

Public Law 101-557
101st Congress

An Act

Nov. 15, 1990
[H.R. 5112]

To amend the Public Health Service Act regarding certain programs for health care services in the home and certain programs relating to Alzheimer's disease, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

Home Health
Care and
Alzheimer's
Disease
Amendments of
1990.
42 USC 201 note.

SECTION 1. SHORT TITLE.

This Act may be cited as the "Home Health Care and Alzheimer's Disease Amendments of 1990".

**TITLE I—DEMONSTRATION PROJECTS
FOR HEALTH CARE SERVICES IN THE
HOME**

SEC. 101. REVISION AND EXTENSION OF GENERAL PROGRAM.

(a) **NUMBER OF GRANTS.**—Section 395(a) of the Public Health Service Act (42 U.S.C. 280c(a)) is amended in the matter preceding paragraph (1) by striking "shall make" and all that follows through "grants" and inserting the following: "shall make not less than 5, and not more than 20, grants".

(b) **SERVICES PROVIDED.**—Section 395(a)(1) of the Public Health Service Act (42 U.S.C. 280c(a)(1)) is amended by striking "skilled" and all that follows and inserting the following: "skilled nursing care services, homemaker or home health aide services, or personal care services are provided in the homes of the individuals;"

(c) **AGE OF RECIPIENTS OF SERVICES.**—Section 395(b) of the Public Health Service Act (42 U.S.C. 280c(b)) is amended by striking "to ensure" and all that follows and inserting the following: "to ensure that—

"(1) not less than 25 percent of the grant is expended to provide services under such subsection to individuals who are not less than 65 years of age; and

"(2) of the portion of the grant reserved by the State for purposes of complying with paragraph (1), not less than 10 percent is expended to provide such services to individuals who are not less than 85 years of age."

(d) **AUTHORIZATION OF APPROPRIATIONS.**—Section 397(e) of the Public Health Service Act (42 U.S.C. 280c-2(e)) is amended—

(1) by striking "there is" and inserting "there are"; and

(2) by inserting before the period the following: ", \$7,500,000 for fiscal year 1991, and such sums as may be necessary for each of the fiscal years 1992 and 1993".

SEC. 102. REVISION AND EXTENSION OF PROGRAM REGARDING ALZHEIMER'S DISEASE.

(a) **NUMBER OF GRANTS.**—Section 398(a) of the Public Health Service Act (42 U.S.C. 280c-3(a)) is amended in the matter preceding paragraph (1) by striking “shall make” and all that follows through “grants” and inserting the following: “shall make not less than 5, and not more than 15, grants”.

(b) **COORDINATION OF SERVICES.**—Section 398(a)(1) of the Public Health Service Act (42 U.S.C. 280c-3(a)(1)) is amended by striking “by public and private organizations” and inserting “with public and private organizations”.

(c) **AUTHORIZATION OF APPROPRIATIONS.**—Section 399A(e) of the Public Health Service Act (42 U.S.C. 280c-5(e)) is amended—

(1) by striking “there is” and inserting “there are”; and

(2) by inserting before the period the following: “, \$7,500,000 for fiscal year 1991, and such sums as may be necessary for each of the fiscal years 1992 and 1993”.

TITLE II—REVISION OF PROGRAMS FOR RESEARCH ON ALZHEIMER'S DISEASE

SEC. 201. ALZHEIMER'S DISEASE CENTERS.

Section 445 of the Public Health Service Act (42 U.S.C. 285e-2) is amended—

(1) in subsection (a)(1)—

(A) by inserting “(including university medical centers)” after “nonprofit entities”;

(B) by inserting “(including staffing)” after “operating support”;

(C) by inserting “(including multidisciplinary research)” after “clinical research”; and

(D) by striking “Alzheimer's Disease” and inserting “Alzheimer's disease”; and

(2) in subsection (b), by amending such subsection to read as follows:

“(b)(1) Federal payments made under a cooperative agreement or grant under subsection (a) may, with respect to Alzheimer's disease, be used for—

“(A) diagnostic examinations, patient assessments, patient care costs, and other costs necessary for conducting research;

“(B) training, including training for allied health professionals;

“(C) diagnostic and treatment clinics designed to meet the special needs of minority and rural populations and other underserved populations;

“(D) activities to educate the public; and

“(E) the dissemination of information.

“(2) For purposes of paragraph (1), the term ‘training’ does not include research training for which National Research Service Awards may be provided under section 487.”.

SEC. 202. CENTERS OF GERIATRIC RESEARCH AND TRAINING.

