

The CHANGE Act of 2019

Background: In 2019, an estimated 5.8 million Americans of all ages are living with Alzheimer's disease. By 2050, 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 14 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. This year alone, Alzheimer's and other dementias will cost the United States an estimated \$290 billion, including \$195 billion in Medicare and Medicaid payments. Alzheimer's disease and related dementias will increase exponentially as the baby boom generation ages. At the current rate, the cost of Alzheimer's will reach \$1.1 trillion in 2050.

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. Emerging science indicates that proactive, risk-modifying measures exist that can strengthen brain health and increase resiliency against cognitive decline. However, in order 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 2019* 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 2019"; 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.