

111TH CONGRESS  
1ST SESSION

# S. 1492

To amend the Public Health Service Act to fund breakthroughs in Alzheimer's disease research while providing more help to caregivers and increasing public education about prevention.

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## IN THE SENATE OF THE UNITED STATES

JULY 22, 2009

Mr. REID (for Ms. MIKULSKI (for herself, Mr. BOND, Mrs. GILLIBRAND, Mr. MENENDEZ, Mr. BURR, and Ms. COLLINS)) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To amend the Public Health Service Act to fund breakthroughs in Alzheimer's disease research while providing more help to caregivers and increasing public education about prevention.

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 Break-  
5 through Act of 2009".

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

1           (1) Alzheimer's disease is a disorder that de-  
2           stroys cells in the brain. The disease is the leading  
3           cause of dementia, a condition that involves gradual  
4           memory loss, decline in the ability to perform rou-  
5           tine tasks, disorientation, difficulty in learning, loss  
6           of language skills, impairment of judgment, and per-  
7           sonality changes. As the disease progresses, people  
8           with Alzheimer's disease become unable to care for  
9           themselves. The loss of brain cells eventually leads  
10          to the failure of other systems in the body.

11          (2) An estimated 5,300,000 Americans have  
12          Alzheimer's disease and 1 in 10 individuals has a  
13          family member with the disease. By 2050, the num-  
14          ber of individuals with the disease could reach  
15          16,000,000 unless science finds a way to prevent or  
16          cure the disease.

17          (3) One in 8 people over the age of 65, and  
18          nearly half of those over the age of 85 have Alz-  
19          heimer's disease. Younger people also get the dis-  
20          ease.

21          (4) The Alzheimer's disease process may begin  
22          in the brain as many as 20 years before the symp-  
23          toms of Alzheimer's disease appear. An individual  
24          will live an average of 4 to 6 years, and as many as

1 20 years, once the symptoms of Alzheimer's disease  
2 appear.

3 (5) In 2005, Medicare alone spent  
4 \$91,000,000,000 for the care of individuals with  
5 Alzheimer's disease and this amount is projected to  
6 increase to \$160,000,000,000 in 2010.

7 (6) Ninety-five percent of Medicare beneficiaries  
8 with Alzheimer's disease have one or more other  
9 chronic conditions that are common in the elderly,  
10 such as coronary heart disease (26 percent), conges-  
11 tive heart failure (16 percent), diabetes (23 percent),  
12 and chronic obstructive pulmonary disease (15 per-  
13 cent).

14 (7) Seven in 10 individuals with Alzheimer's  
15 disease live at home. Cost for care at home is higher  
16 for people with Alzheimer's disease than other indi-  
17 viduals. Almost all families pay some out-of-pocket  
18 costs.

19 (8) Half of all nursing home residents have Alz-  
20 heimer's disease or a related disorder. The average  
21 annual cost of Alzheimer's disease nursing home  
22 care is more than \$77,000. Medicaid pays half of  
23 the total nursing home bill and helps 2 out of 3 resi-  
24 dents pay for their care. Medicaid expenditures for  
25 nursing home care for people with Alzheimer's dis-

1 ease are estimated to increase from \$21,000,000,000  
2 in 2005 to \$24,000,000,000 in 2010.

3 (9) In fiscal year 2007, the Federal Govern-  
4 ment spent an estimated \$411,000,000 on Alz-  
5 heimer's disease research. Over the next 40 years,  
6 Alzheimer's disease-related costs to Medicare and  
7 Medicaid alone are projected to total  
8 \$20,000,000,000,000 in constant dollars, rising to  
9 over \$1,000,000,000,000 per year by 2050. This  
10 amounts to less than a penny spent on Alzheimer's  
11 disease research for each dollar that the Federal  
12 Government spends on Alzheimer's disease-related  
13 costs each year.

14 (10) It is estimated that the annual value of the  
15 informal care system is \$94,000,000,000. Family  
16 caregiving comes at enormous physical, emotional,  
17 and financial sacrifice, putting the whole system at  
18 risk.

19 (11) Almost 60 percent of caregivers of individ-  
20 uals with Alzheimer's disease are women, and over  
21 one-fourth have children or grandchildren under the  
22 age of 18 living at home. Caregiving leaves them less  
23 time for other family members and they are much  
24 more likely to report family conflicts because of their  
25 caregiving role.

