

112TH CONGRESS } HOUSE OF REPRESENTATIVES { REPORT
 2d Session } 112-651

**MISSING ALZHEIMER'S DISEASE PATIENT ALERT
PROGRAM REAUTHORIZATION ACT OF 2012**

SEPTEMBER 10, 2012.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. SMITH of Texas, from the Committee on the Judiciary,
submitted the following

REPORT

[To accompany H.R. 2800]

[Including cost estimate of the Congressional Budget Office]

The Committee on the Judiciary, to whom was referred the bill (H.R. 2800) to amend the Violent Crime Control and Law Enforcement Act of 1994 to reauthorize the Missing Alzheimer's Disease Patient Alert Program, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

CONTENTS

	Page
The Amendment	1
Purpose and Summary	2
Background and Need for the Legislation	2
Hearings	3
Committee Consideration	3
Committee Votes	3
Committee Oversight Findings	3
New Budget Authority and Tax Expenditures	3
Congressional Budget Office Cost Estimate	3
Performance Goals and Objectives	5
Advisory on Earmarks	5
Section-by-Section Analysis	5
Changes in Existing Law Made by the Bill, as Reported	5

The Amendment

The amendment is as follows:
Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Missing Alzheimer’s Disease Patient Alert Program Reauthorization Act of 2012”.

SEC. 2. REAUTHORIZATION OF THE MISSING ALZHEIMER’S DISEASE PATIENT ALERT PROGRAM.

Section 240001 of the Violent Crime Control and Law Enforcement Act of 1994 (42 U.S.C. 14181) is amended—

(1) by amending subsection (a) to read as follows:

“(a) GRANT.—Subject to the availability of appropriations to carry out this section, the Attorney General, through the Bureau of Justice Assistance, shall award competitive grants to nonprofit organizations to assist such organizations in paying for the costs of planning, designing, establishing, and operating locally based, proactive programs to protect and locate missing patients with Alzheimer’s disease and related dementias.”;

(2) in subsection (b), by inserting “competitive” after “to receive a”;

(3) by amending subsection (c) to read as follows:

“(c) PREFERENCE.—In awarding grants under subsection (a), the Attorney General shall give preference to national nonprofit organizations that have experience working with patients, and families of patients, with Alzheimer’s disease and related dementias.”; and

(4) by amending subsection (d) to read as follows:

“(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section \$1,000,000 for each of the fiscal years 2013 through 2017.”.

Purpose and Summary

H.R. 2800 reauthorizes the Department of Justice’s Missing Alzheimer’s Disease Patient Alert program at \$1 million a year for fiscal years 2013–2017.

Background and Need for the Legislation

Alzheimer’s disease is serious condition that affects approximately five million people in this country, or one in eight older Americans. A new person develops Alzheimer’s every 69 seconds.

As many as 50 percent of people who suffer from Alzheimer’s disease or other forms of dementia will become lost from their family or caretakers at some point. To address the problem of missing Alzheimer’s patients, the Violent Crime Control and Law Enforcement Act of 1994 (P.L. 103–322) authorized the Missing Alzheimer’s Disease Patient Alert program. This program, administered by the Department of Justice, provides grants to organizations to protect and locate missing patients with Alzheimer’s disease and related dementia. Funding for the program was authorized at \$900,000 for fiscal years 1997 and 1998. Congress has appropriated funding for the program from fiscal year 1996 through fiscal year 2012, even though the program has been unauthorized since 1998. Most recently, the Missing Alzheimer’s program received \$1 million in appropriations for fiscal year 2012.

The Justice Department has issued grants to several entities through the Missing Alzheimer’s program, including the Alzheimer’s Association, which administers the Safe Return Program. The Safe Return Program is a nationwide emergency response service for individuals with Alzheimer’s or a related dementia who wander or have a medical emergency. Enrollees receive a bracelet indicating that the individual is memory impaired and include a toll-free, 24-hour emergency response number to call if the person is found wandering or has a medical emergency.

Hearings

The Committee on the Judiciary held no hearings on H.R. 2800.

Committee Consideration

On August 1, 2012, the Committee met in open session and ordered the bill H.R. 2800 favorably reported with an amendment, by voice vote, a quorum being present.

Committee Votes

In compliance with clause 3(b) of rule XIII of the Rules of the House of Representatives, the Committee advises that there were no recorded votes during the Committee's consideration of H.R. 2800.

Committee Oversight Findings

In compliance with clause 3(c)(1) of rule XIII of the Rules of the House of Representatives, the Committee advises that the findings and recommendations of the Committee, based on oversight activities under clause 2(b)(1) of rule X of the Rules of the House of Representatives, are incorporated in the descriptive portions of this report.

New Budget Authority and Tax Expenditures

Clause 3(c)(2) of rule XIII of the Rules of the House of Representatives is inapplicable because this legislation does not provide new budgetary authority or increased tax expenditures.

Congressional Budget Office Cost Estimate

In compliance with clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the Committee sets forth, with respect to the bill, H.R. 2800, the following estimate and comparison prepared by the Director of the Congressional Budget Office under section 402 of the Congressional Budget Act of 1974:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, August 23, 2012.

Hon. LAMAR SMITH, CHAIRMAN,
Committee on the Judiciary,
House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 2800, the "Missing Alzheimer's Disease Patient Alert Program Reauthorization Act of 2012."

