, someone
15 will develop this disease every 33 seconds. By 2050,
16 the number of individuals age 65 and over with Alz-
17 heimer’s will range from 11,000,000 to 16,000,000
18 people. It is projected that by 2050, more than 60
19 percent of people with Alzheimer’s disease will be
20 age 85 or older.

21 (2) The prevalence of Alzheimer’s disease and
22 dementia seem to be higher among people with fewer
23 years of education. People with less than 12 years
24 of education have a 15 percent greater risk of devel-
25 oping dementia than people with 12 to 15 years of
26 education and a 35 percent greater risk of devel-

1 oping dementia than people with more than 15 years
2 of education.

3 (3) Hispanics are the fastest growing popu-
4 lation in the United States and by 2050 will have a
5 life expectancy of 87 years, longer than any other
6 ethnic or racial group. The Hispanic community in
7 the United States is projected to experience a six-
8 fold increase in Alzheimer's disease (from fewer than
9 200,000 to as many as 1,300,000) by 2050.

10 (4) Hispanics may be at a greater risk of devel-
11 oping dementia than other ethnic or racial groups.
12 Hispanics have a 64 percent higher incidence of dia-
13 betes than non-Hispanic white Americans, and this
14 is of particular concern in light of new findings that
15 diabetes is the one vascular risk factor that, in the
16 absence of stroke, is related to an increased risk of
17 Alzheimer's disease.

18 (5) Research on disparities in Alzheimer's risk
19 factors between Hispanic and other ethnic and racial
20 groups is only beginning to sort out complex dif-
21 ferences. For example, even in the absence of the
22 APOE-e4 allele, the one known genetic risk factor
23 for late onset Alzheimer's, Caribbean Hispanics have
24 a cumulative risk for Alzheimer's twice that of non-
25 Hispanic whites.

1 (6) The shortage of bilingual health profes-
2 sionals, combined with the large population of
3 monolingual Spanish-speaking seniors, makes ade-
4 quate testing and diagnosis of Alzheimer's among el-
5 derly Hispanics difficult and may lead to cultural bi-
6 ases in cognitive testing. Moreover, inadequate
7 translation of diagnostic tools can lead to improper
8 diagnoses, and there may be poor understanding of
9 recommended treatment and self-care even among
10 those who are properly diagnosed.

11 (7) Hispanics are far more likely to be unin-
12 sured than any other ethnic group. The Census Bu-
13 reau reports that 34.1 percent of Hispanics in the
14 United States are uninsured, compared to 10.8 per-
15 cent for non-Hispanic whites and 15.3 percent for
16 all United States residents.

17 (8) Lack of access to healthcare and a strong
18 cultural commitment to caring for one's elders with-
19 in the family are among the factors that make His-
20 panics with dementia less likely than non-Hispanics
21 to see a physician and use related services provided
22 by formal health professionals. Delays in diagnosis
23 and lack of early and consistent treatment can lead
24 to higher levels of impairment and increased stress
25 on family caregivers.

1 (9) Hispanic elders are second most likely, after
 2 Asian-Americans, to live with their families rather
 3 than in long term care facilities. More research is
 4 needed to better understand the effects of differing
 5 care settings on family caregivers and Alzheimer's
 6 patients.

7 (10) Alzheimer's disease costs the United
 8 States \$148,000,000,000 a year in direct and indi-
 9 rect costs to business, Medicare, and Medicaid (not
 10 including private insurance).

11 **SEC. 3. NIH RESEARCH AND EDUCATION ON ALZHEIMER'S**
 12 **DISEASE.**

13 (a) RESEARCH ACTIVITIES.—In conducting research
 14 relating to Alzheimer's disease, the Director of the Na-
 15 tional Institutes of Health shall ensure sufficient resources
 16 for activities relating to Alzheimer's disease and Hispanic
 17 communities, including by—

18 (1) increasing efforts in epidemiological work in
 19 Hispanic subgroups;

20 (2) allocating resources to the National Insti-
 21 tute on Aging Alzheimer's disease research centers,
 22 and other academic centers involved in Alzheimer's
 23 disease research, to increase participation of His-
 24 panics and other underrepresented ethnic groups in

1 research and clinical trials in sufficient numbers to
2 draw valid conclusions; and

3 (3) conducting social, behavioral, and health
4 services research—

5 (A) to understand more fully the under-
6 lying reasons that Hispanic individuals delay di-
7 agnosis and underutilize services;

8 (B) to identify culturally and linguistically
9 appropriate approaches for addressing such
10 delays and underutilization; and

11 (C) to identify what is culturally competent
12 care.

13 (b) EDUCATION ACTIVITIES.—The Director of the
14 National Institutes of Health shall expand and intensify
15 the efforts of the Institutes—

16 (1) to educate communities about the impor-
17 tance of research relating to Alzheimer’s disease;
18 and

19 (2) to respond effectively to cultural concerns
20 about participation in such research, especially with
21 respect to sensitive matters like the collection of
22 brain tissue and genetic information.

1 **SEC. 4. INCREASED FUNDING FOR ALZHEIMER'S DISEASE**
 2 **DEMONSTRATION GRANTS.**

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

5 (1) by striking “and such” and inserting
 6 “such”; and

7 (2) by inserting before the period the following:
 8 “, \$25,000,000 for fiscal year 2009, and such sums
 9 as may be necessary for each of fiscal years 2010
 10 through 2013”.

11 **SEC. 5. CDC OUTREACH AND EDUCATION.**

12 Part B of title III of the Public Health Service Act
 13 (42 U.S.C. 243 et seq.) is amended by inserting after sec-
 14 tion 317S the following:

15 **“SEC. 317T. EDUCATION AND OUTREACH ON ALZHEIMER'S**
 16 **DISEASE.**

17 “(a) PURPOSES.—The purposes of this section are
 18 the following:

19 “(1) To reduce the risk of Alzheimer's disease
 20 through the reduction of vascular risk factors.

21 “(2) To encourage the early recognition and di-
 22 agnosis of dementia.

23 “(3) To train public health personnel to recog-
 24 nize, assess, diagnose, and treat Alzheimer's disease
 25 in ways that are culturally appropriate and sup-
 26 portive of families.

1 “(b) EDUCATION AND OUTREACH.—To achieve the
2 purposes of this section, the Secretary, acting through the
3 Centers for Disease Control and Prevention, shall conduct
4 an aggressive, evidence-based education and outreach pro-
5 gram to promote public awareness and risk reduction with
6 respect to Alzheimer’s disease. In conducting the outreach
7 program, the Secretary shall consult with State health de-
8 partments and other appropriate entities, including the
9 Alzheimer’s Association.

10 “(c) EMPHASIS.—In carrying out this section, the
11 Secretary shall give particular emphasis to education and
12 outreach in Hispanic populations.”.

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