1           (12) Most Alzheimer’s disease caregivers work  
2           outside the home before beginning their caregiving  
3           careers, but caregiving forces them to miss work, cut  
4           back to part-time, take less demanding jobs, choose  
5           early retirement, or give up work altogether. As a  
6           result, in 2002, Alzheimer’s disease cost American  
7           business an estimated \$36,500,000,000 in lost pro-  
8           ductivity, as well as an additional \$24,600,000,000  
9           in business contributions to the total cost of care.

10 **TITLE I—INCREASING THE FED-**  
11 **ERAL COMMITMENT TO ALZ-**  
12 **HEIMER’S RESEARCH**

13 **SEC. 101. DOUBLING NIH FUNDING FOR ALZHEIMER’S DIS-**  
14 **EASE RESEARCH.**

15           For the purpose of conducting and supporting re-  
16 search on Alzheimer’s disease (including related activities  
17 under subpart 5 of part C of title IV of the Public Health  
18 Service Act (42 U.S.C. 285e et seq.)), there are authorized  
19 to be appropriated \$2,000,000,000 for fiscal year 2010,  
20 and such sums as may be necessary for each of fiscal years  
21 2011 through 2014.

22 **SEC. 102. PRIORITY TO ALZHEIMER’S DISEASE RESEARCH.**

23           Section 443 of the Public Health Service Act (42  
24 U.S.C. 285e) is amended—

1           (1) by striking “The general” and inserting the  
2 following:

3           “(a) IN GENERAL.—The general;” and

4           (2) by adding at the end the following:

5           “(b) PRIORITIES.—The Director of the Institute  
6 shall, in expending amounts appropriated to carry out this  
7 subpart, give priority to conducting and supporting Alz-  
8 heimer’s disease research.”.

9 **SEC. 103. ALZHEIMER’S DISEASE PREVENTION INITIATIVE.**

10          Section 443 of the Public Health Service Act (42  
11 U.S.C. 285e), as amended by section 102, is further  
12 amended by adding at the end the following:

13          “(c) PREVENTION TRIALS.—The Director of the In-  
14 stitute shall increase the emphasis on the need to conduct  
15 Alzheimer’s disease prevention trials within the National  
16 Institutes of Health.

17          “(d) NEUROSCIENCE INITIATIVE.—The Director of  
18 the Institute shall ensure that Alzheimer’s disease is main-  
19 tained as a high priority for the neuroscience initiative of  
20 the National Institutes of Health.”.

21 **SEC. 104. ALZHEIMER’S DISEASE CLINICAL RESEARCH.**

22          (a) CLINICAL RESEARCH.—Subpart 5 of part C of  
23 title IV of the Public Health Service Act (42 U.S.C. 285e  
24 et seq.) is amended by adding at the end the following:

1 **“SEC. 445J. ALZHEIMER’S DISEASE CLINICAL RESEARCH.**

2 “(a) IN GENERAL.—The Director of the Institute,  
3 pursuant to section 444(d), shall conduct and support co-  
4 operative clinical research regarding Alzheimer’s disease.

5 Such research shall include—

6 “(1) investigating therapies, interventions, and  
7 agents to detect, treat, slow the progression of, or  
8 prevent Alzheimer’s disease;

9 “(2) enhancing the national infrastructure for  
10 the conduct of clinical trials on Alzheimer’s disease;

11 “(3) developing and testing novel approaches to  
12 the design and analysis of such trials;

13 “(4) facilitating the enrollment of patients for  
14 such trials, including patients from diverse popu-  
15 lations;

16 “(5) developing improved diagnostics and  
17 means of patient assessment for Alzheimer’s disease;

18 “(6) the conduct of clinical trials on potential  
19 therapies, including readily available compounds  
20 such as herbal remedies and other alternative treat-  
21 ments;

22 “(7) research to develop better methods of early  
23 diagnosis, including the use of current imaging tech-  
24 niques; and

25 “(8) other research, as determined appropriate  
26 by the Director of the Institute after consultation

1 with the Alzheimer’s disease centers and Alzheimer’s  
2 disease research centers established under section  
3 445.

