

(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 President, I ask unanimous consent that the committee-reported substitute amendment be withdrawn, that the Collins substitute amendment, which is at the desk, be considered and agreed to; and that the bill, as amended, be considered read a third time.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The committee-reported amendment, in the nature of a substitute, was withdrawn.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.

But her mother died—my grandmother—when my mother was 17. She had to be the mother and raise her three younger sisters so she never got to go to college. She ultimately finished raising the first family. Then, at 37, she married my father who was a milkman and then had me at 39 and my two brothers at age 40 and then she raised us.

Now, my mother was a completely brilliant woman. She could do calculus for fun at the table, even though she never had calculus in school. And my father used to say, after my mother contracted Alzheimer's, your mother was a brilliant woman. It was an honor that your mother married me. Your mother is never stepping foot in a nursing home. No one is touching your mother at 2 a.m. in the morning. It was an honor that she married me.

And so at age 80, 82, 84, 86, 88, 90, my father kept my mother in our living room. That is my story. That is my family's story. That is Senator COLLINS's story. That is the story of millions of families in our country.

Alzheimer's is a scourge that needs to be defeated.

And so I learned a lot from my father and his dedication to my mother. He was a milkman for the Hood milk company. He was 6 feet 1 inch, 265, so he could do it. But many families cannot do it, especially when it is the man who has Alzheimer's and not the woman—although, two-thirds of all Alzheimer's cases are women. Can I say that again? Two-thirds of all Alzheimer's cases are women in our country. So these families are heroes, but heroes need help.

So in the House, as Senator COLLINS is leading in the Senate, we were able to pass the first law. And the first law said to the National Institutes of Health: Break down all the silos at NIH and all of your institutes. You all have information on the brain, and you don't even share that information on the brain. The Institute on Aging is not sharing with Infectious Diseases what you know about the brain. Break down all the silos and put together a plan to find the cure by 2025.

I was leading in the House; that was my bill. Senator COLLINS was doing it in the Senate; that was her bill. That became the law in 2011.

But we realized by 2014 that a vision without funding is a hallucination. Right now in our country between Medicare and Medicaid, our country spends the equivalent of one-third of the defense budget's money every single year just on Alzheimer's patients—one-third of the defense budget.

By the year of 2050, at the pace at which Alzheimer's is advancing, the Alzheimer's budget in our country will equal the defense budget because no one is saying that grandma shouldn't have a nursing home bed because she has Alzheimer's. That is not going to happen in our country. So finding a cure is absolutely not an option.

And so in 2014, we passed another law. And that law said that each year

the NIH has to tell the Senate Appropriations Committee and the House Appropriations Committee how much money they needed to find the cure for Alzheimer's by the year 2025. Well, back then, it was about \$500 million a year that was spent to fund research.

Last year, because of that law—Senator COLLINS leading in the Senate, along with me—we are up to \$3.7 billion a year because, obviously, prevention is preferable to cure. Let's stop it. Let's try to get this right at its beginnings.

And we made some progress, but we are not going to find the cure by 2025. So what this legislation says is we are extending it out to 2035, and we are going to continue both of these programs to make sure that it gets the focus at the NIH so that we will find the cure because research is medicine's "field of dreams" from which we harvest the findings that give hope to families that there will be a cure for the disease which has been ravaging their family for generations. Alzheimer's is the one disease that we all know almost every family in our country has in common.

So President Kennedy created a mission to the Moon in 1961, and our country responded to it. And what these two bills that we are passing today have done is they have created a mission to the mind. They have created a mission to find what is going wrong with the brains of not just people in our country but all around the world because we are going to have to find the cure. And it is our responsibility here to provide leadership in the U.S. Senate, to keep the plan in place, and to find the funding that will have the best, brightest young scientists in America make careers out of finding the cure for Alzheimer's.

The same thing is happening with cancer. The same thing is happening with HIV. But we have to focus here on Alzheimer's and keep that investment rising and rising because patients deserve it; families deserve it; caregivers across our country deserve it.

We have millions of families right now—as Senator COLLINS just said, 7 million families—who have this disease in their families right now, and there is no cure. The end result is always inexorable. It is always inevitable. It always ends the same way. And so we are the only way in which this can be solved.

So 3.7 billion a year—or 4 billion a year—that is a small price to pay against the disease which will ultimately cost the Federal Government the equal amount as the Defense budget every single year by 2050. So we have to act. And we have come a long way on research. But we have a long way to go.

So here is what we hope: We hope to promote healthy aging; to reduce risk factors; to require the National Alzheimer's Plan to include recommendations on reducing health disparities for Black, Brown, and disabled Americans,

because that is all part of this storyline—along with women, they are in a separate and higher risk category than men are—and expanding the National Alzheimer's Advisory Council to ensure a true whole-of-government approach to preventing, treating, and curing Alzheimer's and supporting family caregivers. That is why we can't delay another day.

So I urge my colleagues to celebrate today. We have just passed two historic pieces of legislation. And it sets 2035 as the target date. And we can get this done, but we have to finish the job.

And today's vote is going to clear the path for millions of Alzheimer's patients and their families, for them, their loved ones, and for the communities all across our country.

And so I thank Senator COLLINS for her great, great leadership on this. And my family and Senator COLLINS's family, we stand here speaking for the 7 million families. And there will be many more to come if we don't find a cure. And we thank the Members of the Senate for passing this historic legislation today.

With that, I yield the floor.

#### EXECUTIVE CALENDAR

The PRESIDING OFFICER. The Senator from Texas.

Mr. CORNYN. Mr. President, I am glad I was in the Chamber to witness this passage of these bills pertaining to the scourge of Alzheimer's by unanimous consent. This is a rare bright spot in our activities where we actually all come together and agree on good policy.

KOSA-COPPA

Mr. President, we have also taken the step to pass another piece of bipartisan legislation today, something that used to be standard operating procedure in this Chamber. We would call up bipartisan legislation that would address everything from the opioid crisis to medical innovation. Members would debate the bills; we would offer amendments; and, in the end, hold an up-or-down vote.

But, sadly, this has become too rare a phenomenon. In recent years, the Senate, controlled by our friends on the Democratic side, have strayed from our core legislative duties. Instead of voting on bipartisan bills, marking them up in committee where everybody can participate, this Chamber devotes, instead, the vast majority of its time to things from relatively unimportant nominations to partisan show votes.

As a result, major tasks like funding the government, strengthening our defense, are left to the last possible moment and then rushed across the finish line. But I am glad for today that the Senate has gotten back to basics and passed a strong, bipartisan package to help keep our kids safe online.

Every day, our children seek content online about suicide, eating disorders, and drug use—and other topics that are not suitable for children. At the same