

partment, 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.)

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) of this section 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 as follows: “the optimal range and cost-effectiveness of community and institutional services for individuals with Alzheimer’s disease and related dementias and their families, particularly with respect to the design of such services, appropriate staffing for the provision of such services, the timing of such services during the progression of such disease or dementias, and the appropriate mix and coordination of such services;”.

Subsec. (b)(1)(A)(iv). Pub. L. 102-507, § 7(a)(1)(C)(ii)(III), inserted “the evaluation of best practices for the development of” before “appropriate”.

Subsec. (b)(1)(A)(v), (vii). Pub. L. 102-507, § 7(a)(1)(C)(ii)(IV), substituted “nursing home services, and other residential services and care” for “and nursing home services”.

Subsec. (b)(1)(B). Pub. L. 102-507, § 7(a)(1)(C)(iii), substituted “the research” for “research carried out under the plan”.

Subsec. (b)(2). Pub. L. 102-507, § 7(a)(1)(A), struck out par. (2) which read as follows: “Within one year after transmitting the plan required under paragraph (1), and annually thereafter, the Director of the National Institute of Mental Health shall prepare and transmit to the Chairman of the Council such revisions of such plan as the Director considers appropriate.”

Subsec. (c). Pub. L. 102-507, § 7(a)(1)(A), struck out subsec. (c) which read as follows: “In preparing and revising the plan required by subsection (b) of this section, the Director of the National Institute of Mental Health shall consult with the Chairman of the Council and the heads of agencies within the Department.”

§ 11252. Dissemination

The Director of the National Institute of Mental Health shall disseminate the results of research conducted under this part to appropriate professional entities and to the public.

(Pub. L. 99-660, title IX, § 932, formerly § 945, Nov. 14, 1986, 100 Stat. 3810; renumbered § 932, Pub. L.

100-607, title I, § 142(c)(2)(B), Nov. 4, 1988, 102 Stat. 3057.)

PRIOR PROVISIONS

A prior section 932 of Pub. L. 99-660 was classified to section 11232 of this title prior to repeal by section 142(c)(1)(A) of Pub. L. 100-607.

§ 11253. Authorization of appropriations

There are authorized to be appropriated to carry out this part such sums as may be necessary for each of the fiscal years 1992 through 1996.

(Pub. L. 99-660, title IX, § 933, formerly § 946, Nov. 14, 1986, 100 Stat. 3810; renumbered § 933, Pub. L. 100-607, title I, § 142(c)(2)(B), Nov. 4, 1988, 102 Stat. 3057; Pub. L. 102-507, § 7(a)(3), Oct. 24, 1992, 106 Stat. 3284.)

AMENDMENTS

1992—Pub. L. 102-507 amended section generally. Prior to amendment, section read as follows: “To carry out this part, there are authorized to be appropriated \$2,000,000 for each of fiscal years 1988 through 1991.”

PART 2—RESPONSIBILITIES OF AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

AMENDMENTS

1999—Pub. L. 106-129, § 2(b)(2), Dec. 6, 1999, 113 Stat. 1670 substituted “Agency for Healthcare Research and Quality” for “Agency for Health Care Policy and Research” in part heading.

1992—Pub. L. 102-507, § 7(b)(1)(A), Oct. 24, 1992, 106 Stat. 3285, substituted “AGENCY FOR HEALTH CARE POLICY AND RESEARCH” for “NATIONAL CENTER FOR HEALTH SERVICES RESEARCH AND HEALTH CARE TECHNOLOGY ASSESSMENT” in part heading.

1988—Pub. L. 100-607, title I, § 142(c)(2)(D), Nov. 4, 1988, 102 Stat. 3057, redesignated part 3 as 2. Former part 2 redesignated 1.

§ 11261. Research program

(a) Grants for research

The Director of the Agency for Healthcare Research and Quality shall conduct, or make grants for the conduct of, research relevant to appropriate services for individuals with Alzheimer’s disease and related dementias and for their families.

(b) Research subjects

The Director of the Agency for Healthcare Research and Quality shall ensure that research conducted under subsection (a) of this section shall include research—

(1) concerning improving the organization, delivery, and financing of services for individuals with Alzheimer’s disease and related dementias and for their families, including research on—

(A) the design, staffing, and operation of special care units for the individuals in institutional settings, as well as individuals in institutional settings,¹ as well as individuals in home care, day care, and respite care; and

(B) the exploration and enhancement of services such as home care, day care, and respite care, that provide alternatives to institutional care;

¹ So in original. The words “as well as individuals in institutional settings,” probably should not appear.