(a) **REDESIGNATION AS CLAUDE D. PEPPER OLDER AMERICANS INDEPENDENCE CENTERS.**—Section 445A of the Public Health Service Act (42 U.S.C. 285e-3) is amended—

(1) in the heading for such section, by amending the heading to read as follows:

“CLAUDE D. PEPPER OLDER AMERICANS INDEPENDENCE CENTERS”;

and

(2) in subsection (a), by adding at the end the following new sentence: “Each such center shall be known as a Claude D. Pepper Older Americans Independence Center.”

(b) REVISIONS IN PROGRAM.—

(1) IN GENERAL.—Section 445A of the Public Health Service Act (42 U.S.C. 285e-3) is amended—

(A) in subsection (a), by inserting “not less than 10” before “centers of excellence”; and

(B) in subsection (b)(2)(A), by inserting before the semicolon at the end the following: “, including menopause, which research includes research on such treatments, and on medical devices and other medical interventions regarding such diseases, disorders, and complications, that can assist individuals in avoiding institutionalization and prolonged hospitalization and in otherwise increasing the independence of the individuals”.

(2) CONFORMING AMENDMENT.—Section 445A(b)(2)(B) of the Public Health Service Act (42 U.S.C. 285e-3(b)(2)(B)) is amended by striking “research concerning” and all that follows and inserting “research described in subparagraph (A).”.

(c) DEFINITION.—Section 445A of the Public Health Service Act (42 U.S.C. 285e-3) is amended by adding at the end the following new subsection:

“(d) For purposes of this section, the term ‘independence’, with respect to diseases, disorders, and complications of aging, means the functional ability of individuals to perform activities of daily living or instrumental activities of daily living without assistance or supervision.”.

TITLE III—TASK FORCE ON AGING RESEARCH

42 USC 242q.

SEC. 301. ESTABLISHMENT AND DUTIES.

(a) ESTABLISHMENT.—The Secretary of Health and Human Services shall establish a Task Force on Aging Research.

(b) DUTIES.—With respect to aging research (as defined in section 305), the Task Force each fiscal year shall—

(1) make recommendations to the Secretary specifying the particular projects of research, or the particular categories of research, that should be conducted or supported by the Secretary;

(2) of the projects specified under paragraph (1), make recommendations to the Secretary of the projects that should be given priority in the provision of funds; and

(3) make recommendations to the Secretary of the amount of funds that should be appropriated for such research.

(c) PROVISION OF INFORMATION TO THE PUBLIC.—The Task Force may make available to health professionals, and to other members

of the public, information regarding the research described in subsection (b).

SEC. 302. MEMBERSHIP.

42 USC 242q-1.

(a) **COMPOSITION.**—The Task Force shall be composed of—

- (1) the Assistant Secretary for Health;
- (2) the Surgeon General of the Public Health Service;
- (3) the Assistant Secretary for Planning and Evaluation;
- (4) the Director of the National Institute on Aging, and the Directors of such other agencies of the National Institutes of Health as the Secretary determines to be appropriate;
- (5) the Commissioner of the Administration on Aging;
- (6) the Commissioner of Food and Drugs;
- (7) the Chief Medical Director of the Department of Veterans Affairs;
- (8) the Administrator of the the Alcohol, Drug Abuse, and Mental Health Administration;
- (9) the Administrator of the Health Care Financing Administration;
- (10) the Commissioner of Social Security;
- (11) the Administrator for Health Care Policy and Research;
- (12) two Members of the House of Representatives appointed by the Speaker of the House in consultation with the Minority Leader, and two members of the Senate appointed by the Majority Leader in consultation with the Minority Leader, not more than one of whom from each body shall be members of the same political party; and
- (13) three members of the general public, to be appointed by the Secretary, that shall include one representative each from—
 - (A) a nonprofit group representing older Americans;
 - (B) a private voluntary health organization concerned with the health problems affecting older Americans; and
 - (C) a nonprofit organization concerned with research related to the health and independence of older Americans.

(b) **CHAIR.**—The Secretary, acting through either the Assistant Secretary for Health or the Director of the National Institute on Aging, shall serve as the Chair of the Task Force.

(c) **QUORUM.**—A majority of the members of the Task Force shall constitute a quorum, and a lesser number may hold hearings.

(d) **MEETINGS.**—The Task Force shall meet periodically at the call of the Chair, but in no event less than twice each year.

(e) **COMPENSATION AND EXPENSES.**—

(1) **COMPENSATION.**—Members of the Task Force who are not regular full-time employees of the United States Government shall, while attending meetings and conferences of the Task Force or otherwise engaged in the business of the Task Force (including traveltime), be entitled to receive compensation at a rate fixed by the Secretary, but not exceeding the rate specified at the time of such service under GS-18 of the General Schedules established under section 5332 of title 5, United States Code.

