

114TH CONGRESS  
1ST SESSION

# H. R. 1468

To galvanize United States Government programs in support of brain health for global victims of autism, hydrocephalus and Alzheimer's and other forms of dementia, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 19, 2015

Mr. SMITH of New Jersey (for himself, Mr. FATTAH, and Ms. MAXINE WATERS of California) introduced the following bill; which was referred to the Committee on Foreign Affairs, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To galvanize United States Government programs in support of brain health for global victims of autism, hydrocephalus and Alzheimer's and other forms of dementia, and for other purposes.

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 “Global Brain Health  
5 Act of 2015”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) The brain is the center of the human nerv-  
4 ous system, exerting centralized control over all  
5 other organs of the body.

6 (2) Abnormalities in sections of the brain—  
7 namely the corpus callosum (which facilitates com-  
8 munication between the two hemispheres of the  
9 brain), the amygdala (which affects emotion and so-  
10 cial behavior) and the cerebellum (which is involved  
11 with motor activity, balance and coordination)—usu-  
12 ally occur during prenatal development.

13 (3) Three main brain disorders are autism, hy-  
14 drocephalus and Alzheimer’s and other forms of de-  
15 mentia. They impact people in both the developed  
16 and developing world, but weigh more heavily on  
17 sufferers in developing countries due to lack of effec-  
18 tive health care, lack of access to health care or cul-  
19 tural influences that inhibit treatment of sufferers of  
20 one of these conditions.

21 (4) Autism is a complex neurological disorder  
22 that affects an individual in the areas of social inter-  
23 action and communication. Because it is a spectrum  
24 disorder, it affects each individual differently and to  
25 varying degrees of severity. People with autism proc-  
26 ess and respond to information in unique ways. In

1 some cases, coexisting medical issues and aggressive  
2 or self-injurious behavior may be present.

3 (5) The occurrence of autism spectrum dis-  
4 orders (ASD) has increased during the past decade  
5 from an estimated one in 500 to an estimated one  
6 in 110, according to data released by the Centers for  
7 Disease Control and Prevention (CDC) in December  
8 2009. CDC classified as suffering from ASD chil-  
9 dren whose behaviors were consistent with the  
10 DSM–IV–TR criteria for Autistic Disorder,  
11 Asperger Disorder, and Pervasive Developmental  
12 Disorder—Not Otherwise Specified (PDD–NOS).

13 (6) The increased number of children diagnosed  
14 with autism is a growing and urgent concern for  
15 families, health care professionals, and educators, as  
16 the health and education systems struggle to re-  
17 spond to the needs of this population in a com-  
18 prehensive manner.

19 (7) The prevalence of autism in developing  
20 countries is also growing rapidly, and health and  
21 education systems in these countries are particularly  
22 ill-equipped to deal with these issues. According to  
23 the World Health Organization, tens of millions of  
24 individuals in Africa are affected by autism.

1           (8) Children with autism who receive intensive  
2           and appropriate educational services before age 5  
3           often make significant functional improvements. In  
4           the United States, significant efforts are being pur-  
5           sued to expand early diagnosis and the provision of  
6           these services. In a report on the identification, eval-  
7           uation and management of children with autism, the  
8           American Academy of Pediatrics recommended in  
9           November 2007 that all children should be screened  
10          for autism twice by the age of two, even if they have  
11          no symptoms. Early screening and services for au-  
12          tism are sorely lacking in most of the developing  
13          world. An opportunity exists to use United States  
14          expertise to significantly aid children and families in  
15          developing countries, for relatively small costs.

16          (9) Hydrocephalus, also known as “water on  
17          the brain”, is a medical condition in which an abnor-  
18          mal accumulation of cerebrospinal fluid in the ven-  
19          tricles or cavities of the brain causes increased  
20          intracranial pressure inside the skull and progressive  
21          enlargement of the head. If left untreated, hydro-  
22          cephalus leads to physical and mental disabilities  
23          and eventually death.

