

NAPA tackled this problem by convening a panel of experts to create a coordinated strategic plan to prevent and effectively treat Alzheimer's disease by the year 2025, an ambitious goal, to be sure.

The expert council updates its plan annually. While the 2025 goal regrettably will not be met, it was still important to set an ambitious objective in order to spur research and to instill hope.

And, indeed, since then, researchers have made great strides in understanding this complex disease. To put our progress in context, 20 years ago we knew of only four genes that were associated with Alzheimer's disease. Now, researchers have identified more than 70 associated genetic areas, opening multiple new avenues for potential prevention and treatment.

There is another point that helps put this into perspective. In the early 2000s, the only sure way to know whether a person had Alzheimer's was through an autopsy.

Since then, the National Institutes of Health Research has led to the development of imaging techniques, biomarker tests, and data-driven approaches to enable more precise and earlier diagnoses.

And, most recently, decades of NIH research have paved the way for disease-modifying therapies targeting amyloid plaques' role in certain dementias.

After directing this decade of progress, the National Alzheimer's Project Act law is scheduled to expire soon. We must reauthorize the law to ensure that research investments remain coordinated to maximize their impact.

Toward that end, I introduced the NAPA Reauthorization Act with Senator WARNER, which would extend NAPA through 2035 and modernize the legislation to reflect the strides that have been made to better understand the disease, such as including a new focus on promoting healthy aging, reducing risk factors, and supporting family caregivers.

The NAPA Reauthorization Act will allow the important work of the expert panel to continue through 2035. Among its provisions, the bill would reauthorize and expand the Advisory Council that assists annually in the development and evaluation of the National Plan. It will also ensure that underserved populations, including individuals with Down syndrome who are at greatly increased risk for Alzheimer's as they age, are included in this important work.

I have also introduced the Alzheimer's Accountability and Investment Act with my colleague from Massachusetts who has been such a leader in this area. It would continue through the year 2035 a requirement that the NIH submit an annual budget directly to Congress, estimating the funding necessary to fully implement NAPA's research goals.

Only two other areas of biomedical research—cancer and HIV/AIDS—have been the subject of special budget development aimed at speeding discovery. This “bypass budget” helps us understand what additional funding is required to find better treatments, a means of prevention, and ultimately a cure.

As cochair along with Senators WARNER, CAPITO, and MARKEY of the Congressional Task Force on Alzheimer's, I am committed to this effort both on a personal level as well as professionally as a Senator concerned about the impact on our families and our healthcare budgets.

On a personal level, I know just how devastating this disease is. I just recently lost my brother-in-law to the disease. My father, grandfather, and two of my uncles also succumbed to Alzheimer's. It is truly a heartbreaking disease. It is heartbreaking when you talk to a loved one and receive only a confused look in reply.

Alzheimer's disease is also one of the greatest health challenges of our time. It is currently ranked as the seventh leading cause of death in the United States, and nearly 7 million Americans are living with the disease. It is also one of the most expensive diseases for society, costing an estimated \$360 billion last year alone.

Reauthorization of NAPA and the Alzheimer's Accountability and Investment Act would ensure our country is maintaining momentum in our fight against Alzheimer's, just as our investments in research are beginning to translate into promising new treatments.

Both laws have no mandatory spending effects, according to the Congressional Budget Office. Both bills are cosponsored by nearly half the Members of this Senate. Both bills have wide-ranging support from national stakeholders, including the Alzheimer's Association, Us Against Alzheimer's, the National Down Syndrome Society, and the National Down Syndrome Congress. And both bills were reported out of the Senate HELP Committee with broad bipartisan support last summer.

In order to change the trajectory of this disease that otherwise is projected to claim the minds of 13.8 million seniors and nearly surpass \$1 trillion in annual costs by 2050, Congress has a responsibility to pursue effective public policy.

Ultimately, I think we are going to discover that this is a multifactorial disease, and that is why all of the research that is going on is so critical to finding effective treatments, a means of prevention, and, one day, a cure. And that is the purpose of these two bills.

NAPA REAUTHORIZATION ACT

Ms. COLLINS. Mr. President, so as if in legislative session and notwithstanding rule XXII, I ask unanimous consent that the Senate proceed to the

immediate consideration of Calendar No. 182, S. 133.

The PRESIDING OFFICER. The clerk will report the bill by title.

The senior assistant executive clerk read as follows:

A bill (S. 133) to extend the National Alzheimer's Project.

There being no objection, the Senate proceeded to consider the bill which had been reported from the Committee on Health, Education, Labor, and Pensions with an amendment to strike all after the enacting clause and insert in lieu thereof the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “NAPA Reauthorization Act”.

SEC. 2. EXTENSION OF PROJECT.

