the problem and use that to work towards solutions.

Helping people who have suffered these catastrophic injuries is not a political subject. There is no Democratic or Republican way to treat a traumatic brain injury. I am pleased that we have strong sponsors and support from both parties on both sides of the aisle.

When I co-founded the Congressional Brain Injury Task Force in 2001, Members, including me, were unaware of the extent and impact of TBI—I will be very frank with you. Today, we fulfill decades-long work from tireless advocates to bolster our Federal agencies, States, and local providers. They deserve Federal resources to provide the support and breakthrough research necessary to put an end to this condition.

The TBI Act reauthorization will help servicemembers on and off the battlefield, athletes on the ball field, and children and families across the country who are living with brain injuries. We have a long way to go, but the journey forward is clearer today with the passage of this bill.

Mr. Speaker, I commend Senator HATCH and Senator CASEY for quickly advancing this important legislation in the Senate. I will continue working with them and my co-chair, TOM ROONEY, to ensure this legislation is soon signed by the President.

Mr. TONKO. Mr. Speaker, in closing, I again encourage Members to support this legislation. As was indicated, it has taken a long 20 years to achieve this success. Hopefully, we can support this and provide, again, a great initiative on behalf of those who suffer from traumatic brain injury.

Mr. Speaker, I yield back the balance of my time.

Mr. WALDEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, this is really important work. Again, I commend Mr. PASCRELL for his incredible efforts on this initiative. I know it has taken 20 years. I might say, maybe it just took the right chairman of the Energy and Commerce Committee to get it done finally, but it is probably more than that.

But I just want to say, this will bring hope. It will bring better health outcomes and will save lives with this legislation as well.

Mr. Speaker, I yield back the balance of my time.

□ 1530

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Oregon (Mr. WALDEN) that the House suspend the rules and concur in the Senate amendment to the bill, H.R. 6615.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. WALDEN. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

BUILDING OUR LARGEST DEMENTIA INFRASTRUCTURE FOR ALZHEIMER'S ACT

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (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.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 2076

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 ''Building Our Largest Dementia Infrastructure for Alzheimer's Act'' or the ''BOLD Infrastructure for Alzheimer's Act''.

SEC. 2. PROMOTION OF PUBLIC HEALTH KNOWLEDGE AND AWARENESS OF ALZHEIMER'S DISEASE, COGNITIVE DECLINE, AND BRAIN HEALTH UNDER THE ALZHEIMER'S DISEASE AND HEALTHY AGING PROGRAM.

Part K of title III of the Public Health Service Act (42 U.S.C. 280c et seq.) is amended—

(1) in the part heading, by adding ''**AND PUBLIC HEALTH PROGRAMS FOR DEMENTIA**'' at the end; and

(2) in subpart II—

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

''Subpart II—Programs With Respect to Alzheimer's Disease and Related Dementias''; and

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

''SEC. 398A. PROMOTION OF PUBLIC HEALTH KNOWLEDGE AND AWARENESS OF ALZHEIMER'S DISEASE AND RELATED DEMENTIAS.

''(a) ALZHEIMER'S DISEASE AND RELATED DEMENTIAS PUBLIC HEALTH CENTERS OF EXCELLENCE.—

''(1) IN GENERAL.—The Secretary, in coordination with the Director of the Centers for Disease Control and Prevention and the heads of other agencies as appropriate, shall award grants, contracts, or cooperative agreements to eligible entities, such as institutions of higher education, State, tribal, and local health departments, Indian tribes, tribal organizations, associations, or other appropriate entities for the establishment or support of regional centers to address Alzheimer's disease and related dementias by—

''(A) advancing the awareness of public health officials, health care professionals, and the public, on the most current information and research related to Alzheimer's disease and related dementias, including cognitive decline, brain health, and associated health disparities;

''(B) identifying and translating promising research findings, such as findings from research and activities conducted or supported by the National Institutes of Health, including Alzheimer's Disease Research Centers authorized by section 445, into evidence-based programmatic interventions for populations with Alzheimer's disease and related dementias and caregivers for such populations; and

''(C) expanding activities, including through public-private partnerships related to Alzheimer's disease and related dementias and associated health disparities.