4 “(b) EARLY DIAGNOSIS AND DETECTION RE-  
5 SEARCH.—

6 “(1) IN GENERAL.—The Director of the Insti-  
7 tute, in consultation with the directors of other rel-  
8 evant institutes and centers of the National Insti-  
9 tutes of Health, shall conduct, or make grants for  
10 the conduct of, research related to the early detec-  
11 tion, diagnosis, and prevention of Alzheimer’s dis-  
12 ease and of mild cognitive impairment or other po-  
13 tential precursors to Alzheimer’s disease.

14 “(2) EVALUATION.—The research described in  
15 paragraph (1) may include the evaluation of diag-  
16 nostic tests and imaging techniques.

17 “(3) STUDY.—Not later than 1 year after the  
18 date of enactment of this section, the Director of the  
19 Institute, in cooperation with the heads of other rel-  
20 evant Federal agencies, shall conduct a study, and  
21 submit to Congress a report, to estimate the number  
22 of individuals with early-onset Alzheimer’s disease  
23 (those diagnosed before the age of 65) and related  
24 dementias in the United States, the causes of early-  
25 onset dementia, and the unique problems faced by

1 such individuals, including problems accessing gov-  
2 ernment services.

3 “(c) VASCULAR DISEASE.—The Director of the Insti-  
4 tute, in consultation with the directors of other relevant  
5 institutes and centers of the National Institutes of Health,  
6 shall conduct, or make grants for the conduct of, research  
7 related to the relationship of vascular disease and Alz-  
8 heimer’s disease, including clinical trials to determine  
9 whether drugs developed to prevent cerebrovascular dis-  
10 ease can prevent the onset or progression of Alzheimer’s  
11 disease.

12 “(d) TREATMENTS AND PREVENTION.—The Director  
13 of the Institute shall place special emphasis on expediting  
14 the translation of research findings under this section into  
15 effective treatments and prevention strategies for individ-  
16 uals at risk of Alzheimer’s disease and other dementias.

17 “(e) NATIONAL ALZHEIMER’S COORDINATING CEN-  
18 TER.—The Director of the Institute may establish a Na-  
19 tional Alzheimer’s Coordinating Center to facilitate col-  
20 laborative research among the Alzheimer’s Disease Cen-  
21 ters and Alzheimer’s Disease Research Centers established  
22 under section 445.”.

23 (b) ALZHEIMER’S DISEASE CENTERS.—Section  
24 445(a)(1) of the Public Health Service Act (42 U.S.C.  
25 285e–2(a)(1)) is amended by inserting “, outcome meas-

1 ures, and disease management,” after “treatment meth-  
2 ods”.

3 **SEC. 105. RESEARCH ON ALZHEIMER’S DISEASE**  
4 **CAREGIVING.**

5 Section 445C of the Public Health Service Act (42  
6 U.S.C. 285e-5) is amended—

7 (1) by striking “SEC. 445C. RESEARCH PRO-  
8 GRAM AND PLAN (a)” and inserting the following:

9 **“SEC. 445C. RESEARCH ON ALZHEIMER’S DISEASE SERV-**  
10 **ICES AND CAREGIVING.**

11 “(a) SERVICES RESEARCH.—”;

12 (2) by striking subsections (b), (c), and (e);

13 (3) by inserting after subsection (a) the fol-  
14 lowing:

15 “(b) INTERVENTIONS RESEARCH.—The Director of  
16 the Institute shall, in collaboration with the directors of  
17 the other relevant institutes and centers of the National  
18 Institutes of Health, conduct, or make grants for the con-  
19 duct of, clinical, social, and behavioral research related to  
20 interventions designed to help caregivers of patients with  
21 Alzheimer’s disease and other dementias and improve pa-  
22 tient outcomes.”;

23 (4) by redesignating subsection (d) as sub-  
24 section (c); and

1           (5) in subsection (c) (as redesignated by para-  
2           graph (4)), by striking “the Director” and inserting  
3           “MODEL CURRICULA AND TECHNIQUES.—The Di-  
4           rector”.

