

physicians and patients by facilities that perform mammograms, and for other purposes.

S. 2044

At the request of Mr. BLUMENTHAL, the name of the Senator from Minnesota (Ms. KLOBUCHAR) was added as a cosponsor of S. 2044, a bill to amend title 18, United States Code, to protect more victims of domestic violence by preventing their abusers from possessing or receiving firearms, and for other purposes.

S. 2047

At the request of Mr. MURPHY, the name of the Senator from New York (Mrs. GILLIBRAND) was added as a cosponsor of S. 2047, a bill to restrict the use of funds for kinetic military operations in North Korea.

S. 2060

At the request of Mr. MCCAIN, the name of the Senator from Delaware (Mr. COONS) was added as a cosponsor of S. 2060, a bill to promote democracy and human rights in Burma, and for other purposes.

S. 2073

At the request of Mr. BENNET, the name of the Senator from Minnesota (Ms. KLOBUCHAR) was added as a cosponsor of S. 2073, a bill to establish a vegetation management pilot program on National Forest System land to better protect utility infrastructure from passing wildfire, and for other purposes.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Ms. COLLINS (for herself, Ms. CORTEZ MASTO, Mrs. CAPITO, and Mr. KAINE):

S. 2076. A bill to amend the Public Health Service Act to authorize the expansion of activities related to Alzheimer's disease, cognitive decline, and brain health under the Alzheimer's Disease and Healthy Aging Program, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

Ms. COLLINS. Mr. President, I rise today with my colleague from Nevada, Senator CORTEZ MASTO, to introduce the Building Our Largest Dementia Infrastructure for Alzheimer's—or BOLD—Act. I am pleased that Senator CAPITO and Senator KAINE are also joining us as original cosponsors.

Our legislation would create a public health infrastructure aimed at combating Alzheimer's disease and preserving brain health. Alzheimer's disease is one of the greatest and most under-recognized public health threats of our time. Former Surgeon General David Satcher has said that it is the most under-recognized public health threat of the 21st century. Five and a half million Americans are living with the disease, and that number will soar as our population continues to grow older and lives longer.

In addition to the human suffering it causes, Alzheimer's is our Nation's

most costly disease. The United States spends more than \$259 billion per year, including \$175 billion in Medicare and Medicaid costs. The financial impact of this dreadful disease will only continue to grow. In fact, it is estimated that by the year 2050, Alzheimer's will cost our country \$1 trillion and afflict 16 million Americans.

While Alzheimer's is the only one of our Nation's most deadly diseases without an effective treatment or cure, tantalizing new research suggests that there are steps we can take to promote prevention and improve treatment.

The first step we should take is to recognize Alzheimer's as a public health crisis. It is because of public health advancements that we have safe water to drink, vaccines to prevent deadly diseases, interventions to quit smoking, and emergency preparedness tools to save lives. The effort to combat Alzheimer's disease requires a similar unified, national public health effort. That effort is gaining steam.

In 1999, when I founded the Bipartisan Congressional Task Force on Alzheimer's, there was virtually no focus in Washington on this devastating disease. In fact, people were afraid to even refer to the disease, just as years ago people did not talk about cancer.

Seven years ago, I coauthored with then-Senator Evan Bayh the bipartisan National Alzheimer's Project Act, which set the primary goal of preventing and effectively treating the disease by the year 2025. That bill created an expert council, which has calculated that \$2 billion in Federal funding per year is needed to achieve that goal.

On the Appropriations Committee, I have worked hard with Senator BLUNT and others to turn the words of that recommendation into action. The funding bill for this year provides another \$2 billion increase for the National Institutes of Health, and that includes a \$414 million increase for Alzheimer's research—the largest in history. That brings the total for Alzheimer's research to \$1.8 billion—well within reach of the \$2 billion goal, which the experts tell us is necessary for breakthroughs.