''(2) REQUIREMENTS.—To be eligible to receive a grant, contract, or cooperative agreement under this subsection, an entity shall submit to the Secretary an application containing such agreements and information as the Secretary may require, including a description of how the entity will—

''(A) coordinate, as applicable, with existing Federal, State, and tribal programs related to Alzheimer's disease and related dementias;

''(B) examine, evaluate, and promote evidence-based interventions for individuals with Alzheimer's disease and related dementias, including underserved populations with such conditions, and those who provide care for such individuals; and

''(C) prioritize activities relating to—

''(i) expanding efforts, as appropriate, to implement evidence-based practices to address Alzheimer's disease and related dementias, including through the training of State, local, and tribal public health officials and other health professionals on such practices;

''(ii) supporting early detection and diagnosis of Alzheimer's disease and related dementias;

''(iii) reducing the risk of potentially avoidable hospitalizations of individuals with Alzheimer's disease and related dementias;

''(iv) reducing the risk of cognitive decline and cognitive impairment associated with Alzheimer's disease and related dementias;

''(v) enhancing support to meet the needs of caregivers of individuals with Alzheimer's disease and related dementias;

''(vi) reducing health disparities related to the care and support of individuals with Alzheimer's disease and related dementias;

''(vii) supporting care planning and management for individuals with Alzheimer's disease and related dementias; and

''(viii) supporting other relevant activities identified by the Secretary or the Director of the Centers for Disease Control and Prevention, as appropriate.

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

''(A) provides services to rural areas or other underserved populations;

''(B) is able to build on an existing infrastructure of services and public health research; and

''(C) has experience with providing care or caregiver support, or has experience conducting research related to Alzheimer's disease and related dementias.

''(4) DISTRIBUTION OF AWARDS.—In awarding grants, contracts, or cooperative agreements under this subsection, the Secretary, to the extent practicable, shall ensure equitable distribution of awards based on geographic area, including consideration of rural areas, and the burden of the disease within sub-populations.

''(5) DATA REPORTING AND PROGRAM OVERSIGHT.—With respect to a grant, contract, or cooperative agreement awarded under this subsection, not later than 90 days after the end of the first year of the period of assistance, and annually thereafter for the duration of the grant, contract, or agreement (including the duration of any renewal period as provided for under paragraph (5)), the entity shall submit data, as appropriate, to the Secretary regarding—

''(A) the programs and activities funded under the grant, contract, or agreement; and

''(B) outcomes related to such programs and activities.

''(b) IMPROVING DATA ON STATE AND NATIONAL PREVALENCE OF ALZHEIMER'S DISEASE AND RELATED DEMENTIAS.—

''(1) IN GENERAL.—The Secretary shall, as appropriate, improve the analysis and timely reporting of data on the incidence and prevalence of Alzheimer's disease and related dementias. Such data may include, as appropriate, information on cognitive decline, caregiving, and health disparities experienced by individuals with cognitive decline and their caregivers. The Secretary may award grants, contracts, or cooperative agreements to eligible entities for activities under this paragraph.

''(2) ELIGIBILITY.—To be eligible to receive a grant, contract, or cooperative agreement under this subsection, an entity shall be a public or nonprofit private entity, including institutions of higher education, State, local, and tribal health departments, and Indian tribes and tribal organizations, and submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

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

''(A) The Behavioral Risk Factor Surveillance System.

''(B) The National Health and Nutrition Examination Survey.

''(C) The National Health Interview Survey.

''(c) IMPROVED COORDINATION.—The Secretary shall ensure that activities and programs related to dementia under this section do not unnecessarily duplicate activities and programs of other agencies and offices within the Department of Health and Human Services.''.

SEC. 3. SUPPORTING STATE PUBLIC HEALTH PROGRAMS RELATED TO ALZHEIMER'S DISEASE AND RELATED DEMENTIAS.

