



(Original Signature of Member)

119TH CONGRESS
1ST SESSION

H. R. _____

To authorize United States participation in the Davos Alzheimer’s Collaborative.

IN THE HOUSE OF REPRESENTATIVES

Mr. BERA introduced the following bill; which was referred to the Committee on _____

A BILL

To authorize United States participation in the Davos Alzheimer’s Collaborative.

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 Alzheimer’s Ini-
5 tiative Now Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) Alzheimer’s disease and dementia currently
9 afflicts nearly 60 million people across the globe, a

1 number that is projected to jump to more than 150
2 million by 2050.

3 (2) There are now more global cases of Alz-
4 heimer's disease and dementia than cancer and HIV
5 combined, with 39 million diagnosed cases of HIV/
6 AIDS and 20 million cases of cancer in 2022.

7 (3) The pace of populations aging will challenge
8 countries' sovereign funds and health and social
9 safety systems.

10 (4) By 2050, the world's population of people
11 aged 60 years and older will double to 1.6 billion
12 and reach a proportion of 22 percent of the world's
13 population. While the number of persons aged 80 or
14 older is expected to triple by 2050.

15 (5) The old-age dependency ratio, expressing
16 the relative size of the older population compared
17 with the working-age population, is projected to
18 more than double by 2075 in the majority of the
19 world. Rising dependency ratios will result in in-
20 creasing pressures on old-age support systems, with
21 fewer people of working age for each older person.

22 (6) The prevalence of Alzheimer's disease and
23 dementia is growing most rapidly in low- and mid-
24 dle-income countries, which comprise more than 70

1 percent of the world's Alzheimer's disease and de-
2 mentia cases.

3 (7) Every year, Alzheimer's disease and demen-
4 tia costs the global economy more than \$1.3 trillion
5 and this is doubling every decade.

6 (8) By 2050, the number of Americans living
7 with Alzheimer's disease and dementia is expected to
8 reach 12.7 million, bringing the total cost to nearly
9 \$1 trillion each year, with minority populations in
10 the United States disproportionately impacted by
11 these trends.

12 (9) International Alzheimer's research across all
13 races and ethnicities directly benefits minority popu-
14 lations in the United States.

15 (10) Women are disproportionately affected by
16 Alzheimer's disease and dementia, both directly and
17 indirectly. Women experience higher disability-ad-
18 justed life years and mortality due to Alzheimer's
19 disease and dementia, but also provide 70 percent of
20 care hours for people living with Alzheimer's disease
21 and dementia.

22 (11) The Davos Alzheimer's Collaborative
23 (DAC) is a public-private-patient venture, launched
24 in 2021, that is transforming Alzheimer's disease
25 and dementia research, prevention, and care in low-

1 income, middle-income, and high-income settings
2 globally.

3 (12) DAC seeks to raise and deploy over \$700
4 million over 6 years to accelerate innovation in drug
5 development and transform the way healthcare sys-
6 tems prevent, diagnose, and treat Alzheimer's dis-
7 ease and dementia for all people in all places.

8 (13) In 2023, DAC supported 19 healthcare
9 systems in 12 countries, including the United States.

10 (14) The United States Government has tradi-
11 tionally been the largest funder of global health pro-
12 grams, with approximately \$12 billion in funding in
13 fiscal year 2024 for programs that cover the full
14 range of global health challenges.

15 (15) The United States Government has been a
16 lead funder of multilateral health initiatives, such as
17 Gavi, the Vaccine Alliance, the Global Fund to Fight
18 AIDS, TB and Malaria, the Coalition for Epidemic
19 Preparedness Innovations, and the International
20 AIDS Vaccine Initiative.

21 **SEC. 3. STATEMENT OF POLICY.**

22 It shall be the policy of the United States—

23 (1) to lead global cooperative efforts to combat
24 Alzheimer's disease and dementia, including in coun-
25 tries with low-income economies and countries with

1 middle-income economies (as such terms are defined
2 by the World Bank) that represent the majority of
3 future cases; and

4 (2) to lead multilateral health initiatives, in-
5 cluding the Davos Alzheimer’s Collaborative—

6 (A) to develop diagnostics and treatments
7 for diverse populations in the United States and
8 across the globe;

9 (B) to promote international development
10 cooperation; and

11 (C) to provide substantial leverage and
12 burden sharing for United States investments.

13 **SEC. 4. AUTHORIZATION FOR UNITED STATES PARTICIPA-**
14 **TION IN THE DAVOS ALZHEIMER’S COLLABO-**
15 **RATIVE.**

16 (a) IN GENERAL.—The United States is hereby au-
17 thorized to participate in, and contribute to, the Davos
18 Alzheimer’s Collaborative (DAC) in order to advance
19 international efforts to prevent, diagnose, and treat Al-
20zheimer’s disease and dementia.

21 (b) DESIGNEE.—

22 (1) IN GENERAL.—The President is authorized
23 to designate an employee of the relevant Federal de-
24 partment or agency providing the majority of United
25 States contributions to DAC to serve on the Advi-

1 sory Council of DAC and, if nominated, on the
2 Board of Directors of DAC, as a representative of
3 the United States.

4 (2) QUALIFICATIONS.—The individual to be
5 designated pursuant to paragraph (1) should dem-
6 onstrate knowledge and experience in the fields of
7 development and public health.

8 (3) COOPERATION.—In carrying out this sec-
9 tion, the individual designated pursuant to para-
10 graph (1) shall coordinate with the USAID Adminis-
11 trator, the Secretary of State, and the Secretary of
12 Health and Human Services to promote alignment,
13 as appropriate, between DAC and United States
14 global health and Alzheimer’s disease and dementia
15 research and development programs.

16 (c) UNITED STATES CONTRIBUTIONS.—

17 (1) IN GENERAL.—Amounts authorized to be
18 appropriated and made available to carry out chap-
19 ters 1 and 10 of part I and chapter 4 of part II of
20 the Foreign Assistance Act of 1961 (22 U.S.C. 2151
21 et seq.) are authorized to be made available for
22 United States contributions to DAC.

23 (2) MATCHING REQUIREMENT.—Amounts made
24 available under paragraph (1) may be obligated and
25 expended only to the extent that DAC secures fund-

1 ing from sources other than the United States. At
2 any time during fiscal years 2026 through 2030, no
3 United States contribution to DAC may cause the
4 total amount of United States Government contribu-
5 tions to DAC to exceed 33 percent of the total
6 amount of funds contributed to the DAC from all
7 sources.

8 (d) REPORT.—Not later than 180 days after the date
9 of the enactment of this Act, and on an annual basis there-
10 after, the President shall submit to the appropriate con-
11 gressional committees a report that includes the following:

12 (1) A description of any planned financial con-
13 tributions from the United States Government to
14 DAC.

15 (2) The manner and extent to which the United
16 States will participate in the governance of DAC.

17 (3) A summary of private and governmental
18 contributions to DAC.

19 (4) A description of how participation in DAC
20 supports relevant United States Government strate-
21 gies and programs to combat Alzheimer’s disease
22 and dementia and to promote global health.

23 (e) DEFINITION.—In subsection (d), the term “ap-
24 propriate congressional committees” means—

1 (1) the Committee on Foreign Affairs and Com-
2 mittee on Appropriations of the House of Represent-
3 atives; and

4 (2) the Committee on Foreign Relations and
5 the Committee on Appropriations of the Senate.