While this research is moving forward, we must put into practice what we know and enhance the quality of care and support for those living with Alzheimer's and their families. In March, the Aging Committee, which I chair, held a hearing on the arc of Alzheimer's, from preventing cognitive decline to ensuring quality care for those living with dementia. The hearing shed light on the fact that although we do not yet know how to prevent Alzheimer's, we are advancing in our understanding of the disease. Its progression does not happen overnight; it is preceded by years and perhaps decades of changes in the brain and a continuum of changes in behavior, including cognitive decline. A growing body of evidence suggests that lifestyle factors, such as regular physical activity

and attention to heart health, may reduce the risk of cognitive decline. There is so much we have yet to know.

Alzheimer's is a public issue for those living with the disease, for those caring for their loved ones with the disease, for all of us as taxpayers, and for those who know that our brain is our most precious resource. Alzheimer's exacts a tremendous personal and economic toll on families and communities. More than 40 million Americans know all too well the compassion, commitment, and endurance that it takes to be a caregiver of a loved one facing a chronic disease like Alzheimer's.

The legislation we are introducing today would apply a new public health approach to Alzheimer's disease. It would establish Centers of Excellence in Public Health Practice dedicated to promoting effective Alzheimer's disease management and caregiving interventions, as well as educating the public on the disease, cognitive decline, and brain health.

The Centers for Disease Control and Prevention is already doing tremendous work to combat Alzheimer's within the Public Health Road Map of the Healthy Brain Initiative. This legislation would create centers of excellence across the country to implement the CDC's Public Health Road Map. The centers would take a number of key steps against Alzheimer's. They would work to support early detection and diagnosis, lessen the risk of avoidable hospitalizations, reduce the risk of cognitive decline, enhance support to meet the needs of caregivers, reduce health disparities, and support care planning and management for those with the disease. The Centers' activities would support health and social services professionals as well as families and communities.

In addition to establishing the Centers of Excellence in Public Health Practice, this bill would spread the opportunity for communities across America to create the necessary core capacity to combat Alzheimer's and to enhance existing efforts in this regard. The legislation would establish and distribute cooperative agreements to public health departments to support systems change, communications, and programmatic interventions. These agreements would also support the actions in the CDC Healthy Brain Initiative's Public Health Roadmap.

Finally, at the heart of public health is data. This legislation would direct the CDC to collect data on cognitive decline, cognitive impairment, caregiving, and health disparities within its current systems. The bill would also create cooperative agreements for the analysis and reporting of data to ensure that the results are disseminated to the public and are used, ultimately, to improve brain health.

For far too long, we have viewed Alzheimer's disease as an aging issue that plagues our seniors today and threatens to affect many more tomorrow. In fact, the disease is far more than that.

NOVEMBER 6, 2017.

It is a public health issue with a course that we can change. If we do not take action, both in this new public health approach and by continuing to build on the research, this disease will bankrupt the Medicare and the Medicaid Programs. We cannot afford to spend over \$1 trillion in the year 2050 on just this one disease. We cannot afford to lose 16 million Americans by that year to this devastating disease. We cannot afford to allow the heartache and devastation of this disease to affect more and more American families.

There are steps that we can take today to prevent cognitive decline and to improve the lives of those who are living with Alzheimer's and the lives of their caregivers. This public health approach is not only empowering, but it is key to avoiding the terrible impacts that I have outlined.

After decades of expanding much needed biomedical research in Alzheimer's, we are ready for the next step—to translate research into policy. The BOLD bill would create a new, enlightened public policy out of promising research by creating the first ever national public health infrastructure for Alzheimer's disease.

I am pleased to say that the bipartisan bill that the Senator from Nevada and I have introduced, with our colleagues from Virginia and West Virginia, is endorsed by the Alzheimer's Association, the Alzheimer's Impact Movement, the National Association of Chronic Disease Directors, and the National Association of Counties.

I ask unanimous consent that their letters of support be printed in the RECORD at the conclusion of my remarks.

I urge my colleagues to support this critical and bipartisan legislation.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

ALZHEIMER'S IMPACT MOVEMENT,
Washington, DC, November 6, 2017.

Hon. SUSAN COLLINS,
U.S. Senate,
Washington, DC.
Hon. SHELLEY MOORE CAPITO,
U.S. Senate,
Washington, DC.
Hon. CATHERINE CORTEZ MASTO,
U.S. Senate,
Washington, DC.
Hon. TIM KAINE,
U.S. Senate,
Washington, DC.

