

“(xi) A designee of the Department of Justice.

“(xii) A designee of the Federal Emergency Management Agency.

“(xiii) A designee of the Social Security Administration.

“(xiv) 2 or more other designees, as determined by the Secretary of Health and Human Services, at least one of whom has expertise in risk factors associated with the development or the progression of Alzheimer’s.”; and

(ii) in subparagraph (B)—

(I) in the matter preceding clause (i), by striking “12” and inserting “15”;

(II) in clause (v)—

(aa) by striking “2 researchers” and inserting “3 researchers”; and

(bb) by striking “; and” and inserting “, including at least one researcher with demonstrated experience in recruitment and retention of underrepresented groups into research or clinical trials related to dementia.”;

(III) in clause (vi), by striking the period and inserting a semicolon; and

(IV) by adding at the end the following:

“(vii) 1 individual with a diagnosis of Alzheimer’s disease; and

“(viii) 1 representative from a historically underserved population whose lifetime risk for developing Alzheimer’s is markedly higher than that of other populations.”;

(B) in paragraph (5)—

(i) in subparagraph (A)—

(I) by striking “an initial evaluation” and inserting “annual evaluations”; and

(II) by striking “research, clinical” and inserting “research, risk reduction, public health, clinical”;

(ii) in subparagraph (B), by striking “initial”;

(iii) in subparagraph (C)—

(I) in the matter preceding clause (i), by striking “initial”; and

(II) in clause (ii), by inserting “and reduce disparities” before the semicolon; and

(iv) in subparagraph (D), by striking “annually thereafter, an evaluation” and inserting “annual evaluations”; and

(C) in paragraph (6), by striking “2025” and inserting “2035”;

(4) in subsection (g)—

(A) in paragraph (1)—

(i) by adding “and” after the semicolon;

(ii) by striking “that includes an evaluation” and inserting “that includes—

“(A) an evaluation.”; and

(iii) by adding at the end the following:

“(B) a summary of the Secretary’s process for identifying and updating what conditions constitute Alzheimer’s disease.”; and

(B) in paragraph (3)(A)(ii), by inserting “and reduce disparities” before the semicolon; and

(5) in subsection (h), by striking “2025” and inserting “2035”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Indiana (Mr. BUCSHON) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Indiana.

GENERAL LEAVE

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

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

There was no objection.

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

Mr. Speaker, I rise in support of S. 133, the NAPA Reauthorization Act led by Senators Collins and Warren.

The House companion bill, H.R. 619, is led by Representatives Tonko and Smith of New Jersey.

In the United States, one in nine people aged 65 and older currently suffer from Alzheimer’s disease. Unfortunately, this number continues to grow with some estimates projecting the overall number to rise to 12.7 million Americans by 2050.

Congress established the National Alzheimer’s Project in 2011 with a goal of building upon, raising awareness of, and helping to coordinate current Federal efforts to combat Alzheimer’s disease and related dementia through earlier diagnosis, prevention, and improved treatments.

This bill would support and improve the National Alzheimer’s Project, including expanding membership of the advisory council to include those individuals battling this disease and those at high risk for developing Alzheimer’s.

Mr. Speaker, I encourage my colleagues to support this bill, and I reserve the balance of my time.

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

Mr. Speaker, I rise in support of S. 133, the NAPA Reauthorization Act, which would reauthorize the National Alzheimer’s Project Act through 2035.

In 2011, our Nation made addressing Alzheimer’s disease a priority when we passed the National Alzheimer’s Project Act. This law called for a national plan to accelerate research and improve care and services to those living with Alzheimer’s. Since the establishment of the national plan, we have made enormous strides in strategy implementation to address Alzheimer’s disease and other dementia. The national plan has also allowed us to make progress in Alzheimer’s research, care and services, and public awareness about the disease.

S. 133 will build on the progress we have made through the national plan by reauthorizing the law through fiscal year 2035. The bill will also allow the national plan to address healthy aging and risk reduction issues related to Alzheimer’s disease.

