

118TH CONGRESS  
2D SESSION

# S. 4729

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.

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## IN THE SENATE OF THE UNITED STATES

JULY 23, 2024

Mr. MARKEY introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## 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 **INDIVIDUALS 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 the  
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.”.

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