been made, or can reasonably be expected to be made, with respect to such item or service—

(1) under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or

(2) by an entity that provides health services on a prepaid basis.

(July 1, 1944, ch. 373, title III, § 398, as added Pub. L. 100–175, title VI, § 602, Nov. 29, 1987, 101 Stat. 981; amended Pub. L. 101–557, title I, § 102(a), (b), Nov. 15, 1990, 104 Stat. 2767; Pub. L. 105–392, title III, § 302(a), Nov. 13, 1998, 112 Stat. 3586; Pub. L. 115–406, § 3, Dec. 31, 2018, 132 Stat. 5365.)

Editorial Notes

PRIOR PROVISIONS

A prior section 398 of act July 1, 1944, ch. 373, title III, formerly § 399a, as added Oct. 22, 1965, Pub. L. 89–291, § 2, 79 Stat. 1066; renumbered § 399, Mar. 13, 1970, Pub. L. 91–212, § 10(c)(3), 84 Stat. 67; renumbered § 398, July 23, 1974, Pub. L. 93–353, title II, § 204, 88 Stat. 373, which related to the continuing availability of appropriated funds, was classified to section 280b–10 of this title, prior to repeal by Pub. L. 99–158, § 3(b), Nov. 20, 1985, 99 Stat. 879.

AMENDMENTS

2018—Pub. L. 115–406, § 3(1), substituted ''Cooperative agreements to States and public health departments for Alzheimer's disease and related dementias'' for ''Establishment of program'' in section catchline.

Subsec. (a). Pub. L. 115–406, § 3(2), added subsec. (a) and struck out former subsec. (a) which provided that the Secretary would make grants to States for planning, establishing, and operating programs to provide care to Alzheimer's patients.

Subsecs. (b) to (e). Pub. L. 115–406, § 3(3), (5), added subsecs. (b) to (e) and struck out former subsec. (b). Prior to amendment, text of subsec. (b) read as follows: ''The Secretary may not make a grant under subsection (a) to a State unless the State agrees to expend not less than 50 percent of the grant for the provision of services described in subsection (a)(2).'' Former subsec. (c) redesignated (g).

Subsec. (f). Pub. L. 115–406, § 3(7), which directed adding subsec. (f) at the end of the section, was executed by adding subsec. (f) before subsec. (g) as redesignated by Pub. L. 115–406, § 3(4), to reflect the probable intent of Congress.

Subsec. (g). Pub. L. 115–406, § 3(6), which directed amendment of ''subsection (f) (as so redesignated)'' by substituting ''cooperative agreement'' for ''grant'', was executed by making the substitution in introductory provisions of subsec. (g) as redesignated, to reflect the probable intent of Congress. See below.

Pub. L. 115–406, § 3(4), redesignated subsec. (c) as (g).

1998—Subsec. (a). Pub. L. 105–392, § 302(a)(1), struck out ''not less than 5, and not more than 15,'' after ''shall make'' in introductory provisions.

Subsec. (a)(2). Pub. L. 105–392, § 302(a)(2), inserted ''who are living in single family homes or in congregate settings'' after ''disorders'' and struck out ''and'' at end.

Subsec. (a)(3), (4). Pub. L. 105–392, § 302(a)(3), (4), added par. (3) and redesignated former par. (3) as (4).

1990—Subsec. (a). Pub. L. 101–557, § 102(a), substituted ''shall make not less than 5, and not more than 15, grants'' for ''shall make not less than 3, and not more than 5, grants''.

Subsec. (a)(1). Pub. L. 101–557, § 102(b), substituted ''with public and private organizations'' for ''by public and private organizations''.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Section effective Oct. 1, 1987, see section 701(a) of Pub. L. 100–175, set out as an Effective Date of 1987 Amendment note under section 3001 of this title.

§ 280c–4. Promotion of public health knowledge and awareness of Alzheimer's disease and related dementias

(a) Alzheimer's disease and related dementias public health centers of excellence

(1) In general

The Secretary, in coordination with the Director of the Centers for Disease Control and Prevention and the heads of other agencies as appropriate, shall award grants, contracts, or cooperative agreements to eligible entities, such as institutions of higher education, State, tribal, and local health departments, Indian tribes, tribal organizations, associations, or other appropriate entities for the establishment or support of regional centers to address Alzheimer's disease and related dementias by—

(A) advancing the awareness of public health officials, health care professionals, and the public, on the most current information and research related to Alzheimer's disease and related dementias, including cognitive decline, brain health, and associated health disparities;

(B) identifying and translating promising research findings, such as findings from research and activities conducted or supported by the National Institutes of Health, including Alzheimer's Disease Research Centers authorized by section 285e–2 of this title, into evidence-based programmatic interventions for populations with Alzheimer's disease and related dementias and caregivers for such populations; and

(C) expanding activities, including through public-private partnerships related to Alzheimer's disease and related dementias and associated health disparities.