This reauthorization will build on the progress brought forward by NAPA and allow the Department of Health and Human Services to continue long-term planning for a strategic approach to addressing Alzheimer’s and other dementia.

This bill is the Senate counterpart of legislation led by Representative TONKO, who shepherded this bipartisan reauthorization through the Energy and Commerce Committee this past spring. Since the beginning of his time in Congress, Representative TONKO has led the push to address Alzheimer’s and related dementia, and I thank him for his continued leadership.

I also thank my colleague from New Jersey, Representative SMITH, who is the Republican sponsor.

I encourage my colleagues to vote “yes” on S. 133 so we can continue our commitment to combat Alzheimer’s disease.

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

Mr. BUCSHON. Mr. Speaker, I yield 5 minutes to the gentleman from Georgia (Mr. CARTER).

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

Mr. Speaker, I am proud to join my colleagues in supporting the National Alzheimer’s Project Reauthorization Act.

This legislation reauthorizes the National Alzheimer’s Project Act through 2035, providing a roadmap for Federal efforts in responding to Alzheimer’s and dementia.

Alzheimer’s is a cruel disease that steals a person’s quality of life. As a pharmacist, I have seen firsthand the impact Alzheimer’s and other forms of dementia have on patients, families, caregivers, and society overall.

People living with Alzheimer’s lose their memories, their independence, their relationships, and ultimately their lives. Beyond the patients, caregivers and loved ones endure emotional distress and unthinkable financial burdens.

With nearly 7 million Americans suffering with Alzheimer’s, there is a critical need for Federal resources to prevent, treat, and ultimately find a cure for this devastating disease.

In honor of those who have battled and continue to battle this disease, let’s continue to work together to raise awareness and pass this bill.

Mr. PALLONE. Mr. Speaker, I urge all of us to support this bill on a bipartisan basis. Whatever we can do to fight Alzheimer’s is very important.

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

Mr. BUCSHON. Mr. Speaker, in closing, I encourage a “yes” vote on this bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Indiana (Mr. BUCSHON) that the House suspend the rules and pass the bill, S. 133.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

ALZHEIMER’S ACCOUNTABILITY AND INVESTMENT ACT

Mr. BUCSHON. Mr. Speaker, I move to suspend the rules and pass the bill (S. 134) to require an annual budget estimate for the initiatives of the National Institutes of Health pursuant to reports and recommendations made under the National Alzheimer’s Project Act.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 134

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 “Alzheimer’s Accountability and Investment Act”.

SEC. 2. EXTENSION OF PROJECT.

Section 2 of the National Alzheimer’s Project Act (42 U.S.C. 11225) is amended—

(1) by redesignating subsection (h) as subsection (i); and

(2) by inserting after subsection (g) the following:

“(h) **PROFESSIONAL JUDGMENT BUDGET.**—For fiscal year 2024 and each subsequent fiscal year, the Director of the National Institutes of Health shall prepare and submit, directly to the President for review and transmittal to Congress, after reasonable opportunity for comment, but without change, by the Secretary of Health and Human Services and the Advisory Council, an annual budget estimate for the initiatives of the National Institutes of Health pursuant to the reports and recommendations made under this Act, including an estimate of the number and type of personnel needs for the National Institutes of Health.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Indiana (Mr. BUCSHON) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Indiana.

GENERAL LEAVE

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

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

There was no objection.

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

Mr. Speaker, I rise in support of S. 134, the Alzheimer’s Accountability and Investment Act led by Senators Collins and Markey. The House companion bill, H.R. 620, is led by Representatives Smith of New Jersey and Tonko.

In the United States, health and long-term costs for individuals living with Alzheimer’s disease and other dementias are projected to reach \$360 billion in 2024. Around 64 percent of these costs are expected to be covered by Medicare and Medicaid with patients on the hook for the other \$90 billion in out-of-pocket spending.

This tremendous cost does not even include the value of our unpaid caregivers, which was estimated to be \$350 billion in 2023, amounting to over 18 billion hours of care.