(2) **EXPENSES.**—While away from their homes or regular places of business on the business of the Task Force, members of such Task Force may be allowed travel expenses, including per diem in lieu of subsistence, as is authorized under section 5703 of title 5, United States Code, for persons employed intermittently in the Government service.

42 USC 242q-2. SEC. 303. ADMINISTRATIVE STAFF AND SUPPORT.

The Secretary, acting through either the Assistant Secretary for Health or the Director of the National Institute on Aging, shall appoint an Executive Secretary for the Task Force and shall provide the Task Force with such administrative staff and support as may be necessary to enable the Task Force to carry out subsections (b) and (c) of section 301.

42 USC 242q-3. SEC. 304. REPORTS.

(a) **IN GENERAL.**—Not later than 1 year after the date of the enactment of this Act, and annually thereafter, the Task Force shall prepare and submit to the Secretary, and to the Committee on Energy and Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate, a report providing the recommendations required in section 301(b).

(b) **AVAILABILITY TO PUBLIC.**—The Task Force may make available to the public copies of the reports required in subsection (a).

42 USC 242q-4. SEC. 305. DEFINITIONS.

For purposes of this title:

(1) **AGING RESEARCH.**—

(A) The term “aging research” means research on the aging process and on the diagnosis and treatment of diseases, disorders, and complications related to aging, including menopause. Such research includes research on such treatments, and on medical devices and other medical interventions regarding such diseases, disorders, and complications, that can assist individuals in avoiding institutionalization and prolonged hospitalization and in otherwise increasing the independence of the individuals.

(B) For purposes of subparagraph (A), the term “independence”, with respect to diseases, disorders, and complications of aging, means the functional ability of individuals to perform activities of daily living or instrumental activities of daily living without assistance or supervision.

(2) **SECRETARY.**—The term “Secretary” means the Secretary of Health and Human Services.

(3) **TASK FORCE.**—The term “Task Force” means the Task Force on Aging Research established under section 301(a).

42 USC 242q-5. SEC. 306. AUTHORIZATION OF APPROPRIATIONS.

For the purpose of carrying out this title, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 1991 through 1993.

TITLE IV—MISCELLANEOUS PROVISIONS

SEC. 401. MISCELLANEOUS AMENDMENTS.

(a) **MINORITY HEALTH.**—

(1) **IN GENERAL.**—Section 1707(b) of the Public Health Service Act, as added by section 2 of the Disadvantaged Minority Health Improvement Act of 1990, is amended—

(A) in paragraph (6), by striking “and” after the semicolon at the end;

(B) in paragraph (7), by striking the period at the end and inserting “; and”; and

(C) by adding at the end the following new paragraph:
 “(8) support expansion and enhancement of tertiary perinatal facilities in rural States with infant mortality rates among individuals from disadvantaged backgrounds, including minorities, that are significantly above the national average for such rates.”

(2) **EFFECTIVE DATE.**—The amendments made by paragraph (1) shall take effect on the date of the enactment of the Disadvantaged Minority Health Improvement Act of 1990.

42 USC 300u-6
note.

(b) **SERVICES REGARDING ACQUIRED IMMUNE DEFICIENCY SYNDROME.**—Title XXVI of the Public Health Service Act, as added by Public Law 101-381, is amended—

(1) in section 2607(1), by striking “2601(a)(1)” and inserting “2601(a)”;

Ante, p. 585.

(2) in section 2651, by striking “section 2652(a)(1)” and inserting “section 2652(a)”;

Ante, p. 606.

(3) in section 2652(a)—

Ante, p. 607.

(A) by striking “referred to in subsection (b)” and inserting “referred to in section 2651(a)”;

(B) by redesignating subparagraphs (A) through (F) as paragraphs (1) through (6), respectively; and

(C) in paragraph (6) (as so redesignated), by striking “a nonprofit private entity that provides” and inserting “nonprofit private entities that provide”.

TITLE V—FELLOWSHIPS

SEC. 501. JAMES MADISON MEMORIAL FELLOWSHIPS.

Section 813(a)(4) of the James Madison Memorial Fellowship Act (20 U.S.C. 4512(a)(4)) is amended by striking the second sentence.

Approved November 15, 1990.

LEGISLATIVE HISTORY—H.R. 5112:

HOUSE REPORTS: No. 101-612 (Comm. on Energy and Commerce).

CONGRESSIONAL RECORD, Vol. 136 (1990):

July 23, considered and passed House.

Oct. 22, considered and passed Senate, amended.

Oct. 23, 25, House concurred in Senate amendments.