H. R._____

To provide for the establishment of a National COVID–19 Resource Center for Older Adults, to authorize a Healthy Aging Program, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Ms. FRANKEL introduced the following bill; which was referred to the Committee on ______________________

A BILL

To provide for the establishment of a National COVID–19 Resource Center for Older Adults, to authorize a Healthy Aging Program, and for other purposes.

1 Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

2 SECTION 1. SHORT TITLE.

3 This Act may be cited as the “Protecting the Health of America’s Older Adults During COVID–19 and Beyond Act”.

(Original Signature of Member)
SEC. 2. NATIONAL COVID–19 RESOURCE CENTER FOR OLDER ADULTS.

(a) IN GENERAL.—The Secretary of Health and Human Services (in this Act referred to as the “Secretary”) shall establish within the Office of the Assistant Secretary for Health a National COVID–19 Resource Center for Older Adults (in this section referred to as the “Center”) to identify, curate, and disseminate, promising and proven practices and tools for the care of older adults in their homes, community-based care settings, hospitals, and nursing and acute care facilities.

(b) INVOLVEMENT BY FEDERAL DEPARTMENTS AND ALL LEVELS OF GOVERNMENT.—The Center shall—

(1) be advised by a team of senior officials from—

(A) agencies across the Department of Health and Human Services, including the Administration for Community Living (including the Administration on Aging), the Centers for Disease Control and Prevention, the Centers for Medicare & Medicaid Services, the Health Resources and Services Administration, the Indian Health Service, and the Office of Minority Health in the Office of the Secretary; and

(B) other Federal departments, including the Department of Housing and Urban Devel-
opment and the Department of Veterans Af-
fairs; and

(2) collaborate with State and local govern-
ments, Indian tribes and Tribal organizations, and
nonprofit organizations.

(c) ACTIVITIES.—The Center shall perform the fol-
lowing activities:

(1) Develop a set of best practices for older
adult health and wellbeing during and beyond the
period of the COVID–19 pandemic, including such
best practices with respect to the following focus
areas:

(A) Providing specialized services to over-
come the risks associated with social isolation,
such as additional resources for home-delivered
meals and other nutrition programs to provide
not only food but also face-to-face interactions.

(B) Streamlining and improving access to
screening, testing, and health care services and
resources, and prioritizing venues older adults
can reach.

(C) Expanding the use of telemedicine, in-
cluding the provision of technology to execute
televisits that safely and comprehensively ad-
dress older adults’ health care needs.
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(D) Supporting family caregivers, including those with additional responsibilities for homebound individuals.

(E) Reducing disparities among underserved populations.

(F) Developing cross-sector collaborative efforts.

(2) Create and disseminate tools, technical assistance, training, and funding to State, local, Tribal, and territorial governments to adopt best practices developed under subparagraphs (E) and (F) of paragraph (1).

(3) Establish mechanisms for providing training and technical assistance to State, local, Tribal, and territorial governments to ensure that complementary cross-sector activities are replicated at the State, local, Tribal, and territorial levels.

(4) Facilitate the development of learning networks of practitioners at the hospital, nursing facility, and community levels to disseminate the best practices developed under paragraph (1) and ensure implementation of such best practices to reduce morbidity and mortality of older adults affected by COVID–19.
(5) Identify and disseminate approaches that strengthen public health and health care system capacity to serve older Americans with regard to health issues during and beyond the COVID–19 pandemic.

SEC. 3. HEALTHY AGING PROGRAM.

(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish a Healthy Aging Program for the purpose of promoting the health and wellbeing of older adults by—

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

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

(3) coordinating multisectoral efforts to promote the health and wellbeing of older adults across governmental and nongovernmental health and related agencies.

(b) ACTIVITIES.—For the purpose described in subsection (a), the Secretary shall design the Healthy Aging Program to carry out the following activities:
(1) Regularly assess the health-related needs of older adults and promote policies addressing those needs through evidence-based public health interventions to promote overall health and wellbeing among older adults and reduce health care costs.

(2) Identify disparities in health among vulnerable populations of older adults.

(3) Identify gaps in existing public health programs and policies that focus on older adults.

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

(5) Work with multisectoral agencies to improve emergency preparedness plans and activities for vulnerable older adult populations.

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

(7) Identify resources and evidence-based programs available to local and State health departments, including resources and programs that could be coordinated across sectors, to address the health and wellbeing of older adults.
(c) GRANTS TO HEALTH DEPARTMENTS.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall award grants or cooperative agreements to eligible health departments to carry out any of the following activities:

   (1) Improving availability of data on the older adult population, including through data-sharing with elder affairs agencies.

   (2) Linking the health care sector with the community services sector (including aging services and supports) to coordinate and promote community-based prevention services.

   (3) Ensuring that State and local emergency preparedness plans and activities address the special needs of older adults, particularly the most vulnerable populations.

   (4) Training State and local public health personnel to implement or adapt evidence-based and innovative health promotion and disease prevention programs and policies.

   (5) Improving community conditions and addressing social determinants to promote health and wellbeing and foster independence among older adults, such as efforts to advance age-friendly communities and dementia-friendly communities.
(d) **TECHNICAL ASSISTANCE.**—The Secretary shall (directly or through grants, cooperative agreements, or contracts) provide technical assistance to eligible health departments in carrying out activities described in subsection (c).

(e) **EVALUATIONS.**—The Secretary shall (directly or through grants, cooperative agreements, or contracts) provide for the evaluation of activities carried out under subsections (a), (b), and (c) in order to determine the extent to which such activities have been effective in carrying out the purpose described in subsection (a), including the effects of such activities on addressing health disparities.

(f) **DEFINITION.**—In this section, the term “eligible health department” means a health department of a State, the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, a Tribe (as defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304)), or a large city (as defined by the Director of the Centers for Disease Control and Prevention for purposes of this section).

**SEC. 4. AUTHORIZATION OF APPROPRIATIONS.**

There is authorized to be appropriated—
(1) $10,000,000 for the period of fiscal years 2020 through 2024 to carry out section 3, to remain available until September 30, 2024; and

(2) $20,000,000 for each of fiscal years 2021 through 2025 to carry out section 4, including for grants under section 4(c), to remain available until September 30, 2025.