24          (10) Hydrocephalus is an extremely painful  
25          condition that most commonly occurs in infants and

1 young children as a result of a congenital abnormality (anatomic abnormality, aqueductal stenosis,  
2 spina bifida or encephalocele), or post-infectious hydrocephalus (PIH) caused by infections acquired  
3 after birth, such as meningitis, that attack the  
4 brain.  
5

6  
7 (11) Three to five out of every 1,000 newborns  
8 in developing countries are either born with hydrocephalus or acquire it due to neonatal infections in  
9 the first few months of life. It is conservatively estimated that more than 300,000 children are born  
10 with or acquire hydrocephalus in the developing world each year.  
11

12  
13  
14 (12) Children with hydrocephalus who are not  
15 effectively treated or who are not treated in the early stages of the condition suffer from cognitive deficiencies or physical disabilities or both.  
16  
17

18 (13) Families of children who have hydrocephalus in developing countries rarely know that it  
19 is a treatable condition, where to go for treatment, or how to care for a child suffering from the condition.  
20  
21  
22

23 (14) Many children with hydrocephalus in developing countries are abandoned, ostracized, or  
24

1 abused due to their appearance and physical and  
2 mental disabilities.

3 (15) Hydrocephalus can be treated, and ad-  
4 vances in innovative medical procedures such as  
5 ETV/CPC have the potential to save thousands of  
6 lives annually and prevent or mitigate physical and  
7 mental disabilities in thousands of children in devel-  
8 oping countries.

9 (16) A number of international studies show  
10 that between 3.5 to 15 percent of all patients diag-  
11 nosed with Alzheimer's or another form of dementia  
12 actually have Normal Pressure Hydrocephalus. Such  
13 significant incidents of misdiagnosis illustrate the  
14 need for greater awareness among members of the  
15 medical profession and the general public of adult  
16 hydrocephalus, as well as the need for adopting a  
17 holistic approach towards brain health instead of a  
18 siloed one.

19 (17) Dementia is a degenerative condition  
20 caused by disease of the brain—usually of a chronic  
21 or progressive nature in which there is disturbance  
22 of multiple higher cortical functions, including mem-  
23 ory, thinking, orientation, comprehension, calcula-  
24 tion, learning capacity, language and judgment. Be-

1       tween 5 to 7 percent of the world’s population age  
2       60 and above are estimated to have dementia.

3               (18) Dementia can be caused by various fac-  
4       tors, including traumatic or localized brain injury, a  
5       temporary interruption of the brain’s supply of blood  
6       or oxygen, infection, stroke, brain hemorrhage, pro-  
7       longed seizures or even excessive alcohol use.

8               (19) According to Alzheimer’s Disease Inter-  
9       national, more than 44,000,000 people worldwide  
10      are suffering from Alzheimer’s or dementia, a figure  
11      that will expand to more than 75,000,000 people by  
12      2030 and more than 115,000,000 people by 2050 if  
13      the current trajectory of the disease remains un-  
14      changed. Globally, a new case of dementia occurs  
15      every four seconds. More than 62 percent of people  
16      with dementia globally live in low-to-middle income  
17      countries, and by 2050 this percentage will exceed  
18      70 percent.

19              (20) Alzheimer’s disease and related dementias  
20      impose a devastating, unsustainable and rapidly  
21      growing toll on the health and fiscal well-being of  
22      the United States and all countries. In 2010, the an-  
23      nual global societal economic cost of Alzheimer’s and  
24      dementia was estimated to be \$604,000,000,000,

1       about 1 percent of the world’s Gross Domestic Prod-  
2       uct (GDP).

3                   **TITLE I—GLOBAL AUTISM**  
4                   **ASSISTANCE**

5 **SEC. 101. GLOBAL AUTISM ASSISTANCE PROGRAM.**

6       (a) ESTABLISHMENT AND PURPOSE.—The Adminis-  
7       trator for the United States Agency for International De-  
8       velopment shall establish and administer a health and edu-  
9       cation grant program to be known as the “Global Autism  
10      Assistance Program” to—

11               (1) support activities under subsection (c)(2) by  
12               nongovernmental organizations and other service  
13               providers, including advocacy groups, focused on au-  
14               tism in developing countries; and

15               (2) establish a “teach the teachers” program  
16               under subsection (d) to train health and education  
17               professionals working with children with autism in  
18               developing countries.

