

111TH CONGRESS
1ST SESSION

S. 2809

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

IN THE SENATE OF THE UNITED STATES

NOVEMBER 20, 2009

Mrs. GILLIBRAND 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 authorize grants for treatment and support services for Alzheimer’s patients and their families.

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 “Alzheimer’s Treatment
5 and Caregiver Support Act”.

1 **SEC. 2. GRANTS REGARDING TREATMENT AND SUPPORT**
 2 **SERVICES FOR ALZHEIMER’S PATIENTS AND**
 3 **THEIR FAMILIES.**

4 Part D of title III of the Public Health Service Act
 5 (42 U.S.C. 254b et seq.) is amended by inserting after
 6 section 330L the following:

7 **“SEC. 330M. GRANTS REGARDING TREATMENT AND SUP-**
 8 **PORT SERVICES FOR ALZHEIMER’S PATIENTS**
 9 **AND THEIR FAMILIES.**

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

15 “(b) RECIPIENTS OF GRANTS.—The public and non-
 16 profit private health care providers to whom grants may
 17 be made under subsection (a) include health care organi-
 18 zations, community health centers, nursing homes, senior
 19 centers, Area Agencies on Aging, community-based orga-
 20 nizations, and State, local, and tribal health agencies and
 21 social service agencies.

22 “(c) INTEGRATION OF TREATMENT, TRAINING, AND
 23 SUPPORT SERVICES.—A condition for the receipt of a
 24 grant under subsection (a) is that the applicant involved
 25 agrees to employ a comprehensive approach to Alzheimer’s
 26 care that integrates treatment of patients with Alz-

1 heimer’s disease with training and support services for the
 2 patients’ families and caregivers.

3 “(d) APPROPRIATE CULTURAL CONTEXT.—A condi-
 4 tion for the receipt of a grant under subsection (a) is that
 5 the applicant involved agrees that, in any program to be
 6 funded by such grant, services will be provided in the lan-
 7 guages most appropriate for, and with consideration for
 8 the cultural backgrounds of, the individuals for whom the
 9 services are provided.

10 “(e) OUTREACH SERVICES.—A condition for the re-
 11 ceipt of a grant under subsection (a) is that the applicant
 12 involved agrees to provide outreach activities to inform the
 13 public of the services of the program, and to provide infor-
 14 mation on Alzheimer’s disease.

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

21 “(g) FUNDING.—

22 “(1) AUTHORIZATION OF APPROPRIATIONS.—
 23 For the purpose of carrying out this section, there
 24 are authorized to be appropriated such sums as may

1 be necessary for each of the fiscal years 2010
2 through 2015.

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

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