(2) concerning the costs incurred by individuals with Alzheimer's disease and related dementias and by their families in obtaining services, particularly services that are essential to the individuals and that are not generally required by other patients under long-term care programs;

(3) concerning the costs, cost-effectiveness, and effectiveness of various interventions to provide services for individuals with Alzheimer's disease and related dementias and for their families;

(4) conducted in consultation with the Director of the National Institute on Aging and the Commissioner of the Administration on Aging, concerning the role of physicians in caring for persons with Alzheimer's disease and related dementias and for their families, including the role of a physician in connecting such persons with appropriate health care and supportive services, including those supported through State and area agencies on aging designated under section 3025(a)(1) and (2)(A) of this title; and

(5) conducted in consultation with the Director of the National Institute on Aging and the Commissioner of the Administration on Aging, concerning legal and ethical issues, including issues associated with special care units, facing individuals with Alzheimer's disease and related dementias and facing their families.

(Pub. L. 99-660, title IX, § 934, as added Pub. L. 102-507, § 7(b)(1)(B), Oct. 24, 1992, 106 Stat. 3285; amended Pub. L. 106-129, § 2(b)(2), Dec. 6, 1999, 113 Stat. 1670.)

PRIOR PROVISIONS

A prior section 11261, Pub. L. 99-660, title IX, § 934, formerly § 947, Nov. 14, 1986, 100 Stat. 3811; renumbered § 934, Pub. L. 100-607, title I, § 142(c)(2)(B), Nov. 4, 1988, 102 Stat. 3057; Pub. L. 102-54, § 13(q)(14)(B), June 13, 1991, 105 Stat. 282, related to research relevant to appropriate services for individuals with Alzheimer's disease and related dementias, prior to repeal by Pub. L. 102-507, § 7(b)(1)(B).

AMENDMENTS

1999—Subsecs. (a), (b). Pub. L. 106-129 substituted "Director of the Agency for Healthcare Research and Quality" for "Administrator of the Agency for Health Care Policy and Research".

§ 11262. Dissemination

The Director of the National Center for Health Services Research and Health Care Technology Assessment shall disseminate the results of research conducted under this part to appropriate professional entities and to the public.

(Pub. L. 99-660, title IX, § 935, formerly § 948, Nov. 14, 1986, 100 Stat. 3812; renumbered § 935, Pub. L. 100-607, title I, § 142(c)(2)(B), Nov. 4, 1988, 102 Stat. 3057.)

§ 11263. Authorization of appropriations

There are authorized to be appropriated to carry out this part such sums as may be necessary for each of the fiscal years 1992 through 1996.

(Pub. L. 99-660, title IX, § 936, formerly § 949, Nov. 14, 1986, 100 Stat. 3812; renumbered § 936, Pub. L.

100-607, title I, § 142(c)(2)(B), Nov. 4, 1988, 102 Stat. 3057; Pub. L. 102-507, § 7(b)(2), Oct. 24, 1992, 106 Stat. 3286.)

AMENDMENTS

1992—Pub. L. 102-507 amended section generally. Prior to amendment, section read as follows: "To carry out this part, there are authorized to be appropriated \$2,000,000 for each of fiscal years 1988 through 1991."

PART 3—RESPONSIBILITIES OF THE CENTERS FOR MEDICARE & MEDICAID SERVICES

AMENDMENTS

2003—Pub. L. 108-173, title IX, § 900(e)(5)(A), Dec. 8, 2003, 117 Stat. 2373, amended heading generally. Prior to amendment, heading read as follows: "Responsibilities of Health Care Financing Administration".

1988—Pub. L. 100-607, title I, § 142(c)(2)(D), Nov. 4, 1988, 102 Stat. 3057, redesignated part 4 as 3. Former part 3 redesignated 2.

§ 11271. Research program and plan

(a) Grants for research

The Administrator of the Centers for Medicare & Medicaid Services shall conduct, or make grants for the conduct of, research relevant to appropriate services for individuals with Alzheimer's disease and related dementias and their families.

(b) Preparation of plan; contents; revision

(1) Within 6 months after November 14, 1986, the Administrator of the Centers for Medicare & Medicaid Services shall prepare and transmit to the Chairman of the Council a plan for research to be conducted under (a)¹ of this section. The plan shall—

(A) provide for a determination of the types of services required by individuals with Alzheimer's disease and related dementias and their families to allow such individuals to remain living at home or in a community-based setting;

(B) provide for a determination of the costs of providing needed services to individuals with Alzheimer's disease and related dementias and their families, including the expenditures for institutional, home, and community-based services and the source of payment for such expenditures;

(C) provide for an assessment of the adequacy of benefits provided through the Medicare and Medicaid programs and through private health insurance for needed services for individuals with Alzheimer's disease and related dementias and their families; and

(D) provide for a determination of the costs to the Medicare and Medicaid programs and to private health insurers (if available) of providing covered benefits to individuals with Alzheimer's disease and related dementias and their families.

(2) Within one year after transmitting the plan required under paragraph (1), and annually thereafter, the Administrator of the Centers for Medicare & Medicaid Services shall prepare and transmit to the Chairman of the Council such revisions of such plan as the Administrator considers appropriate.

¹ So in original. Probably should be preceded by "subsection".