5 **SEC. 106. NATIONAL SUMMIT ON ALZHEIMER’S DISEASE.**

6           (a) IN GENERAL.—Not later than 3 years after the  
7           date of enactment of this Act, and every 3 years there-  
8           after, the Secretary of Health and Human Services (re-  
9           ferred to in this section as the “Secretary”) shall convene  
10          a National Summit on Alzheimer’s Disease to—

11           (1) provide a detailed overview of current re-  
12           search activities relating to Alzheimer’s disease at  
13           the National Institutes of Health; and

14           (2) discuss and solicit input related to potential  
15           areas of collaboration between the National Insti-  
16           tutes of Health and other Federal health agencies,  
17           including the Centers for Disease Control and Pre-  
18           vention, the Administration on Aging, the Agency  
19           for Healthcare Research and Quality, and the  
20           Health Resources and Services Administration, re-  
21           lated to research, prevention, and treatment of Alz-  
22           heimer’s disease.

23           (b) PARTICIPANTS.—The summit convened under  
24           subsection (a) shall include researchers, representatives of  
25           academic institutions, Federal and State policymakers,

1 public health professionals, and representatives of vol-  
2 untary health agencies as participants.

3 (c) FOCUS AREAS.—The summit convened under  
4 subsection (a) shall focus on—

5 (1) a broad range of Alzheimer’s disease re-  
6 search activities relating to biomedical research, pre-  
7 vention research, and caregiving issues;

8 (2) clinical research for the development and  
9 evaluation of new treatments for Alzheimer’s dis-  
10 ease;

11 (3) translational research on evidence-based and  
12 cost-effective best practices in the treatment and  
13 prevention of Alzheimer’s disease;

14 (4) information and education programs for  
15 health care professionals and the public relating to  
16 Alzheimer’s disease;

17 (5) priorities among the programs and activities  
18 of the various Federal agencies regarding Alz-  
19 heimer’s disease and other dementias; and

20 (6) challenges and opportunities for scientists,  
21 clinicians, patients, and voluntary organizations re-  
22 lating to Alzheimer’s disease.

23 (d) REPORT.—Not later than 180 days after the date  
24 on which the summit is convened under subsection (a),  
25 the Director of the National Institutes of Health shall pre-

1 pare and submit to the appropriate committees of Con-  
2 gress a report that includes a summary of the proceedings  
3 of the summit and a description of Alzheimer’s disease re-  
4 search, education, and other activities that are conducted  
5 or supported through the National Institutes of Health.

6 (e) PUBLIC INFORMATION.—The Secretary shall  
7 make readily available to the public information about the  
8 research, education, and other activities relating to Alz-  
9 heimer’s disease and other related dementias, that are  
10 conducted or supported by the National Institutes of  
11 Health.

12 **TITLE II—PUBLIC HEALTH PRO-**  
13 **MOTION AND PREVENTION**  
14 **OF ALZHEIMER’S DISEASE**

15 **SEC. 201. ENHANCING PUBLIC HEALTH ACTIVITIES RE-**  
16 **LATED TO COGNITIVE HEALTH, ALZHEIMER’S**  
17 **DISEASE, AND OTHER DEMENTIAS.**

18 Part P of title III of the Public Health Service Act  
19 (42 U.S.C. 280g et seq.) is amended—

20 (1) by redesignating the second and third sec-  
21 tions 399R as sections 399S and 399T, respectively;  
22 and

23 (2) by adding at the end the following:

1 **“SEC. 399U. ALZHEIMER’S DISEASE PUBLIC EDUCATION**  
2 **CAMPAIGN.**

3 “(a) IN GENERAL.—The Secretary, acting through  
4 the Director of the Centers for Disease Control and Pre-  
5 vention, shall directly or through grants, cooperative  
6 agreements, or contracts to eligible entities—

7 “(1) conduct, support, and promote the coordi-  
8 nation of research, investigations, demonstrations,  
9 training, and studies relating to the control, preven-  
10 tion, and surveillance of the risk factors associated  
11 with cognitive health, Alzheimer’s disease, and other  
12 dementias; and

13 “(2) seek early recognition of, and early inter-  
14 vention in the course of, Alzheimer’s disease and  
15 other dementias.