(2) Requirements

To be eligible to receive a grant, contract, or cooperative agreement under this subsection, an entity shall submit to the Secretary an application containing such agreements and information as the Secretary may require, including a description of how the entity will—

(A) coordinate, as applicable, with existing Federal, State, and tribal programs related to Alzheimer's disease and related dementias;

(B) examine, evaluate, and promote evidence-based interventions for individuals with Alzheimer's disease and related dementias, including underserved populations with such conditions, and those who provide care for such individuals; and

(C) prioritize activities relating to—

(i) expanding efforts, as appropriate, to implement evidence-based practices to address Alzheimer's disease and related dementias, including through the training of State, local, and tribal public health officials and other health professionals on such practices;

(ii) supporting early detection and diagnosis of Alzheimer's disease and related dementias;

(iii) reducing the risk of potentially avoidable hospitalizations of individuals with Alzheimer's disease and related dementias;

(iv) reducing the risk of cognitive decline and cognitive impairment associated with Alzheimer's disease and related dementias;

(v) enhancing support to meet the needs of caregivers of individuals with Alzheimer's disease and related dementias;

(vi) reducing health disparities related to the care and support of individuals with Alzheimer's disease and related dementias;

(vii) supporting care planning and management for individuals with Alzheimer's disease and related dementias; and

(viii) supporting other relevant activities identified by the Secretary or the Director of the Centers for Disease Control and Prevention, as appropriate.

(3) Considerations

In awarding grants, contracts, and cooperative agreements under this subsection, the Secretary shall consider, among other factors, whether the entity—

(A) provides services to rural areas or other underserved populations;

(B) is able to build on an existing infrastructure of services and public health research; and

(C) has experience with providing care or caregiver support, or has experience conducting research related to Alzheimer's disease and related dementias.

(4) Distribution of awards

In awarding grants, contracts, or cooperative agreements under this subsection, the Secretary, to the extent practicable, shall ensure equitable distribution of awards based on geographic area, including consideration of rural areas, and the burden of the disease within sub-populations.

(5) Data reporting and program oversight

With respect to a grant, contract, or cooperative agreement awarded under this subsection, not later than 90 days after the end of the first year of the period of assistance, and annually thereafter for the duration of the grant, contract, or agreement (including the duration of any renewal period as provided for under paragraph (5)), the entity shall submit data, as appropriate, to the Secretary regarding—

(A) the programs and activities funded under the grant, contract, or agreement; and

(B) outcomes related to such programs and activities.

(b) Improving data on State and national prevalence of Alzheimer's disease and related dementias

(1) In general

The Secretary shall, as appropriate, improve the analysis and timely reporting of data on the incidence and prevalence of Alzheimer's disease and related dementias. Such data may include, as appropriate, information on cognitive decline, caregiving, and health disparities experienced by individuals with cognitive decline and their caregivers. The Secretary may award grants, contracts, or cooperative agreements to eligible entities for activities under this paragraph.

(2) Eligibility

To be eligible to receive a grant, contract, or cooperative agreement under this subsection, an entity shall be a public or nonprofit private entity, including institutions of higher education, State, local, and tribal health departments, and Indian tribes and tribal organizations, and submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

(3) Data sources

The analysis, timely public reporting, and dissemination of data under this subsection may be carried out using data sources such as the following:

(A) The Behavioral Risk Factor Surveillance System.

(B) The National Health and Nutrition Examination Survey.

(C) The National Health Interview Survey.

(c) Improved coordination

The Secretary shall ensure that activities and programs related to dementia under this section do not unnecessarily duplicate activities and programs of other agencies and offices within the Department of Health and Human Services.

(July 1, 1944, ch. 373, title III, § 398A, as added Pub. L. 115–406, § 2(2)(B), Dec. 31, 2018, 132 Stat. 5362.)

Editorial Notes

PRIOR PROVISIONS

A prior section 280c–4, act July 1, 1944, ch. 373, title III, § 398A, formerly § 399, as added Pub. L. 100–175, title VI, § 602, Nov. 29, 1987, 101 Stat. 982; renumbered § 398A, Pub. L. 102–321, title V, § 502(1), July 10, 1992, 106 Stat. 427; amended Pub. L. 105–392, title III, § 302(b), Nov. 13, 1998, 112 Stat. 3586, related to the requirement of matching funds, prior to repeal by Pub. L. 115–406, § 2(2)(B), Dec. 31, 2018, 132 Stat. 5362.

§ 280c–5. General provisions

(a) Limitation on administrative expenses

The Secretary may not make a grant or cooperative agreement under sections[1] 280c–3 or 280c–4 of this title to an entity unless the entity agrees that not more than 5 percent of the grant or cooperative agreement will be expended for administrative expenses with respect to the grant or cooperative agreement.

(b) Requirement of application

The Secretary may not make a grant under sections[1] 280c–3 or 280c–4 of this title to an entity unless the entity has submitted to the Secretary an application for the grant. The application shall—

[1] So in original. Probably should be "section".