

## **Concentrating on High-Value Alzheimer's Needs to Get to an End (CHANGE) Act of 2018**

**Background:** The number of individuals in the United States with Alzheimer's disease and related dementias has more than doubled since 1980 and, based on the trajectory of the disease, as many as 16 million individuals in the United States will have Alzheimer's by 2050. Alzheimer's is the only disease among the top 10 causes of death in the United States without an effective means of prevention, treatment, or cure. There are no uniformly accepted screening, identification, and diagnostic tools for Alzheimer's, and no screening tool has been identified for Medicare coverage. The lack of a uniform screening and diagnosis tools delays diagnosis, resulting in decreased opportunities for patients to access timely treatment options, including opportunities to participate in clinical trials.

Alzheimer's is also an economic crisis for our healthcare system today and beyond. In 2017, Alzheimer's and related dementias imposed an estimated \$175 billion in direct costs on Medicare and Medicaid with additional billions being spent on indirect costs related to caregiving and other needed services. In addition, Alzheimer's exacts a unique emotional and physical toll on the estimated 15 million or more family caregivers, resulting in a higher incidence of heart disease, cancer, depression, and other health consequences. We need a change in policy to support, incentivize and authorize high-value Alzheimer's patient care, caregiver supports, and research initiatives to improve prevention and treatment and move toward a cure of the disease.

**Bill Summary:** The CHANGE Act is bipartisan and bicameral legislation that encourages early assessment and diagnosis, seeks to relieve caregiver burden and helps accelerate progress to develop disease modifying treatments. Specifically, the bill would do the following:

- **Diagnosis/ Clinical Research:** Would require the Centers for Medicare and Medicaid Services to identify a uniform, reliable cognitive impairment detection tool or set of tools and to incentivize clinicians to detect, refer, and diagnose Alzheimer's and related dementias in their earliest stages. Earlier diagnosis would allow for increased clinical trial participation and contribution by the patient in health care decision making, and validated tools would make it much easier for physicians to provide earlier diagnoses.
- **Care:** Would use Medicare authority to test a comprehensive continuum of care addressing care needs for Alzheimer's disease patients and their caretakers, modeled on the Programs of All-Inclusive Care for the Elderly (the PACE Program). It would also create a coverage and payment model that offers family caregivers evidence-based training and certification specific to dementia care that qualifies them to provide certain medically necessary services that society relies upon them to provide.

### **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 2017"; 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. Test of care delivery models offering a continuum of comprehensive care, and caregiver support services, for patients with Alzheimer’s disease and other dementias.**

Utilizes existing authority to require the testing of a comprehensive continuum of care framework for individuals diagnosed with Alzheimer’s disease or related dementia at any stage, modeled on the Programs of All-Inclusive Care for the Elderly (the PACE Program). Requires this comprehensive continuum of care framework to include case management and care coordination services and a comprehensive approach to caring for such patients which integrates treatment with training and support services for their families and caregivers and which facilitates participation in clinical trials. Explains who is eligible to submit a proposal to participate in the model and how the phases of the model will be evaluated.

**Section 4. State innovation models for family caregivers of patients with Alzheimer’s and related dementias.**

Allows states to develop and test programs that increase an Alzheimer’s patient’s ability to remain in the community by reducing the financial burden to family caregivers.

**Section 5. Medicare quality payment program.**

Establishes 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 6. Report to Congress on implementation of this Act.**

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

**Section 7. Study and report on regulatory and legislative changes or refinements that would accelerate Alzheimer’s disease research progress.**

Requires the Comptroller General, in consultation with interested other groups and individuals, to conduct a study on regulatory and legislative changes or refinements that would accelerate Alzheimer’s disease research progress including specific specified areas of analysis.