19       (b) DESIGNATION OF ELIGIBLE REGIONS.—Not later  
20      than 120 days after the date of the enactment of this Act,  
21      the Administrator, in consultation with knowledgeable au-  
22      tism organizations such as the World Autism Organiza-  
23      tion, the Autism Society of America, and Autism Speaks,  
24      shall designate not fewer than two regions in developing  
25      countries that are determined to—



1           (1) require assistance in dealing with autism;  
2           and

3           (2) have sufficient familiarity with issues re-  
4           lated to autism to make effective use of the Global  
5           Autism Assistance Program.

6           (c) SELECTION OF IMPLEMENTING NGO.—

7           (1) IN GENERAL.—Not later than 180 days  
8           after the designation of eligible regions pursuant to  
9           subsection (b), the Administrator shall select and  
10          award a grant under this section to a nongovern-  
11          mental organization with experience in autism-re-  
12          lated issues to implement the Global Autism Assist-  
13          ance Program through selection and awarding of  
14          grants to local service providers and advocacy groups  
15          focused on autism.

16          (2) ACTIVITIES.—A local service provider or ad-  
17          vocacy group that receives a grant under paragraph  
18          (1) may use such grant to carry out any of the fol-  
19          lowing activities (including, as appropriate, the  
20          translation into local languages of relevant English-  
21          language publications):

22                  (A) EDUCATION AND OUTREACH TO THE  
23                  PUBLIC.—Use public service announcements  
24                  and other public media to help the public be-  
25                  come more aware of the signs of autism so that

1 children with autism can be diagnosed and  
2 treated earlier.

3 (B) SUPPORT TO FAMILIES.—Development  
4 of resources for families, such as online web re-  
5 source centers in local languages, dissemination  
6 of materials to parents of newly diagnosed chil-  
7 dren, such as information contained in the Cen-  
8 ters for Disease Control and Prevention’s publi-  
9 cation entitled “Learn the Signs, Act Early”, or  
10 other suitable alternatives, and dissemination of  
11 educational aids and guides to help parents  
12 with their children’s development.

13 (C) SUPPORT TO EDUCATIONAL INSTITU-  
14 TIONS.—Funding for schools or other edu-  
15 cational institutions, focusing on teachers of the  
16 youngest students, and including the distribu-  
17 tion of equipment or of the materials referred  
18 to in subparagraph (B).

19 (D) SUPPORT TO CLINICS AND MEDICAL  
20 CENTERS.—Provision of funding to clinics and  
21 medical centers with proven records in address-  
22 ing autism to assist with operating expenses, in-  
23 cluding personnel, equipment supplies, and fa-  
24 cilities, development of assessment testing for  
25 autism, and acquisition of specialized equip-

1           ment, such as augmentative communication de-  
2           vices.

3           (3) APPLICATIONS FOR GRANTS.—

4                   (A) SUBMISSION OF APPLICATIONS.—To  
5           be eligible to receive a grant from the imple-  
6           menting nongovernmental organization, a local  
7           service provider or advocacy group shall submit  
8           to such implementing nongovernmental organi-  
9           zation an application at such time, in such  
10          manner, and containing such information as  
11          such implementing nongovernmental organiza-  
12          tion may require.

13                   (B) ESTABLISHMENT OF SCREENING  
14          BOARD.—

15                   (i) IN GENERAL.—The implementing  
16          nongovernmental organization responsible  
17          for implementing the Global Autism Assist-  
18          ance Program shall establish a screening  
19          board to be known as the “Project Advi-  
20          sory Board” to review for content and ap-  
21          propriateness applications from local serv-  
22          ice providers or advocacy groups submitted  
23          in accordance with subparagraph (A).

24                   (ii) MEMBERSHIP.—The members of  
25          the Project Advisory Board shall be ap-

1 pointed by the implementing nongovern-  
2 mental organization, in consultation with  
3 the Administrator, and in accordance with  
4 the following provisions:

5 (I) Each member shall serve for  
6 a term of one year and each member  
7 may serve as many as three consecu-  
8 tive terms.

