

Section 300dd-11, act July 1, 1944, ch. 373, title XXIV, §2412, as added Nov. 4, 1988, Pub. L. 100-607, title II, §211, 102 Stat. 3087, required report by Secretary.

Section 300dd-12, act July 1, 1944, ch. 373, title XXIV, §2413, as added Nov. 4, 1988, Pub. L. 100-607, title II, §211, 102 Stat. 3087; amended Nov. 18, 1988, Pub. L. 100-690, title II, §2618(e), 102 Stat. 4241, defined terms for this part.

Section 300dd-13, act July 1, 1944, ch. 373, title XXIV, §2414, as added Nov. 4, 1988, Pub. L. 100-607, title II, §211, 102 Stat. 3088; amended Nov. 18, 1988, Pub. L. 100-690, title II, §2618(f), 102 Stat. 4241, provided funding.

Section 300dd-14, act July 1, 1944, ch. 373, title XXIV, §2415, as added Nov. 4, 1988, Pub. L. 100-607, title II, §211, 102 Stat. 3088; amended Nov. 18, 1988, Pub. L. 100-690, title II, §2618(g), 102 Stat. 4241, repealed this part effective with respect to appropriations made for any period after fiscal year 1990.

EFFECTIVE DATE OF REPEAL

Repeal effective with respect to appropriations made for any period after fiscal year 1990, see section 2415 of act July 1, 1944, which was classified to former section 300dd-14 of this title.

PART B—SUBACUTE CARE

§ 300dd-21. Demonstration projects

(a) Definitions

As used in this section:

(1) The term “individuals infected with the etiologic agent for acquired immune deficiency syndrome” means individuals who have a disease, or are recovering from a disease, attributable to the infection of such individuals with such etiologic agent, and as a result of the effects of such disease, are in need of subacute-care services.

(2) The term “subacute care” means medical and health care services that are required for individuals recovering from acute care episodes that are less intensive than the level of care provided in acute-care hospitals, and includes skilled nursing care, hospice care, and other types of health services provided in other long-term-care facilities.

(b) Authorization to conduct three projects

The Secretary shall conduct three demonstration projects to determine the effectiveness and cost of providing the subacute-care services described in subsection (b) of this section to individuals infected with the etiologic agent for acquired immune deficiency syndrome, and the impact of such services on the health status of such individuals.

(c) Services

(1) The services provided under each demonstration project shall be designed to meet the specific needs of individuals infected with the etiologic agent for acquired immune deficiency syndrome, and shall include—

(A) the care and treatment of such individuals by providing—

(i) subacute care;

(ii) emergency medical care and specialized diagnostic and therapeutic services as needed and where appropriate, either directly or through affiliation with a hospital that has experience in treating individuals with acquired immune deficiency syndrome; and

(iii) case management services to ensure, through existing services and programs

whenever possible, appropriate discharge planning for such individuals; and

(B) technical assistance, to other facilities in the region served by such facility, that is directed toward education and training of physicians, nurses, and other health-care professionals in the subacute care and treatment of individuals infected with the etiologic agent for acquired immune deficiency syndrome.

(2) Services provided under each demonstration project may also include—

(A) hospice services;

(B) outpatient care; and

(C) outreach activities in the surrounding community to hospitals and other health-care facilities that serve individuals infected with the etiologic agent for acquired immune deficiency syndrome.

(d) Time and place

The demonstration projects shall be conducted—

(1) during a 4-year period beginning not later than 9 months after November 4, 1988; and

(2) at sites that—

(A) are geographically diverse and located in areas that are appropriate for the provision of the required and authorized services; and

(B) have the highest incidence of cases of acquired immune deficiency syndrome and the greatest need for subacute-care services.

(e) Evaluation and report

The Secretary shall evaluate the operations of the demonstration projects and shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate—

(1) not later than 18 months after the beginning of the first project, a preliminary report that contains—

(A) a description of the sites at which the projects are being conducted and of the services being provided in each project; and

(B) a preliminary evaluation of the experience of the projects in the first 12 months of operation; and

(2) not later than 6 months after the completion of the last project, a final report that contains—

(A) an assessment of the costs of subacute care for individuals infected with the etiologic agent for acquired immune deficiency syndrome, including a breakdown of all other sources of funding for the care provided to cover subacute care; and

(B) recommendations for appropriate legislative changes.

(f) Other research

Each demonstration project shall provide for other research to be carried out at the site of such demonstration project including—

(1) clinical research on acquired immune deficiency syndrome, concentrating on research on the neurological manifestations resulting from infection with the etiologic agent for such syndrome; and

(2) the study of the psychological and mental health issues related to such syndrome.

(g) Authorization of appropriations

(1) To carry out this section, there are authorized to be appropriated \$10,000,000 for fiscal year 1989 and such sums as are necessary for each of the fiscal years 1990 through 1992.

(2) Amounts appropriated pursuant to paragraph (1) shall remain available until September 10, 1992.

(h) Services to veterans

The Secretary shall enter into an agreement with the Secretary of the Department of Veterans Affairs to ensure that appropriate provision will be made for the furnishing, through demonstration projects, of services to eligible veterans, under contract with the Department of Veterans Affairs pursuant to section 1720 of title 38.

(July 1, 1944, ch. 373, title XXIV, § 2421, as added Pub. L. 100-607, title II, § 211, Nov. 4, 1988, 102 Stat. 3088; amended Pub. L. 100-527, § 10(1), (2), Oct. 25, 1988, 102 Stat. 2640, 2641; Pub. L. 100-690, title II, § 2618(h), Nov. 18, 1988, 102 Stat. 4241; Pub. L. 102-83, § 5(c)(2), Aug. 6, 1991, 105 Stat. 406.)

