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Adult Day Center Enhancement Act (HR 325, 115th Congress)

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Last Action

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Jan 5 2017

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Originating Entity

House of Representatives [10]

The Policy

What it does

Establishes a framework for providing grants to adult day centers catering to non-senior adults with neurological conditions.

Synopsis

HR 325 [11] proposes a framework for expanding and enhancing Adult Day Care (ADC) programs for younger adults suffering from multiple sclerosis (MS), Parkinson's disease, traumatic brain injury (TBI), or other neurological conditions. The bill states that ADC programs, which are comprehensive programs that provide medical care, therapies, social interaction, transportation, and other services to people living with neurological diseases, play an important role for adults who need assistance in conducting their daily lives. There exist few of these younger-adult-oriented ADC programs in the United States; most ADC programs are geared towards senior citizens.

This bill tasks the US Department of Health and Human Services's **Administration for Community Living (ACL)** [12] to establish a grant program that will support the growth of young adult day care programs. Specifically, the bill calls upon the ACL to perform the following:

- Within 90 days of the bill's enactment, initiate a survey of existing ADC programs across the country that support young adults with neurological conditions to identify:
 - The success of current programs;
 - How the successful programs were established and funded;
 - A set of best practices, including program guidelines, recommendations on the scope of services provided, and performance goals and indicators; and
 - The current financial support provided by the ACL for adult day programs;
- Within 180 days of commencing the survey, publish a report of the existing ADC programs;
- Within 90 days after publishing the existing ADC programs report, establish and implement an annual grant for eligible entities to run programs serving younger adults with neurological conditions;
- Within 90 days of establishing the grant program, award the first grants, aiming for a diverse geographic representation among recipients; and
- Within one year after initially awarding grants, produce annual reports evaluating the status of the grant program and the programs it funds.

The grant's budget and the number of recipient entities are set to increase annually over five years. In 2017, up to \$1 million may be distributed among a minimum of five entities; by 2021, the program may distribute up to \$10 million among a minimum of fifteen entities.

In order to qualify for the grant, an entity must meet the following requirements:

- Show an understanding of the needs of younger adults with neurological conditions and of the issues experienced by their family caregivers; and
- Demonstrate the capacity to provide the best practices as outlined in the existing ADC programs report.

As an additional consideration, the value of any grants awarded cannot be more than 40% of the applicant entity's total operating costs per fiscal year.

Policy History

The Adult Day Center Enhancement Act was first introduced in 2015 as **HR 263** [13] by the same sponsor, **Representative Barbara Lee** [14] (D-CA-13).

The Science

Science Synopsis

Neurological Conditions: Causes and Prevalence

Although the language of the bill includes a potentially wide range of neurological conditions and diseases, it makes specific mention of MS, Parkinson's disease, and TBI.

MS [15] is a chronic disease of the nervous system that affects communications between the brain the rest of the body. The cause(s) of MS are still unknown, but **12,000 new cases** [16] are diagnosed in the United States every year, typically in adults between the ages of 20 and 40.

Parkinson's disease [17] is a nervous system disease characterized by the **inability to control the body's movements** [18]. Over **60,000 diagnoses** [19] are made in the United States per year. Parkinson's usually begins around age 60, but **5-10%** [19] of diagnoses occur before this age.

TBI [20] refers to any of a number of brain injuries that results from a violent injury to the head, such as a blow, jolt, or penetration of the skull. The mildest form of TBI is a concussion; severe cases can have long-term effects on physical and mental functioning. In 2010, **2.5 million hospital visits** [21] were a result of a TBI. Military service members, particularly those in combat situations, are at increased risk of TBI: **between 10,000 and 30,000 diagnoses each year** [22] can be attributed to military personnel alone.

These conditions vary in symptoms and severity but are generally chronic, irreversible, and **require similar types of care**. [23] They are also more common in younger adults than other types of neurological conditions like Alzheimer's or dementia that typically affect older adults. Standards of care for these conditions are well-established. The National Multiple Sclerosis Society, for example, has published a **report** [24] outlining best practices for the care of MS. Similar documents exist for **Parkinson's Disease** [25] and **TBI** [26].

The Role of Adult Day Care

The benefits of ADC among older adults are well-documented. ADC is a relatively low-cost service compared to hospital, nursing home, and emergency care. Coupled with the fact that adults participating in ADC programs are also **less likely** [27] to use hospital and emergency medical services, these programs deliver economic benefits. They have also been shown to reduce psychological distress and depression and **improve patients' well-being** [28], especially in ADC programs that focus on **social engagement** [29] with others. Research on ADC benefits to caregiver well-being have shown mixed results, but most studies show some form of improvement. Benefits may include **reduced depression** [30] and **stress** [31], **lower perceived burden** [32], and **better sleep** [33].

Despite these successes, there are several challenges associated with ADC programs. Dropout rates are

high within the first few months of care. There are also **racial and socioeconomic disparities** [34] in usage rates, due to discrepancies in access to these resources. Furthermore, almost all scholarly research on ADC programs focuses on elderly adults. Little research exists on ADC for younger adults with neurological conditions.

The Debate

Endorsements & Opposition

At present, there have not been any publicly reported endorsements of or opposition to this bill.

Status

HR 325 was introduced in the House on January 5, 2017, and referred to the **House Committee on Energy and Commerce** [35]. On January 25, 2017, the bill was referred to the **Subcommittee on Health** [36].

Recommended Citation

Duke SciPol, “Adult Day Center Enhancement Act (HR 325, 115th Congress)” available at <http://scipol.duke.edu/content/adult-day-center-enhancement-act-hr-325-115th-congress> [37].

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