9 (II) A member of the Project Ad-  
10 visory Board may continue to serve  
11 after the expiration of the term of  
12 such member until such time as a suc-  
13 cessor is appointed.

14 (III) Membership of the Project  
15 Advisory Board shall include at least  
16 seven voting members who are mem-  
17 bers of autism advocacy groups, pro-  
18 fessionals working with autism, or  
19 otherwise associated with the autism  
20 community. Among the voting mem-  
21 bers of the Board shall be at least two  
22 parents from different families of indi-  
23 viduals with autism, one medical pro-  
24 fessional working with autism, one  
25 teacher of individuals with autism,

1 and one individual who has autism.  
2 Efforts shall be made to include on  
3 the Project Advisory Board individ-  
4 uals with experience working in the  
5 developing world.

6 (IV) Membership of the Project  
7 Advisory Board shall include non-vot-  
8 ing members as determined appro-  
9 priate by the Administrator.

10 (V) Membership of the Project  
11 Advisory Board shall be chosen so as  
12 to ensure objectivity and balance and  
13 to reduce the potential for conflicts of  
14 interest.

15 (4) SUPPORT AND ASSISTANCE.—The imple-  
16 menting nongovernmental organization shall provide,  
17 contract for, and coordinate technical assistance in  
18 support of its mission in meeting the goals and pur-  
19 poses of this Act.

20 (d) TEACH THE TEACHERS.—The implementing non-  
21 governmental organization, acting on behalf of the Admin-  
22 istrator, in consultation with the Project Advisory Board,  
23 shall establish a program, to be known as the “Teach the  
24 Teachers Program”, to—

1           (1) identify health and education professionals  
2           to receive specialized training for teaching and work-  
3           ing with youth with autism, including training con-  
4           ducted in two- or three-day workshops at locations  
5           within one of the two regions designated pursuant to  
6           subsection (b); and

7           (2) conduct training through two- or three-day  
8           biomedical conferences in the two regions designated  
9           pursuant to subsection (b), including bringing med-  
10          ical and psychological specialists from the United  
11          States to train and educate parents and health pro-  
12          fessionals who deal with autism, including training  
13          related to biomedical interventions that can affect  
14          autism, how nutrition and various metabolic issues  
15          can impact behavior, the role of applied behavioral  
16          analysis, and various occupational and speech thera-  
17          pies in fighting autism.

18          (e) FUNDING.—To carry out this title, the Adminis-  
19          trator shall allocate amounts that have been appropriated  
20          or otherwise made available to the United States Agency  
21          for International Development.

22          (f) AUTISM DEFINED.—For purposes of this title, the  
23          term “autism” means all conditions consistent with au-  
24          tism spectrum disorders described in section 2(5).

1 **TITLE II—INTERNATIONAL HY-**  
2 **DROCEPHALUS TREATMENT**  
3 **AND TRAINING**

4 **SEC. 201. ASSISTANCE TO TREAT HYDROCEPHALUS AND**  
5 **TRAIN SURGEONS.**

6 Chapter 1 of part I of the Foreign Assistance Act  
7 of 1961 (22 U.S.C. 2151 et seq.) is amended—

8 (1) by redesignating the second section 135 (as  
9 added by section 5(a) of the Senator Paul Simon  
10 Water for the Poor Act of 2005 (Public Law 109–  
11 121; 119 Stat. 2536)) as section 136; and

12 (2) by adding at the end the following:

13 **“SEC. 137. ASSISTANCE TO TREAT HYDROCEPHALUS AND**  
14 **TRAIN SURGEONS.**

15 “(a) PURPOSES.—The purposes of assistance author-  
16 ized by this section are—

17 “(1) to ensure that life-saving treatment of hy-  
18 drocephalus is an important priority of United  
19 States bilateral foreign assistance, including through  
20 promotion of innovative treatments and training of  
21 medical practitioners from the developing world in  
22 the latest treatment protocols and best practices for  
23 the treatment of hydrocephalus, including—

