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(Original Signature of Member)

117TH CONGRESS
1ST SESSION

H. R.

To provide for the establishment of a program at the Centers for Disease Control and Prevention with respect to healthy aging and to authorize grants to health departments to carry out healthy aging programs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Ms. LOIS FRANKEL of Florida introduced the following bill; which was referred to the Committee on _____

A BILL

To provide for the establishment of a program at the Centers for Disease Control and Prevention with respect to healthy aging and to authorize grants to health departments to carry out healthy aging programs, 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 “Protecting the Health
5 of America’s Older Adults Act”.

1 **SEC. 2. HEALTHY AGING PROGRAM.**

2 (a) IN GENERAL.—The Secretary, acting through the
3 Director of the Centers for Disease Control and Preven-
4 tion, shall establish a program for the purpose of pro-
5 moting the health and wellbeing of older adults to be
6 known as the Healthy Aging Program (referred to in this
7 section as the “Program”) by—

8 (1) improving the coordination of public health
9 interventions that promote the health and wellbeing
10 of older adults;

11 (2) disseminating and implementing evidence-
12 based best practices and programs with respect to
13 promoting the health and wellbeing of older adults;
14 and

15 (3) coordinating multisectoral efforts to pro-
16 mote the health and wellbeing of older adults across
17 governmental and nongovernmental health and re-
18 lated agencies.

19 (b) ACTIVITIES.—For the purpose described in sub-
20 section (a), the Secretary shall design and implement the
21 Program to carry out the following activities:

22 (1) Regularly conduct assessments of the
23 health-related needs of older adults and promote
24 policies addressing those needs through evidence-
25 based public health interventions to promote overall
26 health and wellbeing among older adults and reduce

1 health care and long-term care costs, and report to
2 the Secretary the results of those assessments.

3 (2) Identify health outcome disparities in older
4 adults, including differences by race, ethnicity, socio-
5 economic status, disability status, or geography.

6 (3) Identify gaps in existing public health pro-
7 grams and policies that focus on older adults.

8 (4) Promote public health partnerships with
9 aging and other sector stakeholders to ensure non-
10 duplication of efforts and increase efficiency by
11 working collaboratively across sectors.

12 (5) Work with multisectoral agencies to improve
13 emergency preparedness plans and activities for
14 older adults at increased risk during disasters, in-
15 cluding older adults with disabilities.

16 (6) Coordinate efforts to promote the health of
17 older adults with the Administration for Community
18 Living, other Federal departments and agencies, and
19 nonprofit organizations.

20 (7) Identify resources and evidence-based pro-
21 grams available to local and State health depart-
22 ments, including resources and programs that could
23 be coordinated across sectors, to address the health
24 and wellbeing of older adults.

1 (c) GRANTS TO HEALTH DEPARTMENTS AND NON-
2 PROFIT COMMUNITY-BASED ORGANIZATIONS.—The Sec-
3 retary, acting through the Director of the Centers for Dis-
4 ease Control and Prevention, shall award grants or cooper-
5 ative agreements to eligible health departments, and to
6 nonprofit community-based organizations, to carry out
7 any of the following activities:

8 (1) Improving availability of data on the older
9 adult population, including through data-sharing
10 with State units on aging.

11 (2) Linking the health care sector with the
12 community services sector (including aging services
13 and supports and disability services and supports) to
14 coordinate and promote community-based prevention
15 and management services.

16 (3) Ensuring that State and local emergency
17 preparedness plans and activities address the special
18 needs of older adults, particularly the most vulner-
19 able populations.

20 (4) Training State and local public health per-
21 sonnel to implement or adapt evidence-based and in-
22 novative health promotion and disease prevention
23 programs and policies.

24 (5) Improving community conditions and ad-
25 dressing social determinants to promote health and

1 wellbeing and foster independence among older
2 adults, such as efforts to advance age-friendly com-
3 munities and dementia-friendly communities.

4 (d) **TECHNICAL ASSISTANCE.**—The Secretary shall
5 (directly or through grants, cooperative agreements, or
6 contracts) provide technical assistance to eligible health
7 departments, and to nonprofit community-based organiza-
8 tions, in carrying out activities described in subsection (c).

9 (e) **EVALUATIONS.**—The Secretary shall (directly or
10 through grants, cooperative agreements, or contracts) pro-
11 vide for the evaluation of activities carried out under sub-
12 sections (a), (b), and (c) in order to determine the extent
13 to which such activities have been effective in carrying out
14 the purpose described in subsection (a), including the ef-
15 fects of such activities on addressing health disparities.

16 (f) **REPORTS TO CONGRESS.**—Beginning three years
17 after the date of enactment, and at least once every 3
18 years thereafter, the Secretary, acting through the Direc-
19 tor of the Centers for Disease Control and Prevention,
20 shall submit to Congress a report that contains the results
21 of the assessments conducted pursuant to subsection
22 (b)(1).

23 (g) **DEFINITION.**—In this section, the term “eligible
24 health department” means a health department of a State,
25 the District of Columbia, a territory of the United States,

1 a Tribe (as defined in section 4 of the Indian Self-Deter-
2 mination and Education Assistance Act (25 U.S.C.
3 5304)), or a local or municipal government.

4 (h) AUTHORIZATION OF APPROPRIATIONS.—There is
5 authorized to be appropriated \$50,000,000 for each of fis-
6 cal years 2023 through 2027 to carry out this section, in-
7 cluding for grants under subsection (c), to remain avail-
8 able until September 30, 2027.