Section 398 of the Public Health Service Act (42 U.S.C. 280c–3) is amended—

(1) in the section heading, by striking ''**ESTABLISHMENT OF PROGRAM**'' and inserting ''**COOPERATIVE AGREEMENTS TO STATES AND PUBLIC HEALTH DEPARTMENTS FOR ALZHEIMER'S DISEASE AND RELATED DEMENTIAS**'';

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

''(a) IN GENERAL.—The Secretary, in coordination with the Director of the Centers for Disease Control and Prevention and the heads of other agencies, as appropriate, shall award cooperative agreements to health departments of States, political subdivisions of States, and Indian tribes and tribal organizations, to address Alzheimer's disease and related dementias, including by reducing cognitive decline, helping meet the needs of caregivers, and addressing unique aspects of Alzheimer's disease and related dementias to support the development and implementation of evidence-based interventions with respect to—

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

''(2) supporting early detection and diagnosis;

''(3) reducing the risk of potentially avoidable hospitalizations for individuals with Alzheimer's disease and related dementias;

''(4) reducing the risk of cognitive decline and cognitive impairment associated with Alzheimer's disease and related dementias;

''(5) improving support to meet the needs of caregivers of individuals with Alzheimer's disease and related dementias;

''(6) supporting care planning and management for individuals with Alzheimer's disease and related dementias.

''(7) supporting other relevant activities identified by the Secretary or the Director of the Centers for Disease Control and Prevention, as appropriate''.; and

(3) by striking subsection (b);

(4) by redesignating subsection (c) as subsection (g);

(5) by inserting after subsection (a), the following:

''(b) PREFERENCE.—In awarding cooperative agreements under this section, the Secretary shall give preference to applications that focus on addressing health disparities, including populations and geographic areas that have the highest prevalence of Alzheimer's disease and related dementias.

''(c) ELIGIBILITY.—To be eligible to receive a cooperative agreement under this section, an eligible entity (pursuant to subsection (a)) shall prepare and submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require, including a plan that describes—

''(1) how the applicant proposes to develop or expand, programs to educate individuals through partnership engagement, workforce development, guidance and support for programmatic efforts, and evaluation with respect to Alzheimer's disease and related dementias, and in the case of a cooperative agreement under this section, how the applicant proposes to support other relevant activities identified by the Secretary or Director of the Centers for Disease Control and Prevention, as appropriate.

''(2) the manner in which the applicant will coordinate with Federal, tribal, and State programs related to Alzheimer's disease and related dementias, and appropriate State, tribal, and local agencies, as well as other relevant public and private organizations or agencies; and

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

''(d) MATCHING REQUIREMENT.—Each health department that is awarded a cooperative agreement under subsection (a) shall provide, from non-Federal sources, an amount equal to 30 percent of the amount provided under such agreement (which may be provided in cash or in-kind) to carry out the activities supported by the cooperative agreement.

''(e) WAIVER AUTHORITY.—The Secretary may waive all or part of the matching requirement described in subsection (d) for any fiscal year for a health department of a State, political subdivision of a State, or Indian tribe and tribal organization (including those located in a rural area or frontier area), if the Secretary determines that applying such matching requirement would result in serious hardship or an inability to carry out the purposes of the cooperative agreement awarded to such health department of a State, political subdivision of a State, or Indian tribe and tribal organization.'';

(6) in subsection (f) (as so redesignated), by striking ''grant'' and inserting ''cooperative agreement''; and

(7) by adding at the end the following:

''(f) NON-DUPLICATION OF EFFORT.—The Secretary shall ensure that activities under any cooperative agreement awarded under this subpart do not unnecessarily duplicate efforts of other agencies and offices within the Department of Health and Human Services related to—

''(1) activities of centers of excellence with respect to Alzheimer's disease and related dementias described in section 398A; and

''(2) activities of public health departments with respect to Alzheimer's disease and related dementias described in this section.''.

SEC. 4. ADDITIONAL PROVISIONS.

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

(1) in subsection (a)—

(A) by inserting ''or cooperative agreement'' after ''grant'' each place that such appears;

(B) by striking ''section 398(a) to a State unless the State'' and inserting ''sections 398 or 398A to an entity unless the entity''; and

(C) by striking ''10'' and inserting ''5'';

(2) by striking subsection (b);

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

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

(A) in the matter preceding paragraph (1), by striking ''section 398(a) to a State unless the State'' and inserting ''sections 398 or 398A to an entity unless the entity'';

(B) in paragraph (1), by striking ''expenditures required in subsection (b);'' and inserting ''expenditures;'';

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

(A) in paragraph (1)—

(i) by striking ''each demonstration project for which a grant'' and inserting ''the activities for which an award''; and

(ii) by striking ''section 398(a)'' and inserting ''sections 398 or 398A''; and

(B) in paragraph (2), by striking ''6 months'' and inserting ''1 year'';

(6) by inserting after subsection (c) (as so redesignated), the following:

''(d) DEFINITION.—In this subpart, the terms 'Indian tribe' and 'tribal organization' have the meanings given such terms in section 4 of the Indian Health Care Improvement Act.''; and

(7) in subsection (e), by striking ''$5,000,000 for each of the fiscal years 1988 through 1990'' and all that follows through ''2002'' and inserting ''$20,000,000 for each of fiscal years 2020 through 2024''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Oregon (Mr. WALDEN) and the gentleman from New York (Mr. TONKO) each will control 20 minutes.