24 “(A) surgery and post-surgery care in de-  
25 veloping countries;

1           “(B) the creation of a comprehensive hy-  
2           drocephalus training program based in the de-  
3           veloping world for surgeons and key members  
4           of their medical team; and

5           “(C) the training of medical practitioners  
6           based in the developing world in ETV/CPC and  
7           other appropriate treatment protocols; and

8           “(2) to promote research to reduce the inci-  
9           dence of PIH epidemiology, pathophysiology, and  
10          disease burden, and to improve treatment of hydro-  
11          cephalus.

12          “(b) AUTHORIZATION.—To carry out the purposes of  
13          subsection (a), the President is authorized to provide as-  
14          sistance to support a network of trained medical practi-  
15          tioners to treat hydrocephalus in children at pediatric hos-  
16          pitals and hydrocephalus treatment centers in developing  
17          countries with a high incidence of hydrocephalus.

18          “(c) ACTIVITIES SUPPORTED.—

19                 “(1) COMPREHENSIVE PROGRAM.—

20                         “(A) IN GENERAL.—Assistance provided  
21                         under subsection (b) shall, to the maximum ex-  
22                         tent practicable, be used to establish a com-  
23                         prehensive program to administer global hydro-  
24                         cephalus treatment and training activities uti-  
25                         lizing a network of pediatric hospitals capable



1 of performing endoscopic surgery in developing  
2 countries.

3 “(B) ADMINISTRATION.—The program de-  
4 scribed in subparagraph (A) shall be adminis-  
5 tered by health care executives and neuro-  
6 surgeons with expertise in the treatment of hy-  
7 drocephalus.

8 “(C) RESPONSIBILITIES.—The responsibil-  
9 ities of the administrators described in subpara-  
10 graph (B) shall include—

11 “(i) developing an appropriate edu-  
12 cation and training curriculum;

13 “(ii) establishing quality control  
14 standards;

15 “(iii) instituting safety guidelines and  
16 standards; and

17 “(iv) developing monitoring and eval-  
18 uation protocols.

19 “(2) TRAINING HOSPITAL.—

20 “(A) IN GENERAL.—Assistance provided  
21 under subsection (b) shall, to the maximum ex-  
22 tent practicable, be used to establish a surgeon  
23 training program within a pediatric hospital  
24 based in a developing country with a high inci-  
25 dence of hydrocephalus with the goal of training

1 four surgeons annually and a total of 20 sur-  
2 geons over a 5-year period to treat hydro-  
3 cephalus utilizing the ETV/CPC technique.

4 “(B) TIMELINE.—To the maximum extent  
5 practicable, the surgeon training program de-  
6 scribed in subparagraph (A) should be oper-  
7 ational no later than 1 year after the date of  
8 enactment of this section.

9 “(C) TRAINING ADMISSIONS CRITERIA.—  
10 Candidates for the surgeon training program  
11 established under subparagraph (A) shall—

12 “(i) have a demonstrated commitment  
13 to providing medical assistance in the de-  
14 veloping world; and

15 “(ii) certify that the candidate intends  
16 to remain and practice medicine in the de-  
17 veloping world following completion of the  
18 program.

19 “(D) TRAINING PROGRAM METHOD-  
20 OLOGY.—The surgeon training program estab-  
21 lished under subparagraph (A) shall—

22 “(i) be conducted by a neurosurgeon  
23 with a minimum of 3 years of full-time op-  
24 erating experience in the developing world;

1           “(ii) be a hands-on operating room ex-  
2           perience in the developing world;

3           “(iii) utilize a hydrocephalus treat-  
4           ment protocol with an emphasis on ETV/  
5           CPC as the preferred treatment when  
6           medically appropriate; and

7           “(iv) require that each trainee com-  
8           plete a minimum of 50 ETV/CPC or ETV  
9           procedures and at least 25 VP shunt pro-  
10          cedures.

