

vided that the Panel and all programs established under this subchapter shall terminate on Sept. 30, 1996. See section 11225 of this title.

Section 11221, Pub. L. 99-660, title IX, §921, Nov. 14, 1986, 100 Stat. 3806; Pub. L. 102-507, §6(a), Oct. 24, 1992, 106 Stat. 3283; Pub. L. 103-171, §3(b)(3), Dec. 2, 1993, 107 Stat. 1991; Pub. L. 106-129, §2(b)(2), Dec. 6, 1999, 113 Stat. 1670, established the Advisory Panel on Alzheimer's Disease within the Department of Health and Human Services.

Section 11222, Pub. L. 99-660, title IX, §922, Nov. 14, 1986, 100 Stat. 3807, related to the functions of Panel.

Section 11223, Pub. L. 99-660, title IX, §923, Nov. 14, 1986, 100 Stat. 3807; Pub. L. 102-507, §6(b), Oct. 24, 1992, 106 Stat. 3283, authorized appropriations to carry out this subchapter.

#### SUBCHAPTER III-A—NATIONAL ALZHEIMER'S PROJECT

### § 11225. The National Alzheimer's Project

#### (a) Definition of Alzheimer's

In this Act, the term "Alzheimer's" means Alzheimer's disease and related dementias.

#### (b) Establishment

There is established in the Office of the Secretary of Health and Human Services the National Alzheimer's Project (referred to in this Act as the "Project").

#### (c) Purpose of the Project

The Secretary of Health and Human Services, or the Secretary's designee, shall—

- (1) be responsible for the creation and maintenance of an integrated national plan to overcome Alzheimer's;
- (2) provide information on, and coordination of, Alzheimer's research and services across all Federal agencies;
- (3) accelerate the development of treatments that would prevent, halt, or reverse the course of Alzheimer's;
- (4) improve the—
  - (A) promotion of healthy aging and reduction and mitigation of risk factors for Alzheimer's;
  - (B) early diagnosis of Alzheimer's disease; and
  - (C) coordination of the care and treatment of citizens with Alzheimer's;
- (5) ensure the inclusion of ethnic and racial populations and other underserved populations, including individuals with developmental disabilities such as Down syndrome, at higher risk for Alzheimer's or least likely to receive care, in clinical, research, and service efforts with the purpose of decreasing health disparities in Alzheimer's;
- (6) provide information on, and promote the adoption of, healthy behaviors that may reduce the risk of cognitive decline and promote and protect cognitive health; and
- (7) coordinate with international bodies to integrate and inform the fight against Alzheimer's globally.

#### (d) Duties of the Secretary

##### (1) In general

The Secretary of Health and Human Services, or the Secretary's designee, shall—

- (A) oversee the creation and updating of the national plan described in paragraph (2); and

(B) use discretionary authority to evaluate all Federal programs around Alzheimer's, including budget requests and approvals.

#### (2) National plan

The Secretary of Health and Human Services, or the Secretary's designee, shall carry out an annual assessment of the Nation's progress, across public and private sectors, in preparing for the escalating burden of Alzheimer's, including both implementation steps and recommendations for priority actions based on the assessment, including consideration of public-private collaborations, as appropriate.

#### (e) Advisory Council

##### (1) In general

There is established an Advisory Council on Alzheimer's Research, Care, and Services (referred to in this Act as the "Advisory Council").

##### (2) Membership

###### (A) Federal members

The Advisory Council shall be comprised of the following experts:

- (i) A designee of the Centers for Disease Control and Prevention.
- (ii) A designee of the Administration on Aging.
- (iii) A designee of the Centers for Medicare & Medicaid Services.
- (iv) A designee of the Indian Health Service.
- (v) A designee of the Office of the Director of the National Institutes of Health.
- (vi) The Surgeon General.
- (vii) A designee of the National Science Foundation.
- (viii) A designee of the Department of Veterans Affairs.
- (ix) A designee of the Food and Drug Administration.
- (x) A designee of the Agency for Healthcare Research and Quality.
- (xi) A designee of the Department of Justice.
- (xii) A designee of the Federal Emergency Management Agency.
- (xiii) A designee of the Social Security Administration.
- (xiv) 2 or more other designees, as determined by the Secretary of Health and Human Services, at least one of whom has expertise in risk factors associated with the development or the progression of Alzheimer's.

