

119TH CONGRESS
1ST SESSION

S. _____

To amend the Older Americans Act of 1965 to establish a pilot program for family caregivers for individuals with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction.

IN THE SENATE OF THE UNITED STATES

Mr. MARKEY introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

To amend the Older Americans Act of 1965 to establish a pilot program for family caregivers for individuals with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction.

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 “Convenient Care for
5 Caregivers Act”.

1 **SEC. 2. PILOT PROGRAM FOR FAMILY CAREGIVERS FOR IN-**
2 **DIVIDUALS WITH ALZHEIMER'S DISEASE OR A**
3 **RELATED DISORDER WITH NEUROLOGICAL**
4 **AND ORGANIC BRAIN DYSFUNCTION.**

5 Title IV of the Older Americans Act of 1965 is
6 amended by inserting after section 414 (42 U.S.C. 3032c)
7 the following:

8 **“SEC. 415. PILOT PROGRAM FOR FAMILY CAREGIVERS FOR**
9 **INDIVIDUALS WITH ALZHEIMER'S DISEASE**
10 **OR A RELATED DISORDER WITH NEURO-**
11 **LOGICAL AND ORGANIC BRAIN DYSFUNC-**
12 **TION.**

13 “(a) DEFINITIONS.—In this section:

14 “(1) FAMILY CAREGIVER FOR AN INDIVIDUAL
15 WITH ALZHEIMER'S DISEASE OR A RELATED DIS-
16 ORDER WITH NEUROLOGICAL AND ORGANIC BRAIN
17 DYSFUNCTION.—The term ‘family caregiver for an
18 individual with Alzheimer's disease or a related dis-
19 order with neurological and organic brain dysfunc-
20 tion’—

21 “(A) means an adult family member, or
22 another individual, who is an informal provider
23 of in-home and community care to an individual
24 of any age who is an individual with Alz-
25 heimer's disease or a related disorder with neu-
26 rological and organic brain dysfunction; and

1 “(B) does not include an individual, pro-
2 viding care to an individual with Alzheimer’s
3 disease or a related disorder with neurological
4 and organic brain dysfunction, whose primary
5 relationship with the individual is based on a fi-
6 nancial or professional agreement.

7 “(2) QUALIFIED ENTITY.—The term ‘qualified
8 entity’ means—

9 “(A) an area agency on aging;

10 “(B) a multipurpose senior center;

11 “(C) an institution of higher education; or

12 “(D) a tribal organization.

13 “(b) PILOT PROGRAM.—

14 “(1) IN GENERAL.—The Assistant Secretary, in
15 consultation with the Secretary of Housing and
16 Urban Development and the Assistant Secretary of
17 Commerce for Economic Development, shall estab-
18 lish and carry out a pilot program to assist family
19 caregivers for individuals with Alzheimer’s disease or
20 a related disorder with neurological and organic
21 brain dysfunction to access health care services and
22 other supports in order to improve the health out-
23 comes of the family caregivers and the individuals.

24 “(2) PROJECTS.—

1 “(A) IN GENERAL.—In carrying out the
2 program, the Assistant Secretary shall make
3 grants to qualified entities meeting the require-
4 ments under subsection (c) to carry out projects
5 that assist family caregivers for individuals with
6 Alzheimer’s disease or a related disorder with
7 neurological and organic brain dysfunction in
8 addressing the health care needs of such care-
9 givers and individuals by offering evidence-in-
10 formed, or evidence-based, health care services
11 and other supports to such caregivers and indi-
12 viduals at the same time and the same location.

13 “(B) ACCESSIBILITY.—Each qualified enti-
14 ty receiving a grant under this section shall
15 carry out a project described in subparagraph
16 (A) in an easily accessible space and in accord-
17 ance with applicable requirements under the
18 Americans with Disabilities Act of 1990 (42
19 U.S.C. 12101 et seq.).