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Mark Grabowicz, who can be reached at 226-2860.

Sincerely,

DOUGLAS W. ELMENDORF,
DIRECTOR.

Enclosure

cc: Honorable John Conyers, Jr.
Ranking Member

H.R. 2800—Missing Alzheimer’s Disease Patient Alert Program Reauthorization Act of 2012.

As ordered reported by the House Committee on the Judiciary
on August 1, 2012.

SUMMARY

H.R. 2800 would authorize the appropriation of \$1 million annually over the 2013–2017 period for Department of Justice (DOJ) programs to locate missing persons with Alzheimer’s disease or similar conditions. Under the legislation, DOJ would provide grants to nonprofit organizations to run those programs. Assuming appropriation of the authorized amounts, CBO estimates that implementing H.R. 2800 would cost about \$4 million over the 2013–2017 period. Pay-as-you-go procedures do not apply to this legislation because it would not affect direct spending or revenues.

H.R. 2800 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA) and would not affect the budgets of state, local, or tribal governments.

ESTIMATED COST TO THE FEDERAL GOVERNMENT

The estimated budgetary impact of H.R. 2800 is shown in the following table. CBO assumes that the authorized amounts will be appropriated near the start of each fiscal year and that outlays will follow the historical rate of spending for these activities. The costs of this legislation fall within budget function 750 (administration of justice).

By Fiscal Year, in Millions of Dollars

	2013	2014	2015	2016	2017	2013–2017
CHANGES IN SPENDING SUBJECT TO APPROPRIATION						
Authorization Level	1	1	1	1	1	5
Estimated Outlays	0	1	1	1	1	4

PAY-AS-YOU-GO CONSIDERATIONS:

None.

INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT

H.R. 2800 contains no intergovernmental or private-sector mandates as defined in UMRA and would not affect the budgets of state, local, or tribal governments.

ESTIMATE PREPARED BY:

Federal Costs: Mark Grabowicz
Impact on State, Local, and Tribal Governments: Melissa Merrell

Impact on the Private Sector: Marin Randall

ESTIMATE APPROVED BY:

Peter H. Fontaine
Assistant Director for Budget Analysis

Performance Goals and Objectives

The Committee states that pursuant to clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, H.R. 2800 reauthorizes the Department of Justice's Missing Alzheimer's Disease Patient Alert program at \$1 million a year for fiscal years 2013–2017.

Advisory on Earmarks

In accordance with clause 9 of rule XXI of the Rules of the House of Representatives, H.R. 2800 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9(e), 9(f), or 9(g) of Rule XXI.

Section-by-Section Analysis

The following discussion describes the bill as reported by the Committee.

Sec. 1. Short title. Section 1 sets forth the short title of the bill as the Missing Alzheimer's Disease Patient Alert Program Reauthorization of 2012.

Sec. 2. Reauthorization of the Missing Alzheimer's Disease Patient Alert Program. Section 2 reauthorizes the Missing Alzheimer's Disease Patient Alert Program at \$1 million a year for fiscal years 2013–2017. The section also clarifies that this is a competitive grant program, and provides that the program should be administered by the Department of Justice's Bureau of Justice Assistance.

Changes in Existing Law Made by the Bill, as Reported

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

VIOLENT CRIME CONTROL AND LAW ENFORCEMENT ACT OF 1994

* * * * *

TITLE XXIV—PROTECTIONS FOR THE ELDERLY

SEC. 240001. MISSING ALZHEIMER'S DISEASE PATIENT ALERT PROGRAM.

[(a) GRANT.—The Attorney General shall, subject to the availability of appropriations, award a grant to an eligible organization to assist the organization in paying for the costs of planning, designing, establishing, and operating a Missing Alzheimer's Disease Patient Alert Program, which shall be a locally based, proactive

program to protect and locate missing patients with Alzheimer's disease and related dementias.]

(a) GRANT.—*Subject to the availability of appropriations to carry out this section, the Attorney General, through the Bureau of Justice Assistance, shall award competitive grants to nonprofit organizations to assist such organizations in paying for the costs of planning, designing, establishing, and operating locally based, proactive programs to protect and locate missing patients with Alzheimer's disease and related dementias.*

(b) APPLICATION.—To be eligible to receive a *competitive grant* under subsection (a), an organization shall submit an application to the Attorney General at such time, in such manner, and containing such information as the Attorney General may require, including, at a minimum, an assurance that the organization will obtain and use assistance from private nonprofit organizations to support the program.

[(c) ELIGIBLE ORGANIZATION.—The Attorney General shall award the grant described in subsection (a) to a national voluntary organization that has a direct link to patients, and families of patients, with Alzheimer's disease and related dementias.

[(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section—

- [(1) \$900,000 for fiscal year 1996;
- [(2) \$900,000 for fiscal year 1997; and
- [(3) \$900,000 for fiscal year 1998.]

(c) PREFERENCE.—*In awarding grants under subsection (a), the Attorney General shall give preference to national nonprofit organizations that have experience working with patients, and families of patients, with Alzheimer's disease and related dementias.*

(d) AUTHORIZATION OF APPROPRIATIONS.—*There are authorized to be appropriated to carry out this section \$1,000,000 for each of the fiscal years 2013 through 2017.*

* * * * *