###### (B) Non-Federal members

In addition to the members outlined in subparagraph (A), the Advisory Council shall include 15 expert members from outside the Federal Government, which shall include—

- (i) 2 Alzheimer's patient advocates;
- (ii) 2 Alzheimer's caregivers;
- (iii) 2 health care providers;
- (iv) 2 representatives of State health departments;
- (v) 3 researchers with Alzheimer's-related expertise in basic, translational, clinical, or drug development science, in-

cluding at least one researcher with demonstrated experience in recruitment and retention of underrepresented groups into research or clinical trials related to dementia;

(vi) 2 voluntary health association representatives, including a national Alzheimer's disease organization that has demonstrated experience in research, care, and patient services, and a State-based advocacy organization that provides services to families and professionals, including information and referral, support groups, care consultation, education, and safety services;

(vii) 1 individual with a diagnosis of Alzheimer's disease; and

(viii) 1 representative from a historically underserved population whose lifetime risk for developing Alzheimer's is markedly higher than that of other populations.

### (3) Meetings

The Advisory Council shall meet quarterly and such meetings shall be open to the public.

### (4) Advice

The Advisory Council shall advise the Secretary of Health and Human Services, or the Secretary's designee.

### (5) Annual report

The Advisory Council shall provide to the Secretary of Health and Human Services, or the Secretary's designee and Congress—

(A) annual evaluations of all federally funded efforts in Alzheimer's research, risk reduction, public health, clinical care, and institutional-, home-, and community-based programs and their outcomes;

(B) recommendations for priority actions to expand, eliminate, coordinate, or condense programs based on the program's performance, mission, and purpose;

(C) recommendations to—

(i) reduce the financial impact of Alzheimer's on—

(I) Medicare and other federally funded programs; and

(II) families living with Alzheimer's disease; and

(ii) improve health outcomes and reduce disparities; and

(D) annual evaluations of the implementation, including outcomes, of the recommendations, including priorities if necessary, through an updated national plan under subsection (d)(2).

### (6) Termination

The Advisory Council shall terminate on December 31, 2035.

### (f) Data sharing

Agencies both within the Department of Health and Human Services and outside of the Department that have data relating to Alzheimer's shall share such data with the Secretary of Health and Human Services, or the Secretary's designee, to enable the Secretary, or the Secretary's designee, to complete the report described in subsection (g).

### (g) Annual report

The Secretary of Health and Human Services, or the Secretary's designee, shall submit to Congress—

(1) an annual report that includes—

(A) an evaluation;<sup>1</sup> of all federally funded efforts in Alzheimer's research, clinical care, and institutional-, home-, and community-based programs and their outcomes; and

(B) a summary of the Secretary's process for identifying and updating what conditions constitute Alzheimer's disease;

(2) an evaluation of all federally funded programs based on program performance, mission, and purpose related to Alzheimer's disease;

(3) recommendations for—

(A) priority actions based on the evaluation conducted by the Secretary and the Advisory Council to—

(i) reduce the financial impact of Alzheimer's on—

(I) Medicare and other federally funded programs; and

(II) families living with Alzheimer's disease; and

(ii) improve health outcomes and reduce disparities;

(B) implementation steps; and

(C) priority actions to improve the prevention, diagnosis, treatment, care, institutional-, home-, and community-based programs of Alzheimer's disease for individuals with Alzheimer's disease and their caregivers; and

(4) an annually updated national plan.

### (h) Professional judgment budget

For fiscal year 2024 and each subsequent fiscal year, the Director of the National Institutes of Health shall prepare and submit, directly to the President for review and transmittal to Congress, after reasonable opportunity for comment, but without change, by the Secretary of Health and Human Services and the Advisory Council, an annual budget estimate for the initiatives of the National Institutes of Health pursuant to the reports and recommendations made under this Act, including an estimate of the number and type of personnel needs for the National Institutes of Health.