20 “(c) APPLICATION.—To be eligible to receive a grant
21 under this section, a qualified entity shall submit an appli-
22 cation at such time and in such manner as the Assistant
23 Secretary may require, including—

24 “(1) information on how the entity located an
25 appropriate space described in subsection (b)(2)(B)

1 to carry out a project, including any consideration of
2 a converted retail mall or other accessible space with
3 proximity to public transportation and ample park-
4 ing, and any collaboration with a State or local eco-
5 nomic development organization to identify that ap-
6 propriate space;

7 “(2) an assurance that the entity—

8 “(A) will cooperate with efforts in which
9 the Administrator of the Centers for Medicare
10 & Medicaid Services will submit data to the As-
11 sistant Secretary on the payment indicators de-
12 scribed in subsection (e)(1); and

13 “(B) will submit data to the Assistant Sec-
14 retary on the health indicators described in sub-
15 section (e)(2); and

16 “(3) a description of how the entity will share
17 information on family caregivers of individuals with
18 Alzheimer’s disease or a related disorder with neuro-
19 logical and organic brain dysfunction, and such indi-
20 viduals, among providers in the project.

21 “(d) USE OF FUNDS.—A qualified entity that re-
22 ceives a grant under this section may use the grant funds
23 to provide—

24 “(1) cognitive health screenings;

1 “(2) family consultations and other care con-
2 sultations;

3 “(3) education;

4 “(4) family caregiver support groups;

5 “(5) conversation groups for individuals with
6 Alzheimer’s disease or a related disorder with neuro-
7 logical and organic brain dysfunction;

8 “(6) specialized bereavement services;

9 “(7) ongoing support by phone or person-to-
10 person conferencing;

11 “(8) insurance support; and

12 “(9) social and cultural activities.

13 “(e) OUTCOME DATA.—A qualified entity that re-
14 ceives a grant under this section for a project shall—

15 “(1) on the date of the enrollment of the family
16 caregiver of an individual with Alzheimer’s disease
17 or a related disorder with neurological and organic
18 brain dysfunction, and such individual, in the
19 project, notify the Administrator of the Centers for
20 Medicare & Medicaid Services of the enrollment and
21 request that the Administrator send to the Assistant
22 Secretary—

23 “(A) an estimated amount on an indicator
24 consisting of the payments made by the Cen-
25 ters, through programs under the jurisdiction of

1 the Centers, on behalf of the caregiver and indi-
2 vidual during the last full fiscal year preceding
3 the enrollment; and

4 “(B) not later than 60 days after each fis-
5 cal year for which the caregiver and individual
6 are enrolled in the project, a calculated amount
7 on that payment indicator for that fiscal year;

8 “(2)(A) submit to the Assistant Secretary, after
9 the first appointments of the family caregiver of an
10 individual with Alzheimer’s disease or a related dis-
11 order with neurological and organic brain dysfunc-
12 tion, and the individual, with the project, initial data
13 on health indicators of the caregiver and individual
14 consisting of—

15 “(i) cholesterol levels;

16 “(ii) body mass index;

17 “(iii) weight;

18 “(iv) glucose levels;

19 “(v) self-reported data, including data on
20 emotional stress, physical strain, loneliness, and
21 feelings of isolation; and

22 “(vi) such other health indicators as the
23 Assistant Secretary may establish; and

24 “(B) submit to the Assistant Secretary, not
25 later than 60 days after each fiscal year for which

1 the caregiver and individual are so enrolled, subse-
2 quent data on the health indicators.

3 “(f) REPORT.—Not later than 120 days after each
4 such fiscal year, the Assistant Secretary shall prepare and
5 submit to the Committee on Health, Education, Labor,
6 and Pensions of the Senate, the Special Committee on
7 Aging of the Senate, the Committee on Education and
8 Workforce of the House of Representatives, the Com-
9 mittee on Energy and Commerce of the House of Rep-
10 resentatives, and the Administrator of the Centers for
11 Medicare & Medicaid Services, a report containing infor-
12 mation on the outcome data collected under subsection (e),
13 including the differences between the estimated and cal-
14 culated amounts on the payment indicators reported under
15 subsection (e)(1) and the differences between the initial
16 and subsequent data on the health indicators reported
17 under subsection (e)(2).

18 “(g) ADMINISTRATION.—The Assistant Secretary
19 shall work with the Administrator of the Centers for Medi-
20 care & Medicaid Services to develop the indicator de-
21 scribed in subsection (e)(1), and means of collecting data
22 on that indicator.”.