DEAR SENATORS COLLINS, CORTEZ MASTO, CAPITO AND KAINE: On behalf of the Alzheimer's Association and the Alzheimer's Impact Movement (AIM), including our nationwide networks of advocates, thank you for your continued leadership on issues and legislation important to Americans with Alzheimer's and other dementias, and to their caregivers. The Alzheimer's Association and AIM are pleased to support the bipartisan Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act, which would create an Alzheimer's public health infrastructure across the country to implement effective Alzheimer's interventions focused on public health issues such as increasing early detection and diagnosis, reducing risk and preventing avoidable hospitalizations.

More than 5 million Americans are living with Alzheimer's and, without significant action, as many as 16 million Americans will have Alzheimer's by 2050. Today, another person develops the disease every 66 seconds; by 2050, someone in the United States will develop the disease every 33 seconds. This explosive growth will cause Alzheimer's costs to increase from an estimated \$259 billion in 2017 to \$1.1 trillion in 2050 (in 2017 dollars). These mounting costs threaten to bankrupt families, businesses and our health care system. Unfortunately, our work is only growing more urgent.

As scientists continue to search for a way to prevent, cure, or slow the progression of Alzheimer's through medical research, public health plays an important role in promoting cognitive function and reducing the risk of cognitive decline. Investing in a nationwide Alzheimer's public health response will help create population-level change, achieve a higher quality of life for those living with the disease and their caregivers, and reduce associated costs. The BOLD Infrastructure for Alzheimer's Act would provide this crucial investment by establishing Alzheimer's centers of excellence across the country and funding state, local and tribal public health departments to increase early detection and diagnosis, reduce risk, prevent avoidable hospitalizations, reduce health disparities, support the needs of caregivers and support care planning for people living with the disease. These important public health actions allow individuals with Alzheimer's to live in their homes longer and delay costly institutionalized care. These goals are consistent with the National Plan to Address Alzheimer's Disease, which includes a strategy to "work with state, tribal, and local governments to improve coordination and identify model initiatives to advance Alzheimer's disease and related dementias awareness and readiness across the government."

The BOLD Infrastructure for Alzheimer's Act would also increase the collection, analysis and timely reporting of Alzheimer's data. This data is critical to identifying opportunities for public health interventions, helping stakeholders track progress in the public health response, and enabling state and federal policymakers to make informed decisions when developing plans and policies. Finally, the bill would also strengthen implementation of the Center for Disease Control and Prevention's Public Health Road Map, which includes strategic action items for state and local public health departments and their partners to promote cognitive functioning, address cognitive impairment and help meet the needs of care partners.

The Alzheimer's Association and AIM deeply appreciate your continued leadership on behalf of all American's living with Alzheimer's and other dementias. We look forward to working with you to advance this important bipartisan bill. If you have any questions about this or any other legislation, please contact Rachel Conant, Senior Director of Federal Affairs.

Sincerely,

ROBERT EGGE,
Chief Public Policy Of-
ficer, Executive Vice
President, Govern-
ment Affairs, Alz-
heimer's Association.

Hon. SUSAN COLLINS,
U.S. Senate,
Washington, DC.
Hon. SHELLEY MOORE CAPITO,
U.S. Senate,
Washington, DC.
Hon. CATHERINE CORTEZ MASTO,
U.S. Senate,
Washington, DC.
Hon. TIM KAINE,
U.S. Senate,
Washington, DC.

DEAR SENATORS COLLINS, CORTEZ MASTO, CAPITO AND KAINE: On behalf of the undersigned organizations, thank you for your leadership on the important public health issues facing our nation, including the urgent issue of Americans with Alzheimer's and other dementias. We are pleased to support the bipartisan Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act, which would create an Alzheimer's public health infrastructure across the country to implement effective interventions focused on public health issues such as increasing early detection and diagnosis, reducing risk and preventing avoidable hospitalizations.