16 “(b) CERTAIN ACTIVITIES.—Activities under sub-  
17 section (a) shall include—

18 “(1) providing support for the dissemination  
19 and implementation of the Roadmap to Maintaining  
20 Cognitive Health of the Centers for Disease Control  
21 and Prevention to effectively mobilize the public  
22 health community into action;

23 “(2) the development of coordinated public edu-  
24 cation programs, services, and demonstrations which  
25 are designed to increase general awareness of cog-  
26 nitive function and promote a brain healthy lifestyle;

1           “(3) the development of targeted communica-  
2           tion strategies and tools to educate health profes-  
3           sionals and service providers about the early recogni-  
4           tion, diagnosis, care, and management of Alz-  
5           heimer’s disease and other dementias, and to provide  
6           consumers with information about interventions,  
7           products, and services that promote cognitive health  
8           and assist consumers in maintaining current under-  
9           standing about cognitive health based on the best  
10          science available; and

11          “(4) providing support for the collection, publi-  
12          cation, and analysis of data and the prevalence and  
13          incidence of cognitive health, Alzheimer’s disease,  
14          and other dementias, and the evaluation of existing  
15          population-based surveillance systems (such as the  
16          Behavioral Risk Factors Surveillance Survey  
17          (BRFSS) and the National Health Interview Survey  
18          (NHIS)) to identify limitations that exist in the area  
19          of cognitive health, and if necessary, the develop-  
20          ment of a surveillance system for cognitive decline,  
21          including Alzheimer’s disease and other dementias.

22          “(c) GRANTS.—The Secretary may award grants  
23          under this section—

24                 “(1) to State and local health agencies for the  
25                 purpose of—

1           “(A) coordinating activities related to cog-  
2           nitive health, Alzheimer’s disease, and other de-  
3           mentias with existing State-based health pro-  
4           grams and community-based organizations;

5           “(B) providing Alzheimer’s disease edu-  
6           cation and training opportunities and programs  
7           for health professionals; and

8           “(C) developing, testing, evaluating, and  
9           replicating effective Alzheimer’s disease inter-  
10          vention programs to maintain or improve cog-  
11          nitive health; and

12          “(2) to nonprofit private health organizations  
13          with expertise in providing care and services to indi-  
14          viduals with Alzheimer’s disease for the purpose  
15          of—

16                 “(A) disseminating information to the pub-  
17                 lic;

18                 “(B) testing model intervention programs  
19                 to improve cognitive health; and

20                 “(C) coordinating existing services related  
21                 to cognitive health, Alzheimer’s disease, and  
22                 other dementias with State-based health pro-  
23                 grams.

24          “(d) AUTHORIZATION OF APPROPRIATIONS.—For the  
25          purpose of carrying out this section, there are authorized

1 to be appropriated \$15,000,000 for fiscal year 2010, and  
 2 such sums as may be necessary for each of fiscal years  
 3 2011 through 2014.”.

4       **TITLE III—ASSISTANCE FOR**  
 5                               **CAREGIVERS**

6       **SEC. 301. ALZHEIMER’S CALL CENTER.**

7           Part P of title III of the Public Health Service Act  
 8 (42 U.S.C. 280g et seq.), as amended by section 201, is  
 9 further amended by adding at the end the following:

10       **“SEC. 399V. ALZHEIMER’S CALL CENTER.**

11           “(a) IN GENERAL.—The Secretary, acting through  
 12 the Administration on Aging, shall award a cooperative  
 13 grant to a non-profit or community-based organization to  
 14 support the establishment and operation of an Alzheimer’s  
 15 Call Center that is accessible 24 hours a day, 7 days a  
 16 week, at the national and local levels, to provide expert  
 17 advice, care consultation, information, and referrals re-  
 18 garding Alzheimer’s disease.

19           “(b) ACTIVITIES.—The Alzheimer’s Call Center es-  
 20 tablished under subsection (a) shall—

21                       “(1) collaborate with the Administration on  
 22 Aging in the development, modification, and execu-  
 23 tion of the Call Center’s work plan;

24                       “(2) assist the Administration on Aging in de-  
 25 veloping and sustaining collaborations between the

1 Call Center, the Eldercare Locator of the Adminis-  
2 tration of Aging, and the grantees under the Alz-  
3 heimer’s disease demonstration program under sub-  
4 part II of part K;

5 “(3) provide a 24 hours a day, 7 days a week  
6 toll-free call center with trained professional staff  
7 who are available to provide care consultation and  
8 crisis intervention to individuals with Alzheimer’s  
9 disease and other dementias, their family and infor-  
10 mal caregivers, and others as appropriate;

11 “(4) be accessible by telephone through a single  
12 toll-free telephone number, website, and e-mail ad-  
13 dress; and

14 “(5) evaluate the impact of the Call Center’s  
15 activities and services.