The Chair recognizes the gentleman from Oregon.

GENERAL LEAVE

Mr. WALDEN. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and insert extraneous material in the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Oregon?

There was no objection.

Mr. WALDEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of S. 2076, the BOLD Infrastructure for Alzheimer's Act.

I would like to thank Representative BRETT GUTHRIE from Kentucky for his work to bring this bill to the House floor and for his terrific partnership as a member and real leader on our Energy and Commerce Committee.

Now, the BOLD Act is another bipartisan bill. It will enhance our Nation's public health infrastructure. It will improve lives for patients.

More than 5 million Americans have Alzheimer's. It is the most expensive disease in our country. It costs our health system hundreds of billions of dollars each and every year, and those numbers are only going up.

This legislation before us now will help us address those trends by establishing centers of excellence to improve coordination of care with local

public health departments for patients in our communities. These centers will increase data collection, analysis, and timely reporting to better inform researchers and policymakers across the country.

For patients and their families, early intervention and coordination of care provided at these centers can make the burden of Alzheimer's just a little bit lighter.

I have heard about the importance of the bill from Marya in Medford, who, in 2012, became one of the 180,000 Oregonians who serve as unpaid Alzheimer's caregivers for a loved one. In her case, that loved one was her father.

When her father was diagnosed, she was faced with not only a daunting system and difficult choices to make without information, but also an unexpected cost of care of $342,000, on average.

According to Marya, if passed, the BOLD Act would ensure States such as Oregon have the resources necessary to support earlier detection and diagnosis of Alzheimer's and help healthcare givers like her to grapple with this devastating disease.

Mr. Speaker, on behalf of patients and their families across our Nation, I urge my colleagues to join me in passing this important legislation as well.

Mr. Speaker, I reserve the balance of my time.

Mr. TONKO. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in strong support of the BOLD Infrastructure for Alzheimer's Act, legislation that I have introduced with my good friend and fellow Energy and Commerce Committee member, Congressman BRETT GUTHRIE.

I thank both Chairman WALDEN and incoming Chair PALLONE for their support of this particular legislation, and I greatly appreciate the partnership with Congressman GUTHRIE and his staff for helping to get this important legislation over the finish line today.

Alzheimer's is a brutal, devastating disease. Anyone whose life has been touched by Alzheimer's or related dementias knows the heart-wrenching toll that these diseases can and most often do take on an individual, on a family, and on a community.

Since first coming to Congress, I have been laser-focused on how we can reduce the devastating burden that Alzheimer's disease has on our families and our Nation. We have had great success, many successes in recent years with legislation such as the National Alzheimer's Project Act and the Alzheimer's Accountability Act helping to coordinate our medical research agenda and strengthen our case for the unprecedented investments that Congress has appropriated to effectively treat and find a cure for Alzheimer's.

With the HOPE for Alzheimer's Act, we were able to get CMS to provide coverage for comprehensive care planning services to Medicare beneficiaries and their caregivers following a diagnosis of Alzheimer's disease. These care planning visits are a critical tool for families struggling for answers and help to lessen the burden of this disease.

Now we are taking another huge step forward with the passage of the BOLD Infrastructure for Alzheimer's Act, legislation that will invest in public health-oriented strategies for tackling Alzheimer's disease and related dementias.

We know that in 2018, Alzheimer's and related dementias will cost our country $277 billion. By smartly investing in a public health infrastructure for this disease, we can reduce this cost burden on the local, State, and Federal Government, and improve care for those who have received an Alzheimer's diagnosis.

The BOLD Act will enhance our public health infrastructure in three main ways:

First, it will create Alzheimer's disease and related dementias public health centers of excellence. They will be dedicated to promoting effective Alzheimer's disease and caregiving interventions, as well as educating the public on Alzheimer's disease, cognitive decline, and brain health. These centers will implement the CDC's healthy aging public health road map and will take key steps to support health and social services professionals, as well as families and communities.

