

The CHANGE Act of 2021

Background: In 2021, an estimated 6.2 million Americans age 65 and older are living with Alzheimer's disease in 2021. More than one in nine people age 65 and older has Alzheimer's. By 2050, the number of Americans age 65 and older with Alzheimer's dementia is projected to reach 12.7 million. Alzheimer's remains the sixth-leading cause of death in the United States and the only top-ten cause of death without an effective treatment or cure. In 2021, it is estimated that Alzheimer's and related dementias will have cost Medicare and Medicaid programs \$239 billion. By 2050, it is estimated that these direct costs will increase to as much as \$1.1 trillion.

These numbers begin to tell the story of why – medically, economically and socially - Alzheimer's is one of the biggest health care crisis currently facing America and why we cannot wait to take action. Emerging science indicates that proactive, risk-modifying measures exist that can strengthen brain health and increase resiliency against cognitive decline. However, for individuals to utilize these measures - as well as to allow for maximum contribution by the patient in health care decision making and for increased clinical trial participation - early assessment and diagnosis is necessary.

The *Concentrating on High-Value Alzheimer's Needs to Get to an End (CHANGE) Act of 2021* would better utilize the existing Welcome to Medicare initial exam and Medicare annual wellness visits to screen, detect, and diagnose Alzheimer's and related dementias in their earliest stages. It would also establish payment measures to incentivize the detection and diagnosis of Alzheimer's disease or related dementias and discussion of appropriate care planning services, including potential for clinical trial participation.

Section-by-Section Summary:

Section 1. Short Title; Table of Contents; Findings.

Sets out the bill's short title the "Concentrating on High-Value Alzheimer's Needs to Get to an End (CHANGE) Act of 2021; a table of contents of the Act; and findings on the disease and its impact.

Section 2. Cognitive impairment detection benefit in the Medicare annual wellness visit and initial preventive physical examination.

Requires testing for cognitive impairment or progression of cognitive impairment in both the Welcome to Medicare initial exam and the Medicare annual wellness visits. Should cognitive impairment or progression of cognitive impairment be detected, patients are to be referred for additional Alzheimer's disease and dementia diagnostic services; to specialists trained in the diagnosis or treatment of Alzheimer's disease and related dementias; to community-based support services; and to appropriate clinical trials.

Section 3. Medicare quality payment program.

Inclusion of payment measures which incentivize the detection and diagnosis of Alzheimer's disease or related dementias and discussion of appropriate care planning services, including potential for clinical trial participation.

Section 4. Report to Congress on implementation of this Act.

Requires a report to Congress on CHANGE Act implementation including specific measurements.

Section 5. Study and report on regulatory and legislative changes or refinements that would accelerate Alzheimer's disease research progress.