In addition, individuals with dementias are more likely to have other chronic conditions, such as heart disease, diabetes, and kidney disease.

This bill would require the NIH to submit an annual budget estimate to Congress so that we may effectively assess the current resources needed to achieve the goals of the National Alzheimer’s Project.

Continued investments in research to prevent and treat Alzheimer’s disease and dementia will improve the quality of life for millions of Americans, with the simultaneous hope of achieving significant long-term financial savings.

I encourage my colleagues to support this bill, and I reserve the balance of my time.

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

Mr. Speaker, I rise to speak in support of S. 134, the Alzheimer’s Accountability and Investment Act.

This bill would require the National Institutes of Health to annually submit an estimate of its budget and personnel needs for carrying out initiatives related to the National Alzheimer’s Project.

The Energy and Commerce Committee reported out this bipartisan bill sponsored by Representatives CHRIS SMITH and PAUL TONKO this spring.

According to the Alzheimer’s Association 2024 report, the annual cost of caring for people with Alzheimer’s or other types of dementia will be about \$360 billion this year alone. That is \$15 billion higher than in 2023.

The report also found that 6.9 million Americans aged 65 and older have Alzheimer’s dementia, with nearly 185,000 residing in my State of New Jersey. Nationwide, between 2000 and 2021, the number of deaths from Alzheimer’s disease more than doubled, increasing 141 percent.

In order to make sure we meet the goals set out by the National Alzheimer’s Project, which the House is also considering today, we must make sure that NIH has our support. S. 134 will require that the NIH submit a professional judgment budget for the National Alzheimer’s Project so that we can identify the needs of the agency.

With this information, we can be assured that the Nation’s experts are speaking directly to Congress on resources they need to effectively treat the disease and effectively communicate the capacity needs of NIH.

I encourage my colleagues to vote “yes” on S. 134 so that we can continue our commitment to combat Alzheimer’s disease.

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

Mr. BUCSHON. Mr. Speaker, I have no further speakers, I am prepared to close, and I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, again, whatever we can do to help prevent or deal with more effectively with the Alzheimer’s disorder cases, we should support it.

For that reason, I ask all my colleagues to support this bill on a bipartisan basis. Mr. Speaker, I yield back the balance of my time.

Mr. BUCSHON. Mr. Speaker, in closing, I encourage a “yes” vote on this bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by

the gentleman from Indiana (Mr. BUCSHON) that the House suspend the rules and pass the bill, S. 134.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

SICKLE CELL DISEASE AND OTHER HERITABLE BLOOD DISORDERS RESEARCH, SURVEILLANCE, PREVENTION, AND TREATMENT ACT OF 2023

Mr. BUCSHON. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3884) to amend title XI of the Public Health Service Act to reauthorize the program providing for sickle cell disease and other heritable blood disorders research, surveillance, prevention, and treatment, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3884

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 “Sickle Cell Disease and Other Heritable Blood Disorders Research, Surveillance, Prevention, and Treatment Act of 2023”.

SEC. 2. REAUTHORIZATION OF SICKLE CELL DISEASE AND OTHER HERITABLE BLOOD DISORDERS RESEARCH, SURVEILLANCE, PREVENTION, AND TREATMENT.

Section 1106(b) of the Public Health Service Act (42 U.S.C. 300b-5(b)) is amended—

(1) in paragraph (3)(A), by inserting “, grant, or cooperative agreement” after “contract”; and

(2) in paragraph (6), by striking “\$4,455,000 for each of fiscal years 2019 through 2023” and inserting “\$8,205,000 for each of fiscal years 2024 through 2028”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Indiana (Mr. BUCSHON) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Indiana.

GENERAL LEAVE

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

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

There was no objection.

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

Mr. Speaker, I rise in support of H.R. 3884, the Sickle Cell Disease and Other Heritable Blood Disorders Research, Surveillance, Prevention, and Treatment Act led by Congressman MICHAEL BURGESS.

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Sickle cell disease is the most common inherited blood disorder in the United States and impacts about