Second, the legislation will allow for State and local cooperative agreements with HHS that will be awarded to State health departments, subdivisions of States, or Tribal entities to develop and carry out Alzheimer's interventions. These awards will help States build a foundation and also help those States that are already investing in a public health approach to Alzheimer's to amplify their initiatives through public-private partnerships.

Finally, the BOLD Act will create data analysis and reporting cooperative agreements with HHS that will ensure that data on Alzheimer's, cognitive decline, caregiving, and health disparities are analyzed and disseminated to the public in a timely manner.

We need this legislation more than ever. The burden of Alzheimer's disease does not take a day off, and Congress cannot afford to either.

In closing, I again thank Chairman WALDEN, Ranking Member PALLONE, House leadership, our Senate sponsors, and everyone who had a hand in this success today. Without such dedicated bipartisan Alzheimer's champions throughout Congress, we would not be making this strong step forward. It is mighty progress.

Mr. Speaker, I strongly urge my colleagues to support this legislation, and I reserve the balance of my time.

Mr. WALDEN. Mr. Speaker, I want to commend the gentleman from New York for his leadership on this issue as well.

Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. BURGESS), so that he can speak on the legislation.

Mr. BURGESS. Mr. Speaker, I thank the chairman for the recognition, and I rise to speak in support of S. 2076, the BOLD Infrastructure for Alzheimer's Act.

This bill was introduced on the Senate side by Senator SUSAN COLLINS and Senator CATHERINE CORTEZ MASTO, and it promotes public awareness of Alzheimer's disease and related dementias.

But I also need to thank the champions on the House side of this legislation, Representatives BRETT GUTHRIE and PAUL TONKO, both valuable members of the Health Subcommittee.

Alzheimer's is a devastating disease that affects families across our Nation. Every 65 seconds, another person in the United States develops Alzheimer's. Alzheimer's is the sixth leading cause of death in the United States, with one in three seniors dying of Alzheimer's or a related dementia.

Over the past several years, Congress has doubled down on its commitment to researching Alzheimer's disease and the related dementias by substantially increasing our appropriations for the initiatives housed at the National Institutes of Health.

This legislation will require the Secretary of the Department of Health and Human Services to work with the Centers for Disease Control and Prevention to award grants, contracts, or cooperative agreements to establish or support regional centers to address Alzheimer's disease and related dementias. The purpose of these centers of excellence is to increase awareness among public health officials, healthcare professionals, and the public as it relates to Alzheimer's disease and the related dementias.

By empowering our healthcare workforce, and our patients with more information, there will be increasing awareness of the disease, the impact it has on individuals' lives, and the possibility of treatments or interventions.

The effects of this disease are daunting for both the individual and for their families. This bill is a step toward building an infrastructure to support the ever-growing population of individuals with Alzheimer's and their related dementias.

I support S. 2076, and I urge my fellow Members to do the same.

Mr. TONKO. Mr. Speaker, I continue to reserve the balance of my time.

Mr. WALDEN. Mr. Speaker, I yield 2 minutes to the gentleman from Kentucky (Mr. GUTHRIE), another leader on healthcare in the Energy and Commerce Committee.

Mr. GUTHRIE. Mr. Speaker, I rise today in support of my legislation, the BOLD Infrastructure for Alzheimer's Act.

It has been great to work with my good friend from New York (Mr. TONKO). We came here together as classmates in the 2008 election. We worked together because we wanted to create a public health infrastructure to help those with Alzheimer's and other

dementias receive the care they so desperately need.

Over 5 million Americans are living with Alzheimer's and other dementias, making it the most costly disease in America. In the Second District, I have met countless Kentuckians who have been affected by this disease in some way.

I, too, have shared similar experiences with a great-uncle, when I was a child, having early onset Alzheimer's and seeing my family having to try to understand and deal with it. When I was a child, it wasn't understood as well as it is even now.

I watched my wife's grandfather go through it and saw my mother-in-law being the primary caretaker and saw how it consumes the family.

So what it does to the person with the disease, what it does to the family caring for the disease is of utmost importance in trying to move towards a cure. But, also, it is fiscally responsible what we are doing today because, by 2050, it is estimated it will cost the Federal Government over $1 trillion if we do not have some advances in caring for and delaying this onset.