11          “(3) TREATMENT CENTERS.—

12           “(A) IN GENERAL.—Assistance provided  
13           under subsection (b) shall, to the maximum ex-  
14           tent practicable, be used to establish at least 20  
15           hydrocephalus treatment centers located at pub-  
16           lic and private hospital in developing countries  
17           with a high incidence of hydrocephalus, which  
18           shall include treatment costs, endoscopy equip-  
19           ment and medical supplies necessary to provide  
20           ETV/CPC procedures to treat hydrocephalus.

21           “(B) STAFFING.—The treatment centers  
22           described in subparagraph (A) shall be staffed  
23           by—

24           “(i) one or more surgeons who have  
25           successfully completed the surgeon training

1 program provided pursuant to paragraph  
2 (2); and

3 “(ii) a patient care administrator.

4 “(C) TREATMENT.—The treatment centers  
5 described in subparagraph (A) shall—

6 “(i) provide surgery to treat hydro-  
7 cephalus in children;

8 “(ii) perform at least 50 hydro-  
9 cephalus surgeries annually including a  
10 minimum of 25 ETV or ETV/CPC sur-  
11 geries; and

12 “(iii) provide post-surgery care and  
13 support for the children treated in accord-  
14 ance with clause (i).

15 “(4) MEDICAL RECORDS AND DATA.—Assist-  
16 ance provided under subsection (b) shall, to the  
17 maximum extent practicable, include the mainte-  
18 nance of medical records which track patient care  
19 activities and information about the causes and inci-  
20 dence rates of PIH.

21 “(d) DEFINITIONS.—In this section:

22 “(1) CPC.—The term ‘CPC’ means choroid  
23 plexus cauterization, a surgical procedure to reduce  
24 the production of cerebrospinal fluid in the brain.

1           “(2) ETV.—The term ‘ETV’ means endoscopic  
2           third ventriculostomy, a shunt-less surgical proce-  
3           dure in which an opening is created in the floor of  
4           the third ventricle of the brain allowing cerebro-  
5           spinal fluid to bypass any obstruction and flow di-  
6           rectly to the basal cisterns.

7           “(3) ETV/CPC.—The term ‘ETV/CPC’ means  
8           the shunt-less surgical method for treating hydro-  
9           cephalus through the combination of ETV and CPC  
10          surgical procedures.

11          “(4) HYDROCEPHALUS.—The term ‘hydro-  
12          cephalus’ means a medical condition in which an ab-  
13          normal accumulation of cerebrospinal fluid in the  
14          ventricles or cavities of the brain causes increased  
15          intracranial pressure inside the skull and progressive  
16          enlargement of the head.

17          “(5) MEDICAL PRACTITIONERS.—The term  
18          ‘medical practitioners’ means physicians, nurses and  
19          other clinicians.

20          “(6) PIH.—The term ‘PIH’ means post-infec-  
21          tious or acquired hydrocephalus which is the onset  
22          of hydrocephalus after birth due to the affects of an  
23          infection, such as meningitis, that has attacked the  
24          brain.

1           “(7) VP SHUNT.—The term ‘VP shunt’ means  
 2           a ventriculoperitonea shunt which is a plastic tube  
 3           that is regulated by a valve and surgically placed in  
 4           a brain ventricle that allows the cerebrospinal fluid  
 5           to flow out of the brain through the tube and into  
 6           the patient’s abdomen.

7           “(e) AUTHORIZATION OF APPROPRIATIONS.—Of the  
 8           amounts made available to carry out this chapter for child  
 9           survival and maternal health programs, there are author-  
 10          ized to be appropriated to the President such sums as may  
 11          be necessary for each of the fiscal years 2016 through  
 12          2020 to carry out this section.”.

13       **TITLE III—INTERNATIONAL ALZ-**  
 14       **HEIMER’S DISEASE AND DE-**  
 15       **MENTIA PROGRAMS**

16       **SEC. 301. GLOBAL ALZHEIMER’S DISEASE AND DEMENTIA**  
 17       **ACTION PLAN.**

18          (a) IN GENERAL.—The Secretary of Health and  
 19          Human Services shall enter into negotiations with the  
 20          World Health Organization to develop a plan for address-  
 21          ing Alzheimer’s Disease and other forms of dementia glob-  
 22          ally, to be known as the Global Alzheimer’s Disease and  
 23          Dementia Action Plan, focused on the following areas:

- 24                  (1) Research, including—  
 25                          (A) clinical research; and

1 (B) development of a stable and sustained  
2 international commitment to research.