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

(1) in subsection (c)—

(A) in paragraph (2), by striking “and coordination of” and inserting “on, and coordination of,”;

(B) in paragraph (4)—

(i) by redesignating subparagraphs (A) and (B) as subparagraphs (B) and (C), respectively; and

(ii) by inserting before subparagraph (B), as so redesignated, the following:

“(A) promotion of healthy aging and reduction and mitigation of risk factors for Alzheimer's,”;

(C) in paragraph (5)—

(i) by inserting “and other underserved populations, including individuals with developmental disabilities such as Down syndrome,” after “ethnic and racial populations”;

(ii) by striking “; and” and inserting a semicolon;

(D) by redesignating paragraph (6) as paragraph (7); and

(E) by inserting after paragraph (5) the following:

“(6) provide information on, and promote the adoption of, healthy behaviors that may reduce the risk of cognitive decline and promote and protect cognitive health; and”;

(2) in subsection (d)(2)—

(A) by inserting “, across public and private sectors,” after “Nation's progress”;

(B) by inserting “, including consideration of public-private collaborations, as appropriate” before the period;

(3) in subsection (e)—

(A) in paragraph (2)—

(i) in subparagraph (A), by adding at the end the following:

“(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.”;

(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”;

(bb) by striking “; and” and inserting “, including at least one researcher with demonstrated experience in recruitment and retention of diverse cohorts of trial participants.”;

(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)(3)(A)(ii), by inserting “and reduce disparities” before the semicolon; and
 (5) in subsection (h), by striking “2025” and inserting “2035”.

Ms. COLLINS. Mr. President, I ask unanimous consent that the committee-reported substitute amendment be withdrawn, that the Collins substitute amendment, which is at the desk, be considered and agreed to; and that the bill, as amended, be considered read a third time.

The PRESIDING OFFICER. Without objection, it is so ordered.

The committee-reported amendment, in the nature of a substitute, was withdrawn.

The amendment (No. 3201), in the nature of a substitute, was agreed to as follows:

(Purpose: In the nature of a substitute)

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “NAPA Reauthorization Act”.

SEC. 2. EXTENSION OF PROJECT.

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

- (1) in subsection (c)—
 (A) in paragraph (2), by striking “and coordination of” and inserting “on, and coordination of”;
 (B) in paragraph (4)—
 (i) by redesignating subparagraphs (A) and (B) as subparagraphs (B) and (C), respectively; and
 (ii) by inserting before subparagraph (B), as so redesignated, the following:
 “(A) promotion of healthy aging and reduction and mitigation of risk factors for Alzheimer’s”;
 (C) in paragraph (5)—
 (i) by inserting “and other underserved populations, including individuals with developmental disabilities such as Down syndrome,” after “populations”; and
 (ii) by striking “; and” and inserting a semicolon;
 (D) by redesignating paragraph (6) as paragraph (7); and
 (E) by inserting after paragraph (5) the following:
 “(6) provide information on, and promote the adoption of, healthy behaviors that may reduce the risk of cognitive decline and promote and protect cognitive health; and”;
 (2) in subsection (d)(2)—
 (A) by inserting “, across public and private sectors,” after “Nation’s progress”; and
 (B) by inserting “, including consideration of public-private collaborations, as appropriate” before the period;
 (3) in subsection (e)—
 (A) in paragraph (2)—

(i) in subparagraph (A), by adding at the end the following:

“(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 bill, as amended, was ordered to be engrossed for a third reading and was read the third time.

Ms. COLLINS. Mr. President, I know of no further debate on the bill, prior to our proceeding with it, as amended.

The PRESIDING OFFICER. Is there further debate on the bill?

Hearing none, the bill having been read the third time, the question is, Shall the bill pass?

The bill (S. 133), as amended, was passed.

ALZHEIMER’S ACCOUNTABILITY AND INVESTMENT ACT

Ms. COLLINS. Mr. President, as if in legislative session and notwithstanding rule XXII, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 183, S. 134.

The PRESIDING OFFICER. Without objection, it is so ordered.

The clerk will report the bill by title.

The senior assistant executive clerk read as follows:

A 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.

There being no objection, the Senate proceeded to consider the bill, which had been reported from the Committee on Health, Education, Labor, and Pensions.

Ms. COLLINS. I ask unanimous consent that the bill be considered read a third time and passed and the motion to reconsider be considered made and laid upon the table.

The PRESIDING OFFICER. Without objection, it is so ordered.

The bill (S. 134) was ordered to be engrossed for a third reading, was read the third time, and passed 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.”.

Ms. COLLINS. Mr. President, I am very pleased to yield at this time to the Senator from Massachusetts.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. MARKEY. Mr. President, thanks to Senator COLLINS for her longtime leadership on this issue.

There is no more important issue in our country than the scourge of Alzheimer’s. My mother, like Senator COLLINS’s father, succumbed to Alzheimer’s. But today, there are very few families in our whole country that do not have a similar story, some relative who has had Alzheimer’s.

My mother was diagnosed, and she was a brilliant woman. She was president of her senior class in high school.