I used to say that is for my children and my grandchildren and my great-grandchildren, but, actually, in 30 years, I will be in my eighties, so it will be affecting my children. So we need to move forward, and it is fiscally responsible to do so.

The BOLD Infrastructure for Alzheimer's Act would direct the CDC to establish a network to support the prevention, treatment, and care of Alzheimer's disease. In doing so, we hope to take care of those who have Alzheimer's and other dementias now and, hopefully, find a cure for these debilitating diseases in the near future.

This important bill has passed the Senate. I urge my colleagues to support it today, and I look forward to seeing the President sign this bill into law.

Before I close, I do want to thank all the staff for their hard work. This legislation wouldn't be done without them.

Sophie Trainor in my office has worked tirelessly on this and other bills at the end of this session, and I appreciate her assistance and help.

Mr. TONKO. Mr. Speaker, I continue to reserve the balance of my time.

Mr. WALDEN. Mr. Speaker, I yield 1 minute to the gentleman from Florida (Mr. BILIRAKIS) to speak on the legislation.

□ 1545

Mr. BILIRAKIS. Mr. Speaker, I thank the chairman for yielding me the time.

Mr. Speaker, I rise today in support of S. 2076. I thank my good friend, BRETT GUTHRIE from the great State of Kentucky, and also Mr. TONKO for sponsoring the House bill. This is so very important. The Building Our Largest Dementia Infrastructure for Alzheimer's Act, or the BOLD Infrastructure for Alzheimer's Act, is so very important. This bill will create Alzheimer's disease centers of excellence, which are badly needed.

Through these centers and public health departments, we can strengthen our efforts at increasing early detection and diagnosis. It will also allow for the voluntary collection of data so researchers can analyze cognitive decline, caregiving, and health disparities in a timely manner. I know that is going to help so much in finding a cure for this disease.

I am a cosponsor of the House version of the bill.

In the Tampa area, we have the Byrd Alzheimer's Center and Research Institute, which is one of the largest free-standing Alzheimer's research centers in the United States.

The SPEAKER pro tempore (Mr. GUTHRIE). The time of the gentleman has expired.

Mr. WALDEN. Mr. Speaker, I yield an additional 30 seconds to the gentleman from Florida.

Mr. BILIRAKIS. Mr. Speaker, this bill will help them in their efforts of Alzheimer's awareness and research. Please support this bill. We need it badly for our constituents. I appreciate all the help from all the volunteers and the advocates.

Again, I urge strong support for this bill.

Mr. TONKO. Mr. Speaker, I yield such time as she may consume to the gentlewoman from California (Ms. MAXINE WATERS). Representative WATERS is from California's 43rd Congressional District and has invested a lot of time and work on the Alzheimer's issue, especially in her role as co-chair of the Congressional Task Force on Alzheimer's Disease.

Ms. MAXINE WATERS of California. Mr. Speaker, I would like to thank Congressman TONKO for the leadership that he has provided and the opportunity to rise to urge all of my colleagues to support S. 2076, the BOLD Infrastructure for Alzheimer's Act.

I congratulate Senator SUSAN COLLINS for shepherding this bill through the Senate. I join together with my colleagues, Representatives BRETT GUTHRIE, PAUL TONKO, and CHRIS SMITH, to introduce the House version of this bill in order to promote early detection and diagnosis, support caregivers, and reduce health disparities related to the care and treatment of Alzheimer's patients.

As the House Democratic co-chair of the bipartisan, bicameral Congressional Task Force on Alzheimer's Disease, I know how devastating this disease can be for patients, families, and caregivers. Alzheimer's affects more than 5 million Americans, and it is the sixth leading cause of death in the United States. There is no effective treatment, no means of prevention, and no method for slowing the progression of the disease.

Alzheimer's is very costly to society. In 2017, the direct cost of care for Alzheimer's and other dementias was approximately $259 billion, with 67 percent of those costs paid by Medicare or Medicaid. At the current rate, the direct costs of care for these tragic conditions will reach more than $1 trillion by 2050.

Most Alzheimer's patients require constant care and attention, especially when they are in the final stages of the disease. More than 15 million Americans provide unpaid care to family and friends living with Alzheimer's and other dementias. The Alzheimer's Association calculated that caregivers provided more than 18 billion hours of unpaid care for people with dementia in 2016, at an estimated value of more than $230 billion.