3 (2) Regulatory issues.

4 (3) Clinical care.

5 (4) Supportive services for patients and care-  
6 givers, including supports using innovative tech-  
7 nologies.

8 (5) Clinical care.

9 (6) Supportive services for patients and care-  
10 givers, including supports using innovative tech-  
11 nologies.

12 (7) Prevention and health promotion.

13 (8) Public awareness and education, particu-  
14 larly efforts aimed at reducing stigmas and increas-  
15 ing the inclusion of persons with Alzheimer's disease  
16 and dementia within civil society.

17 (b) INTERNATIONAL PARTNERSHIPS.—

18 (1) IN GENERAL.—In developing the plan under  
19 subsection (a), the Secretary of Health Services—

20 (A) shall seek—

21 (i) to enter into partnerships with  
22 other nations that have in place national  
23 plans for addressing Alzheimer's disease  
24 and other forms of dementia; and

1 (ii) to the greatest extent possible, en-  
2 sure that the plan under subsection (a) is  
3 compatible with the plans of such other na-  
4 tions; and

5 (B) in the case of other nations that do  
6 not have such plans in place, shall encourage  
7 such nations to develop and implement such  
8 plans.

9 (2) SENSE OF CONGRESS.—It is the sense of  
10 the Congress that the Group of Eight (G8) nations,  
11 working with the Group of Twenty (G20) nations,  
12 the Group of Seventy-Seven (G77) nations, and  
13 other organizations including the Organization for  
14 Economic Cooperation and Development (OECD)  
15 should investigate systems to monitor and provide  
16 care to individuals with Alzheimer’s disease and  
17 other forms of dementia in developing countries to  
18 help build care delivery capacity.

19 **SEC. 302. GLOBAL ALZHEIMER’S DISEASE AND DEMENTIA**  
20 **FUND.**

21 (a) IN GENERAL.—The Secretary of Health and  
22 Human Services, working with the Secretary of the Treas-  
23 ury, other nations, nongovernmental organizations, and  
24 private entities, shall seek to establish a fund, to be known  
25 as the Global Alzheimer’s Disease and Dementia Fund,



1 to provide resources to support implementation of the  
2 Global Alzheimer’s Disease and Dementia Action Plan.

3 (b) EARLY-STAGE EFFORTS.—In the early stages of  
4 carrying out subsection (a), the Secretary of Health and  
5 Human Services shall establish priority areas of focus and  
6 a governance structure for the Global Alzheimer’s Disease  
7 and Dementia Fund.

8 **SEC. 303. ALZHEIMER’S DISEASE AND DEMENTIA COORDI-**  
9 **NATOR.**

10 The President shall appoint a high-level official to  
11 lead and coordinate all efforts of the Federal Government  
12 with respect to developing the Global Alzheimer’s Disease  
13 and Dementia Action Plan and the Global Alzheimer’s  
14 Disease and Dementia Fund.

15 **SEC. 304. FOREIGN AID IMPLICATIONS.**

16 The Administrator of the United States Agency for  
17 International Development, in collaboration with the heads  
18 of other relevant Federal departments and agencies,  
19 shall—

20 (1) investigate the foreign aid implications of  
21 Alzheimer’s disease and other forms of dementia;  
22 and

23 (2) inform Congress as to the need for possible  
24 changes to health care-related foreign assistance.

1 **SEC. 305. PUBLIC-PRIVATE PARTNERSHIPS.**

2       The President shall encourage and facilitate partner-  
3 ships between the Federal Government and the private  
4 sector, such as the partnerships in effect between the Na-  
5 tional Institutes of Health and pharmaceutical companies,  
6 to identify new approaches to treat Alzheimer's disease  
7 and other forms of dementia.

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