AMENDMENTS

1991—Subsec. (h). Pub. L. 102-83 substituted “section 1720 of title 38” for “section 620 of title 38”.

1988—Subsec. (a)(1). Pub. L. 100-690, § 2618(h)(1), substituted “individuals infected with the etiologic agent for acquired immune deficiency syndrome” means individuals who” for “patients infected with the human immunodeficiency virus” means persons who” and “such individuals with such etiologic agent” for “such person with the human immunodeficiency virus”.

Subsec. (a)(2). Pub. L. 100-690, § 2618(h)(2), substituted “individuals” for “persons”.

Subsec. (b). Pub. L. 100-690, § 2618(h)(3), substituted “individuals infected with the etiologic agent for acquired immune deficiency syndrome” for “patients infected with the human immunodeficiency virus” and “such individuals” for “such patients”.

Subsec. (c)(1). Pub. L. 100-690, § 2618(h)(4)(A), in introductory provisions substituted “individuals infected with the etiologic agent for acquired immune deficiency syndrome” for “patients infected with the human immunodeficiency virus”.

Subsec. (c)(1)(A). Pub. L. 100-690, § 2618(h)(4)(B), substituted in introductory provisions “such individuals” for “such patients”, in cl. (ii) “individuals with acquired immune deficiency syndrome” for “AIDS patients”, and in cl. (iii) “such individuals” for “patients”.

Subsec. (c)(1)(B), (2)(C). Pub. L. 100-690, § 2618(h)(4)(C), (5), substituted “individuals infected with the etiologic agent for acquired immune deficiency syndrome” for “patients infected with the human immunodeficiency virus”.

Subsec. (d)(2)(B). Pub. L. 100-690, § 2618(h)(6), substituted “cases of acquired immune deficiency syndrome” for “AIDS cases”.

Subsec. (e)(2)(A). Pub. L. 100-690, § 2618(h)(7), substituted “individuals infected with the etiologic agent for acquired immune deficiency syndrome” for “patients infected with the human immunodeficiency virus”.

Subsec. (f)(1). Pub. L. 100-690, § 2618(h)(8), substituted “acquired immune deficiency syndrome” for “the acquired immunodeficiency syndrome” and “etiologic agent for such syndrome” for “human immunodeficiency virus”.

Subsec. (f)(2). Pub. L. 100-690, § 2618(h)(9), substituted “such syndrome” for “the acquired immunodeficiency syndrome”.

Subsec. (g)(1). Pub. L. 100-690, § 2618(h)(10), substituted “fiscal year 1989” for “fiscal year 1988” and “fiscal

years 1990 through 1992” for “fiscal years 1989 through 1991”.

Subsec. (h). Pub. L. 100-527 substituted “Secretary of the Department of Veterans Affairs” and “Department of Veterans Affairs” for “Administrator of the Veterans’ Administration” and “Veterans’ Administration”, respectively.

CHANGE OF NAME

Committee on Labor and Human Resources of Senate changed to Committee on Health, Education, Labor, and Pensions of Senate by Senate Resolution No. 20, One Hundred Sixth Congress, Jan. 19, 1999.

Committee on Energy and Commerce of House of Representatives treated as referring to Committee on Commerce of House of Representatives by section 1(a) of Pub. L. 104-14, set out as a note preceding section 21 of Title 2, The Congress. Committee on Commerce of House of Representatives changed to Committee on Energy and Commerce of House of Representatives, and jurisdiction over matters relating to securities and exchanges and insurance generally transferred to Committee on Financial Services of House of Representatives by House Resolution No. 5, One Hundred Seventh Congress, Jan. 3, 2001.

EFFECTIVE DATE OF 1988 AMENDMENTS

Amendment by Pub. L. 100-690 effective immediately after enactment of Pub. L. 100-607, which was approved Nov. 4, 1988, see section 2600 of Pub. L. 100-690, set out as a note under section 242m of this title.

Amendment by Pub. L. 100-527 effective Mar. 15, 1989, see section 18(a) of Pub. L. 100-527, set out as a Department of Veterans Affairs Act note under section 301 of Title 38, Veterans’ Benefits.

PART C—OTHER HEALTH SERVICES

CODIFICATION

Prior to revision by Pub. L. 102-321, this part was comprised of subpart I, consisting of sections 300dd-31 to 300dd-33, and subpart II, consisting of section 300dd-41.

§ 300dd-31. Grants for anonymous testing

The Secretary may make grants to the States for the purpose of providing opportunities for individuals—

- (1) to undergo counseling and testing with respect to the etiologic agent for acquired immune deficiency syndrome without being required to provide any information relating to the identity of the individuals; and
- (2) to undergo such counseling and testing through the use of a pseudonym.

(July 1, 1944, ch. 373, title XXIV, § 2431, as added Pub. L. 100-607, title II, § 211, Nov. 4, 1988, 102 Stat. 3090.)

§ 300dd-32. Requirement of provision of certain counseling services**(a) Counseling before testing**

The Secretary may not make a grant under section 300dd-31 of this title to a State unless the State agrees that, before testing an individual pursuant to such section, the State will provide to the individual appropriate counseling with respect to acquired immune deficiency syndrome (based on the most recent scientific data relating to such syndrome), including—

- (1) measures for the prevention of exposure to, and the transmission of, the etiologic agent for such syndrome;
- (2) the accuracy and reliability of the results of such testing;