### (i) Sunset

The Project shall expire on December 31, 2035. (Pub. L. 111-375, §2, Jan. 4, 2011, 124 Stat. 4100; Pub. L. 118-92, §2, Oct. 1, 2024, 138 Stat. 1562; Pub. L. 118-93, §2, Oct. 1, 2024, 138 Stat. 1565.)

### Editorial Notes

#### REFERENCES IN TEXT

This Act, referred to in subsecs. (a), (b), (e)(1), and (h), is Pub. L. 111-375, Jan. 4, 2011, 124 Stat. 4100, known as the National Alzheimer's Project Act, which enacted this subchapter and provisions set out as a note under section 11201 of this title. For complete classification of this Act to the Code, see Short Title of 2010 Amendment note set out under section 11201 of this title and Tables.

<sup>1</sup> So in original. The semicolon probably should not appear.

## CODIFICATION

Section was enacted as part of the National Alzheimer's Project Act, and not as part of the Alzheimer's Disease and Related Dementias Research Act of 1992 which comprises this chapter.

## AMENDMENTS

2024—Subsec. (c)(2). Pub. L. 118–92, §2(1)(A), substituted “on, and coordination of,” for “and coordination of”.

Subsec. (c)(4). Pub. L. 118–92, §2(1)(B), added subpar. (A) and redesignated former subpars. (A) and (B) as (B) and (C), respectively.

Subsec. (c)(5). Pub. L. 118–92, §2(1)(C), inserted “and other underserved populations, including individuals with developmental disabilities such as Down syndrome,” after “populations” and substituted semicolon at end for “; and”.

Subsec. (c)(6), (7). Pub. L. 118–92, §2(1)(D), (E), added par. (6) and redesignated former par. (6) as (7).

Subsec. (d)(2). Pub. L. 118–92, §2(2), inserted “, across public and private sectors,” after “Nation's progress” and “, including consideration of public-private collaborations, as appropriate” before period at end.

Subsec. (e)(2)(A)(xi) to (xiv). Pub. L. 118–92, §2(3)(A)(i), added cls. (xi) to (xiv).

Subsec. (e)(2)(B). Pub. L. 118–92, §2(3)(A)(ii)(I), substituted “15” for “12” in introductory provisions.

Subsec. (e)(2)(B)(v). Pub. L. 118–92, §2(3)(A)(ii)(II), substituted “3 researchers” for “2 researchers” and “, including at least one researcher with demonstrated experience in recruitment and retention of underrepresented groups into research or clinical trials related to dementia;” for “; and”.

Subsec. (e)(2)(B)(vii), (viii). Pub. L. 118–92, §2(3)(A)(ii)(III), (IV), added cls. (vii) and (viii).

Subsec. (e)(5)(A). Pub. L. 118–92, §2(3)(B)(i), substituted “annual evaluations” for “an initial evaluation” and “research, risk reduction, public health, clinical” for “research, clinical”.

Subsec. (e)(5)(B). Pub. L. 118–92, §2(3)(B)(ii), struck out “initial” before “recommendations”.

Subsec. (e)(5)(C). Pub. L. 118–92, §2(3)(B)(iii)(I), struck out “initial” before “recommendations” in introductory provisions.

Subsec. (e)(5)(C)(ii). Pub. L. 118–92, §2(3)(B)(iii)(II), inserted “and reduce disparities” before semicolon.

Subsec. (e)(5)(D). Pub. L. 118–92, §2(3)(B)(iv), substituted “annual evaluations” for “annually thereafter, an evaluation”.

Subsec. (e)(6). Pub. L. 118–92, §2(3)(C), substituted “2035” for “2025”.

Subsec. (g)(1). Pub. L. 118–92, §2(4)(A), substituted “that includes—” for “that includes”, designated remainder of existing provisions as subpar. (A), inserted semicolon after “an evaluation” and “and” after “their outcomes;”, and added subpar. (B).

Subsec. (g)(3)(A)(ii). Pub. L. 118–92, §2(4)(B), inserted “and reduce disparities” before semicolon at end.

