

113TH CONGRESS
2D SESSION

H. RES. 489

Expressing the sense of Congress regarding the need to facilitate and promote a robust response to the looming global crisis of Alzheimer's and other forms of dementia.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 25, 2014

Mr. SMITH of New Jersey (for himself, Ms. WATERS, Mr. BURGESS, Mr. FATTAH, and Mr. MEADOWS) submitted the following resolution; 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

RESOLUTION

Expressing the sense of Congress regarding the need to facilitate and promote a robust response to the looming global crisis of Alzheimer's and other forms of dementia.

Whereas dementia is a degenerative condition caused by disease of the brain—usually of a chronic or progressive nature—in which there is disturbance of multiple higher cortical functions, including memory, thinking, orientation, comprehension, calculation, learning capacity, language and judgment.

Whereas between 5 to 7 percent of the world's population age 60 and above are estimated to have dementia.

Whereas dementia can be caused by various factors, including traumatic or localized brain injury, a temporary interruption of the brain's supply of blood or oxygen, infection, stroke, brain hemorrhage, prolonged seizures or even excessive alcohol use.

Whereas Alzheimer's disease is the most common form of dementia, accounting for 60–70% of dementia cases. Other forms of dementia include vascular dementia (caused by damage from impaired blood flow), frontotemporal dementia (involving degeneration of the frontal lobe of the brain governing mood and behavior), semantic dementia (caused by damage to the left temporal lobe governing speech) and dementia with Lewy bodies (involving abnormal aggregation of protein inside nerve cells in the brain).

Whereas, according to Alzheimer's Disease International, more than 44 million people worldwide are suffering from Alzheimer's or dementia, a figure that will expand to more than 75 million people by 2030 and more than 115 million people by 2050 if the current trajectory of the disease remains unchanged. Globally, a new case of dementia occurs every four seconds.

Whereas Alzheimer's disease and related dementias impose a devastating, unsustainable and rapidly growing toll on the health and fiscal well-being of the United States and all countries. In 2010, the annual global societal economic cost of Alzheimer's and dementia was estimated to be \$604 billion, about 1 percent of the world's Gross Domestic Product (GDP).

Whereas more than 62 percent of people with dementia globally live in low-to-middle income countries, and by 2050 this percentage will exceed 70 percent.

Whereas Standard & Poors rating agency has identified global aging as “the dominant threat to global economic stability” that will “lead to profound changes in economic growth for countries around the world.”

Whereas no disease-modifying therapy or treatment for Alzheimer’s exists today. Dementia can be classified as either reversible or irreversible, fewer than 10% of cases of dementia are due to causes that currently may be reversed with treatment.

Whereas in January 2012, the United Nations General Assembly adopted the political declaration of the high-level meeting of the General Assembly on the Prevention and Controls of Non-communicable disease that recognized Alzheimer’s as being “an important cause of morbidity” and a corresponding “need to provide equitable access to effective programmes and health-care interventions.”

Whereas in 2012, the United States adopted a National Plan to Address Alzheimer’s Disease that set as its first goal preventing and effectively treating Alzheimer’s disease by 2025.

Whereas in December 2013 the G8 nations convened the G8 Dementia Summit and established a similar goal to “identify a cure or a disease-modifying therapy for dementia by 2025 and to increase collectively and significantly the amount of funding for dementia research to reach that goal.

Whereas the G8 political declaration called for greater international collaboration and sharing on Alzheimer’s research and for the development of a coordinated international research plan that “accounts for the current state of the science, identifies gaps and opportunities,

and lays out a plan for working together to address them.”

Whereas the G8 declaration also called for “greater innovation to improve the quality of life for people with dementia and their caretakers while reducing emotional and financial burden” and for “exploring the possibility of developing a private and philanthropic fund to support global dementia innovation.”: Now, therefore, be it

1 *Resolved*, That it should be the policy of the U.S. Gov-
2 ernment to encourage and facilitate as feasible:

3 1. The Secretary of Health and Human Serv-
4 ices shall enter into negotiations with the World
5 Health Organization to develop a Global Alzheimer’s
6 and Dementia Action Plan focused on the following
7 areas:

8 (A) Research, including clinical research
9 and clinical trials, and regulatory issue;

10 (B) Clinical care;

11 (C) Supportive services for patients and
12 for caregivers, including supports using innova-
13 tive technologies;

14 (D) Clinical care;

15 (E) Supportive services for patients and
16 for caregivers, including supports using innova-
17 tive technologies;

18 (F) Prevention and health promotion;

1 (G) Development of a stable and sustained
2 international commitment to Alzheimer's re-
3 search, and

4 (H) Public awareness and education, par-
5 ticularly efforts aimed at reducing stigmas and
6 increasing the inclusion of persons with Alz-
7 heimer's and dementia within civil society.

8 2. In addition to the WHO, the effort should
9 involve all other nations that have adopted national
10 Alzheimer's and/or dementia plans or strategies and,
11 to the greatest extent possible, connect to compo-
12 nents of one or more of said plans. Nations without
13 plans yet willing to participate in developing the
14 global strategy can do so if they commit to providing
15 resources to fund the effort.

16 3. The Secretary of Health and Human Serv-
17 ices along with the Secretary of the Treasury should
18 develop the foundation for a Global Alzheimer's
19 Fund that would provide resources to support imple-
20 mentation of specific strategies of the Global Plan.
21 This early-stage effort shall include:

22 (A) Priority areas of focus,

23 (B) Governance structure and

1 (C) Participation of other government, pri-
2 vate entities and non-governmental organiza-
3 tions

4 The U.S. government should assign a high-level per-
5 son to lead and coordinate all Global Alzheimer's
6 and dementia initiatives including representing the
7 United States in all convenings focused on devel-
8 oping the plan, fund, and corresponding components.

9 4. The G8 nations, working with the G20, G77
10 and other forums including the Organization for
11 Economic Cooperation and Development (OECD)
12 should investigate systems to monitor and provide
13 care to persons with Alzheimer's and other forms of
14 dementia in developing countries to help build care
15 delivery capacity.

16 5. The U.S. Agency for International Develop-
17 ment, in collaboration with all other relevant U.S.
18 agencies, should investigate the foreign aid implica-
19 tions of Alzheimer's and other forms of dementia
20 and inform Congress as to the need for possible
21 changes to foreign healthcare-related foreign assist-
22 ance.

23 6. In order to maximize the possibility of suc-
24 cessful treatment for Alzheimer's and other forms of
25 dementia, the U.S. government should encourage

1 and facilitate partnerships with the private sector,
2 such as the current partnership between the Na-
3 tional Institutes of health and 10 pharmaceutical
4 companies to identify new approaches to treat Alz-
5 heimer's and other medical conditions.

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