Alzheimer's has a devastating impact on caregivers. Compared with caregivers for people without dementia, twice as many caregivers for people with dementia indicate substantial emotional, financial, and physical stress.

The BOLD Infrastructure for Alzheimer's Act establishes Alzheimer's centers of excellence around the country to expand and promote innovative and effective Alzheimer's interventions. These interventions will support early detection, reduce the risk of hospitalizations and cognitive decline, support caregivers, and reduce health disparities. The BOLD Act will also improve data collection on the incidence and prevalence of Alzheimer's and related dementias.

So, Mr. Speaker, I am pleased to be here with my colleagues today, and I would certainly urge all of my colleagues to support this important legislation.

Mr. WALDEN. Mr. Speaker, may I inquire as to how much time remains on each side.

The SPEAKER pro tempore. The gentleman from Oregon has 12½ minutes remaining. The gentleman from New York has 12 minutes remaining.

Mr. WALDEN. Mr. Speaker, I yield such time as he may consume to the gentleman from Georgia (Mr. CARTER), who is a pharmacist on our committee and a great leader on health issues on the Energy and Commerce Committee.

Mr. CARTER of Georgia. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I rise today in support of S. 2076, the BOLD Infrastructure for Alzheimer's Act, because of what it does to address this terrible disease. According to the Alzheimer's Association, nearly 5.7 million Americans are currently living with Alzheimer's. It is currently the sixth leading cause of death in our country.

This debilitating disease continues to grow amongst our population, but we still struggle to understand and find a cure. But there is hope. This legislation would award agreements to establish national and regional centers of excellence focused on Alzheimer's disease, as well as support State public health departments, tribes, and others working to fight this.

This disease impacts not only those who have it but also the millions of caregivers responsible for the well-being of those who have Alzheimer's. These are often family members or close friends who have to make sacrifices in their own lives to care for others.

This legislation will make great strides in better understanding the cognitive decline associated with the disease, the impact on caregivers, and how we can continue to fight for a cure.

I am a proud cosponsor of H.R. 4256, the companion bill in the House that was introduced by my good friend and colleague, Mr. GUTHRIE of Kentucky.

I also want to thank those across the country who have continued to be tireless advocates on this issue, including Ms. Donna Camacho who has been a leader on this issue in my district. I can't overstate my appreciation for all of the hard work and dedication that so many people have poured into passing this legislation.

Today, with this passage, we can help bring about hope in the future for those who are victims of this disease, like my legislative director's grandmother, Lisa Verlsteffen, a courageous woman who lived a long and happy life, but who eventually succumbed to the effects of Alzheimer's after a long and hard fight.

While today's work isn't the final solution, it brings us one step closer in the fight to eradicate this disease. I urge my colleagues to support this legislation and vote ''yes'' on its passage.

Mr. TONKO. Mr. Speaker, I yield myself the balance of my time to close.

Mr. Speaker, I strongly urge passage of this legislation. The BOLD Act is another bit of foundation that we have done to move forward and conquer Alzheimer's and related dementias.

Those of us who function in government understand full well that our Federal, State, and local budgets have been impacted severely by Alzheimer's disease, but, most importantly, families have been burdened by this disease. So it is so important for us to move forward with this legislation that provides, again, hope to those families and individuals living with Alzheimer's disease.

Mr. Speaker, I ask for support of the legislation, and I yield back the balance of my time.

Mr. WALDEN. Mr. Speaker, I, too, join my friend and colleague from New York and our friends across the building in the Senate in support of the BOLD Act, S. 2076.

Mr. Speaker, I urge our colleagues to support it, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. CARTER of Georgia). The question is on the motion offered by the gentleman from Oregon (Mr. WALDEN) that the House suspend the rules and pass the bill, S. 2076.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. WALDEN. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

STATE OFFICES OF RURAL HEALTH REAUTHORIZATION ACT OF 2018

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (S. 2278) to amend the Public Health Service Act to provide grants to improve health care in rural areas.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 2278

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 ''State Offices of Rural Health Reauthorization Act of 2018''.

SEC. 2. STATE OFFICES OF RURAL HEALTH.