Subsec. (h). Pub. L. 118–93, §2(2), added subsec. (h). Former subsec. (h) redesignated (i).

Pub. L. 118–92, §2(5), substituted “2035” for “2025”.

Subsec. (i). Pub. L. 118–93, §2(1), redesignated subsec. (h) as (i).

**Statutory Notes and Related Subsidiaries**

## ANNUAL BUDGET ESTIMATE

Pub. L. 113–235, div. G, title II, §230, Dec. 16, 2014, 128 Stat. 2492, provided that: “Hereafter, for each fiscal year through fiscal year 2025, the Director of the National Institutes of Health shall prepare and submit directly to the President for review and transmittal to Congress, after reasonable opportunity for comment, but without change, by the Secretary of Health and Human Services and the Advisory Council on Alzheimer's Research, Care, and Services, an annual budget estimate (including an estimate of the number and type of personnel needs for the Institutes) for the ini-

tiatives of the National Institutes of Health pursuant to the National Alzheimer's Plan, as required under section 2(d)(2) of Public Law 111–375 [42 U.S.C. 11225(d)(2)].”

**SUBCHAPTER IV—RESEARCH RELATING TO SERVICES FOR INDIVIDUALS WITH ALZHEIMER'S DISEASE AND RELATED DEMENTIAS AND THEIR FAMILIES****Editorial Notes**

## CODIFICATION

Pub. L. 100–607, title I, §142(c)(1)(B), (D), (2)(C), Nov. 4, 1988, 102 Stat. 3057, redesignated former subchapter V as IV and struck out heading for subchapter IV “AWARDS FOR LEADERSHIP AND EXCELLENCE IN ALZHEIMER'S DISEASE AND RELATED DEMENTIAS”, consisting of sections 11231 and 11232, and struck out heading for part 1 “RESPONSIBILITIES OF NATIONAL INSTITUTE ON AGING”, consisting of sections 11241 to 11243.

**§ 11231. Transferred****Editorial Notes**

## CODIFICATION

Section, Pub. L. 99–660, title IX, §931, Nov. 14, 1986, 100 Stat. 3807, which provided for awards for biomedical research on Alzheimer's disease and related dementias, was redesignated section 445B of the Public Health Service Act by Pub. L. 100–607, title I, §142(a), Nov. 4, 1988, 102 Stat. 3057, and is classified to section 285e–4 of this title.

**§ 11232. Repealed. Pub. L. 100–607, title I, § 142(c)(1)(A), Nov. 4, 1988, 102 Stat. 3057**

Section, Pub. L. 99–660, title IX, §932, Nov. 14, 1986, 100 Stat. 3808, authorized appropriations for fiscal years 1988 through 1991 to carry out program of awards for research on Alzheimer's disease and related dementias.

**§§ 11241, 11242. Transferred****Editorial Notes**

## CODIFICATION

Section 11241, Pub. L. 99–660, title IX, §941, Nov. 14, 1986, 100 Stat. 3808, which provided for Director of National Institute on Aging to conduct, or make grants for conduct of, research on services for individuals with Alzheimer's disease and related dementias and their families, was redesignated section 445C of the Public Health Service Act by Pub. L. 100–607, title I, §142(a), Nov. 4, 1988, 102 Stat. 3057, and is classified to section 285e–5 of this title.

Section 11242, Pub. L. 99–660, title IX, §942, Nov. 14, 1986, 100 Stat. 3809, which provided for Director to disseminate results of such research to professional entities and the public, was redesignated section 445D of the Public Health Service Act by Pub. L. 100–607, title I, §142(a), Nov. 4, 1988, 102 Stat. 3057, and is classified to section 285e–6 of this title.

**§ 11243. Repealed. Pub. L. 100–607, title I, § 142(c)(2)(A), Nov. 4, 1988, 102 Stat. 3057**

Section, Pub. L. 99–660, title IX, §943, Nov. 14, 1986, 100 Stat. 3809, authorized appropriations for fiscal years 1988 through 1991 to carry out programs of National Institute on Aging in research on services for individuals with Alzheimer's disease and related dementias and their families.