

Concentrating on High-Value Alzheimer's Needs to Get to an End (CHANGE) Act

Background: In 2021, an estimated 6.2 million Americans age 65 and older are living with Alzheimer's disease. This means that more than one in nine people age 65 and older has the disease. In the absence of medical breakthroughs that would prevent, slow, or cure the disease, the number of people age 65 and older with Alzheimer's could grow to a projected 12.7 million. This year alone, Alzheimer's and other dementias will cost the nation \$355 billion, including \$239 billion in Medicare and Medicaid payments combined. By 2050, estimates show 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 the biggest healthcare crisis currently facing America and why we cannot wait to take action. Addressing modifiable risk factors such as physical activity, smoking, education, staying socially and mentally active, blood pressure, and diet might prevent or delay up to 40% of dementia cases. However, in order for individuals to utilize these measures, early assessment and diagnosis is necessary. An early, documented diagnosis, communicated to the patient and caregiver, enables early access to care planning services and available medical and nonmedical treatments, and optimizes patients' ability to build a care team, participate in support services, and enroll in clinical trials.

The ***Concentrating on High-Value Alzheimer's Needs to Get to an End (CHANGE) Act*** 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.