Section 338J of the Public Health Service Act (42 U.S.C. 254r) is amended to read as follows:

''SEC. 338J. GRANTS TO STATE OFFICES OF RURAL HEALTH.

''(a) IN GENERAL.—The Secretary, acting through the Director of the Federal Office of Rural Health Policy (established under section 711 of the Social Security Act), shall make grants to each State Office of Rural Health for the purpose of improving health care in rural areas.

''(b) REQUIREMENT OF MATCHING FUNDS.—

''(1) IN GENERAL.—Subject to paragraph (2), the Secretary may not make a grant under subsection (a) unless the State office of rural health involved agrees, with respect to the costs to be incurred in carrying out the purpose described in such subsection, to provide non-Federal contributions toward such costs in an amount equal to $3 for each $1 of Federal funds provided in the grant.

''(2) WAIVER OR REDUCTION.—The Secretary may waive or reduce the non-Federal contribution if the Secretary determines that requiring matching funds would limit the State office of rural health's ability to carry out the purpose described in subsection (a).

''(3) DETERMINATION OF AMOUNT OF NON-FEDERAL CONTRIBUTION.—Non-Federal contributions required in paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

''(c) CERTAIN REQUIRED ACTIVITIES.—Recipients of a grant under subsection (a) shall use the grant funds for purposes of—

''(1) maintaining within the State office of rural health a clearinghouse for collecting and disseminating information on—

''(A) rural health care issues;

''(B) research findings relating to rural health care; and

''(C) innovative approaches to the delivery of health care in rural areas;

''(2) coordinating the activities carried out in the State that relate to rural health care, including providing coordination for the purpose of avoiding redundancy in such activities; and

''(3) identifying Federal and State programs regarding rural health, and providing technical assistance to public and nonprofit private entities regarding participation in such programs.

''(d) REQUIREMENT REGARDING ANNUAL BUDGET FOR OFFICE.—The Secretary may not make a grant under subsection (a) unless the State involved agrees that, for any fiscal year for which the State office of rural health receives such a grant, the office operated pursuant to subsection (a) of this section will be provided with an annual budget of not less than $150,000.

''(e) CERTAIN USES OF FUNDS.—

''(1) RESTRICTIONS.—The Secretary may not make a grant under subsection (a) unless the State office of rural health involved agrees that the grant will not be expended—

''(A) to provide health care (including providing cash payments regarding such care);

''(B) to conduct activities for which Federal funds are expended—

''(i) within the State to provide technical and other nonfinancial assistance under section 330A(f);

''(ii) under a memorandum of agreement entered into with the State office of rural health under section 330A(h); or

''(iii) under a grant under section 338I;

''(C) to purchase medical equipment, to purchase ambulances, aircraft, or other vehicles, or to purchase major communications equipment;

''(D) to purchase or improve real property; or

''(E) to carry out any activity regarding a certificate of need.

''(2) AUTHORITIES.—Activities for which a State office of rural health may expend a grant under subsection (a) include—

''(A) paying the costs of maintaining an office of rural health for purposes of subsection (a);

''(B) subject to paragraph (1)(B)(iii), paying the costs of any activity carried out with respect to recruiting and retaining health professionals to serve in rural areas of the State; and

''(C) providing grants and contracts to public and nonprofit private entities to carry out activities authorized in this section.

''(3) LIMIT ON INDIRECT COSTS.—The Secretary may impose a limit of no more than 15 percent on indirect costs claimed by the recipient of the grant.

''(f) REPORTS.—The Secretary may not make a grant under subsection (a) unless the State office of rural health involved agrees—

''(1) to submit to the Secretary reports or performance data containing such information as the Secretary may require regarding activities carried out under this section; and

''(2) to submit such a report or performance data not later than September 30 of each fiscal year immediately following any fiscal year for which the State office of rural health has received such a grant.

''(g) REQUIREMENT OF APPLICATION.—The Secretary may not make a grant under subsection (a) unless 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 Secretary determines to be necessary to carry out such subsection.

''(h) NONCOMPLIANCE.—The Secretary may not make payments under subsection (a) to a State office of rural health for any fiscal year subsequent to the first fiscal year of such payments unless the Secretary determines that, for the immediately preceding fiscal year, the State office of rural health has complied with each of the agreements made by the State office of rural health under this section.

''(i) AUTHORIZATION OF APPROPRIATIONS.—