

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.

PART 1—RESPONSIBILITIES OF NATIONAL
INSTITUTE OF MENTAL HEALTH

Editorial Notes

CODIFICATION

Pub. L. 100-607, title I, §142(c)(2)(C), (D), Nov. 4, 1988, 102 Stat. 3057, redesignated part 2 as 1 and struck out former part 1 heading "RESPONSIBILITIES OF NATIONAL INSTITUTE ON AGING".

§ 11251. Research program and plan

(a) Grants for research

The Director of the National Institute of Mental Health shall conduct, or make grants for the conduct of, research relevant to appropriate services and specialized care for individuals with Alzheimer's disease and related dementias and their families.

(b) Preparation of plan; contents; revision

The Director of the National Institute of Mental Health shall—

(1) ensure that the research conducted under subsection (a) includes research concerning—

(A) mental health services and treatment modalities relevant to the mental, behavioral, and psychological problems associated with Alzheimer's disease and related dementias;

(B) the most effective methods for providing comprehensive multidimensional assessments to obtain information about the current functioning of, and needs for the care of, individuals with Alzheimer's disease and related dementias;

(C) the optimal range, types, and cost-effectiveness of services and specialized care for individuals with Alzheimer's disease and related dementias and for their families, in community and residential settings (including home care, day care, and respite care), and in institutional settings, particularly with respect to—

- (i) the design of the services and care;
- (ii) appropriate staffing for the provision of the services and care;
- (iii) the timing of the services and care during the progression of the disease or dementias; and
- (iv) the appropriate mix and coordination of the services and specialized care;

(D) the efficacy of various special care units in the United States for individuals with Alzheimer's disease, including an assessment of the costs incurred in operating such units, the evaluation of best practices for the development of appropriate standards to be used by such units, and the measurement of patient outcomes in such units;

(E) methods to combine formal support services provided by health care professionals for individuals with Alzheimer's disease and related dementias with informal support services provided for such individuals by their families, friends, and neighbors, including services such as day care services, respite care services, home care services, nursing home services, and other residential services and care, and an evaluation of the services actually used for such

individuals and the sources of payment for such services;

(F) methods to sustain family members who provide care for individuals with Alzheimer's disease and related dementias through interventions to reduce psychological and social problems and physical problems induced by stress; and

(G) improved methods to deliver services for individuals with Alzheimer's disease and related dementias and their families, including services such as outreach services, comprehensive assessment and care management services, outpatient treatment services, home care services, respite care services, adult day care services, partial hospitalization services, nursing home services, and other residential services and care; and

(2) ensure that the research is coordinated with, and uses, to the maximum extent feasible, resources of, other Federal programs relating to Alzheimer's disease and dementia, including centers supported under section 285e-2 of this title, centers supported by the National Institute of Mental Health on the psychopathology of the elderly, relevant activities of the Administration on Aging, other programs and centers involved in research on Alzheimer's disease and related dementias supported by the Department, and other programs relating to Alzheimer's disease and related dementias which are planned or conducted by Federal agencies other than the Department, State or local agencies, community organizations, or private foundations.

(Pub. L. 99-660, title IX, §931, formerly §944, Nov. 14, 1986, 100 Stat. 3809; renumbered §931, Pub. L. 100-607, title I, §142(c)(2)(B), Nov. 4, 1988, 102 Stat. 3057; Pub. L. 102-507, §7(a)(1), (2), Oct. 24, 1992, 106 Stat. 3284.)

Editorial Notes

PRIOR PROVISIONS

A prior section 931 of Pub. L. 99-660, which was classified to section 11231 of this title, was redesignated section 445B of the Public Health Service Act by section 142(a) of Pub. L. 100-607, and is classified to section 285e-4 of this title.

AMENDMENTS

1992—Subsec. (a). Pub. L. 102-507, §7(a)(1)(B), inserted "and specialized care" after "services".

Subsec. (b). Pub. L. 102-507, §7(a)(2), designated par. (1) as entire subsec. and redesignated former par. (1)(A) as par. (1), former par. (1)(A)(i) to (vii) as par. (1)(A) to (G), respectively, former par. (1)(A)(iii)(I) to (IV) as par. (1)(C)(i) to (iv), respectively, and former par. (1)(B) as par. (2).

Subsec. (b)(1). Pub. L. 102-507, §7(a)(1)(C)(i), substituted "The Director of the National Institute of Mental Health shall" for "Within 6 months after November 14, 1986, the Director of the National Institute of Mental Health shall prepare and transmit to the Chairman of the Council a plan for the research to be conducted under subsection (a) of this section. The plan shall" in introductory provisions.

Subsec. (b)(1)(A). Pub. L. 102-507, §7(a)(1)(C)(ii)(I), substituted "ensure that the research conducted under subsection (a) includes" for "provide for" in introductory provisions.

Subsec. (b)(1)(A)(iii). Pub. L. 102-507, §7(a)(1)(C)(ii)(II), added cl. (iii) and struck out former cl. (iii) which read