16 “(c) MULTILINGUAL CAPACITY.—The Call Center es-  
17 tablished under this section shall have a multilingual ca-  
18 pacity and shall respond to inquiries in at least 140 lan-  
19 guages through its own bilingual staff and with the use  
20 of a language translation service.

21 “(d) RESPONSE TO EMERGENCY AND ONGOING  
22 NEEDS.—The Call Center established under this section  
23 shall collaborate with community-based organizations, in-  
24 cluding non-profit agencies and organizations, to ensure  
25 local, on-the-ground capacity to respond to emergency and

1 on-going needs of individuals with Alzheimer’s disease and  
2 other dementias, their families, and informal caregivers.

3 “(e) AUTHORIZATION OF APPROPRIATIONS.—For the  
4 purpose of carrying out this section, there are authorized  
5 to be appropriated \$1,000,000 for fiscal year 2010, and  
6 such sums as may be necessary for each of fiscal years  
7 2011 through 2014.”.

8 **SEC. 302. INNOVATIVE ALZHEIMER’S CARE STATE MATCH-**  
9 **ING GRANT PROGRAM.**

10 (a) AUTHORIZATION OF APPROPRIATIONS.—Section  
11 398B(e) of the Public Health Service Act (42 U.S.C.  
12 280c–5(e)) is amended—

13 (1) by striking “and such” and inserting  
14 “such”; and

15 (2) by inserting before the period the following:  
16 “, \$25,000,000 for fiscal year 2010, and such sums  
17 as may be necessary for each of fiscal years 2011  
18 through 2014”.

19 (b) PROGRAM EXPANSION.—Section 398(a) of the  
20 Public Health Service Act (42 U.S.C. 280c–3(a)) is  
21 amended—

22 (1) in paragraph (2), by inserting after “other  
23 respite care” the following: “and care consultation,  
24 including assessment of needs, assistance with plan-

1 ning and problem solving, and providing supportive  
2 listening,”;

3 (2) in paragraph (3), by striking “; and” and  
4 inserting the following: “, and individuals in frontier  
5 areas (in this subsection, defined as areas with 6 or  
6 fewer people per square mile or areas in which resi-  
7 dents must travel at least 60 minutes or 60 miles to  
8 receive health care services);”;

9 (3) in paragraph (4), by striking the period at  
10 the end and inserting a semicolon; and

11 (4) by adding at the end the following:

12 “(5) to encourage grantees under this section to  
13 coordinate activities with other State officials admin-  
14 istering efforts to promote long-term care options  
15 that enable older individuals to receive long-term  
16 care in home- and community-based settings, in a  
17 manner responsive to the needs and preferences of  
18 older individuals and their family caregivers;

19 “(6) to encourage grantees under this section  
20 to—

21 “(A) engage in activities that support early  
22 detection and diagnosis of Alzheimer’s disease  
23 and other dementias;

24 “(B) provide training about how Alz-  
25 heimer’s disease can affect behavior and impede

1 communication in medical and community set-  
2 tings to—

3 “(i) medical personnel, including hos-  
4 pital staff, emergency room personnel,  
5 home health care workers and physician of-  
6 fice staff;

7 “(ii) rehabilitation services providers;  
8 and

9 “(iii) caregivers of individuals with  
10 Alzheimer’s disease;

11 “(C) develop guidelines to provide the med-  
12 ical community with up-to-date information  
13 about the best methods of care for individuals  
14 with Alzheimer’s disease;

15 “(D) inform community physicians about  
16 available resources to assist the physician in de-  
17 tecting and managing Alzheimer’s disease; and

18 “(E) raise awareness among community  
19 physicians about the availability of community-  
20 based organizations which can assist individuals  
21 with Alzheimer’s disease and their caregivers;

22 “(7) to encourage grantees under this section to  
23 engage in activities that use findings from evidence-  
24 based research on service models and techniques to

1 support individuals with Alzheimer’s disease and  
2 their caregivers; and

3 “(8) to encourage grantees under this section to  
4 incorporate best practices for effectively serving indi-  
5 viduals with Alzheimer’s disease in community-based  
6 settings into systems initiatives and long-term care  
7 activities.”.

○