Former Surgeon General and Director of the Centers for Disease Control and Prevention (CDC) Dr. David Satcher recently said, "Alzheimer's is the most under-recognized threat to public health in the 21st century." More than 5 million Americans are currently living with Alzheimer's and, without significant action, as many as 16 million Americans will have Alzheimer's by 2050. Today, another person develops the disease every 66 seconds; by 2050, someone in the United States will develop the disease every 33 seconds. This explosive growth will cause Alzheimer's costs to increase from an estimated \$259 billion in 2017 to \$1.1 trillion in 2050 (in 2017 dollars). These mounting costs threaten to bankrupt families, businesses and our health care system.

Public health plays an important role in protecting the health and well-being of Americans, including promoting cognitive function and reducing the risk of cognitive decline. Investing in a nationwide Alzheimer's public health response will help create population-level change, achieve a higher quality of life for those living with the disease and their caregivers, and reduce associated costs. The BOLD Infrastructure for Alzheimer's Act would provide this crucial investment by establishing Alzheimer's centers of excellence across the country and funding state, local and tribal public health departments to increase early detection and diagnosis, reduce risk, prevent avoidable hospitalizations, reduce health disparities, support the needs of caregivers and support care planning for people living with the disease. These important public health actions allow individuals with Alzheimer's to live in their homes longer and delay costly institutionalized care.

The BOLD Infrastructure for Alzheimer's Act would also increase the collection, analysis and timely reporting of data. This data is critical to identifying opportunities for public health interventions, helping stakeholders track progress in the public health response, and enabling state and federal policymakers to make informed decisions when developing plans and policies. Finally, the bill would also strengthen nationwide implementation of the CDC's Public Health Road Map, which includes strategic action items for state and local public health departments and their partners to promote cognitive functioning, address cognitive impairment and help meet the needs of care partners.

We deeply appreciate your leadership on behalf of the public health community and

all American's living with Alzheimer's and other dementias. We look forward to working with you to advance this important bipartisan bill.

Sincerely,

ALZHEIMER'S ASSOCIATION,
ALZHEIMER'S IMPACT
MOVEMENT,
NATIONAL ASSOCIATION OF
CHRONIC DISEASE,
DIRECTORS, NATIONAL
ASSOCIATION OF
COUNTIES.

Ms. COLLINS. I am now very pleased to yield to the coauthor of this important bill. Senator CORTEZ MASTO has been an extraordinary member of the Senate Special Committee on Aging. She attends every single hearing, which is amazing, given our schedules, and she contributes so much to the debate and questioning in those hearings. I am delighted to join in this effort with her.

The PRESIDING OFFICER. The Senator from Nevada.

Ms. CORTEZ MASTO. Mr. President, I rise to thank my colleague from Maine, whose amazing work as chair of the Aging Committee continues to inspire me.

I also rise to share a story that is very personal to me. It is a story about one of the smartest people whom I have known, my grandmother Katherine, whom I was named after. She was the daughter of an Italian immigrant and his Italian-American wife. She was exactly the kind of person you think of when you think of an Italian grandmother. If you have ever had one, you know that she loves to feed people and invite the whole family—aunts, uncles, cousins, everyone—over to her house for dinner on Sunday nights. The other 6 days of the week, she worked on volunteer projects throughout Las Vegas with her sorority, Beta Sigma Phi.

She never graduated from college, but she was a leader in our community, and she was always reading. If you walked into her house, it was full of books. In fact, the first thing that you saw when you walked into her house was, on one wall, floor to ceiling, a bookcase with all of the books that she had read.

She was brilliant. She was one of my greatest inspirations. Her work in our community in Las Vegas is one of the reasons that I decided to pursue a career in public service.

Unfortunately, in the 1990s, my grandmother was diagnosed with Alzheimer's disease. At first, you could barely notice a difference. There were small things, things that could happen to anyone—lost keys, mismatched socks, books left in odd places. Then a woman who had spent her entire life loving to cook for her family and grandchildren had suddenly stopped cooking.

Over the next 10 years, she got progressively worse. We could see the changes in her every single day, but our lives changed too. My grandfather became her caregiver. My mother became her caregiver. My aunt became

her caregiver. My cousins and I and my sister all became caregivers. That is what happens when someone is diagnosed. It does not affect just one person; it affects an entire family.

There is a common misconception that people who are suffering from Alzheimer's are not aware of what they are losing, that their memories are gone but not missed. That was not the case for my grandmother. I do not think it is the case for anyone who is struggling with this disease. My grandmother frequently had these moments of clarity when it was clear that the losses were just as painful for her as they were for all of us.

One thing that happens to many people with Alzheimer's is that they tend to wander. They wander away from home or they get lost. She had had one of those moments of clarity after she had wandered away from home one day, and the entire family had spent an afternoon looking for her in our neighborhood. My aunt and I had found her and had gone to pick her up in a car. I will never forget it, as I sat in the back seat while my aunt drove.

My grandmother, who had been seated on the front passenger's side, asked my aunt: Why am I doing this? Why am I in my housecoat and slippers? Why am I doing this?

My aunt looked at her and she said: Mom, you are sick. You have something they call Alzheimer's, and that means that it is impacting your brain and your memories, and you are forgetting.

We were so powerless. We couldn't do anything but make her comfortable and bring her home.

For many, many families who are dealing with Alzheimer's, they have gone through those same moments—those moments when they are dealing with their loved ones either trying to explain to them what is happening or giving them comfort because they know their memories are gone, and they want to make sure they are giving them the comfort they need and they deserve.

We know, unfortunately, that there is no cure for Alzheimer's. My grandmother passed away, as many people with Alzheimer's do, when her illness got so bad that she lost the ability to eat or drink, but the experience of caring for my grandmother opened my eyes to the true impact of this disease. I saw that when one person is diagnosed, whole families' lives are transformed too. I think about my grandmother every day. Every day, I return to some piece of wisdom or guidance that she shared with me. I am committed now to honoring her memory by fighting to prevent Alzheimer's and to provide caregivers with the support they need and deserve.

When my grandmother was first diagnosed, we did not understand Alzheimer's like we do today. We did not have enough healthcare programs for it or support for the caregivers. It was seen as an individual disease that

struck at random, with no cure and no hope. Although there is still no cure, we know now that there are things that we can do to help to keep the brain healthy longer and possibly reduce the risk of Alzheimer's and that there are things that we can do now to promote prevention.

For those who are already living with Alzheimer's and for their caregivers, like my family was for my grandmother, there are things that we can do to dramatically improve their experiences and to help lessen some of that burden. Today there are things we can do to invest in finding that cure for Alzheimer's. It is just a petri dish away, but we have to believe that it is there and that we can continue and support that investment. I have visited the Lou Ruvo Center for Brain Health in Las Vegas and met with its director, Dr. Jeffrey Cummings. I have seen the incredible work they have done, including their methods for the early detection of Alzheimer's, which simply did not exist only a few years ago. Yet education in the community and the spreading of best practices still lag behind.

There is no longer any doubt that this is a public health crisis. That is why I am so grateful and proud to be sitting on a committee and working with a chairwoman, my colleague from Maine, who has made an effort here in Congress to really bring attention to Alzheimer's disease and to help to fight for funding and investment in a cure.

I am proud to join my colleagues from Maine, West Virginia, and Virginia in introducing legislation that is known as the BOLD Infrastructure for Alzheimer's Act. This bill will create Centers of Excellence that will be dedicated to promoting effective interventions and educating the public on Alzheimer's disease, cognitive decline, and brain health. It will provide grants to State and local health departments to build the infrastructure that is necessary to address this public health crisis, and it will collect the data that is necessary to keep pushing the frontiers of what we know about this disease.

I urge my colleagues to support this vital, bipartisan piece of legislation that has the potential of having a positive impact on millions of Americans across this country.

AMENDMENTS SUBMITTED AND PROPOSED

SA 1579. Mr. MCCONNELL (for Mr. JOHNSON (for himself and Mrs. MCCASKILL)) proposed an amendment to the bill H.R. 1370, to amend the Homeland Security Act of 2002 to require the Secretary of Homeland Security to issue Department of Homeland Security-wide guidance and develop training programs as part of the Department of Homeland Security Blue Campaign, and for other purposes.

TEXT OF AMENDMENTS

SA 1579. Mr. MCCONNELL (for Mr. JOHNSON (for himself and Mrs. MCCASKILL)) proposed an amendment to the