

Concentrating on High-Value Alzheimer’s Needs to Get to An End (CHANGE) Act

**Sponsored by Senators Shelley Moore Capito (R-WV) & Debbie Stabenow (D-MI)
and Representatives Pete Roskam (R-IL) & Linda Sanchez (D-CA)**

Frequently Asked Questions

What is the CHANGE Act?

The CHANGE Act is a bipartisan and bicameral package of legislative provisions intended to better support persons and families impacted by Alzheimer’s disease and dementia. The provisions focus on accelerating diagnosis of Alzheimer’s disease, better supporting patients and family caregivers, and improving quality of care for patients.

How will the bill help improve diagnosis of Alzheimer’s disease?

The CHANGE Act will enhance existing law that requires assessment of a Medicare beneficiary’s cognitive functioning as part of the Annual Wellness and Welcome to Medicare Visit. Specifically, the CHANGE Act will require that such assessments be conducted using tools validated by the National Institute on Aging for this purpose. This will fill a major gap in law today that allows providers to rely on “clinical observation” to meet this requirement. The provision will also require that the results be documented in the beneficiary’s medical records and that referrals to appropriate follow-on visits, including specialty visits, advanced imaging procedures, community-based services, and clinical trials be made. Detection is the first step toward diagnosis, and the Change Act will make this more likely.

How will the legislation improve care and support for patients and caregivers?

The CHANGE Act recognizes the myriad challenges impacting persons impacted by Alzheimer’s and their families as well as a body of evidence suggesting that cost-effective and evidence-based interventions can ease these challenges and burdens. The CHANGE Act requires CMMI to evaluate promising models, such as a modified Program for All-Inclusive Care for the Elderly (PACE) pilot, as well as numerous other programs around the country that have sought to gather and provide evidence-based care, to design and test a comprehensive and integrated approach to meet the unique needs of the Alzheimer beneficiary and family caregivers. It would also authorize state innovation models focused on supporting the needs of family caregivers through certification and coverage of familial caregiver services.

What will this bill do regarding the Medicare programs?

The CHANGE Act recognizes the need to incentivize desired behavior by providers and health plans under Medicare. That’s why it will require CMS to develop quality measures under the Merit-based Incentive Payment System (MIPS) and Medicare Advantage star rating programs. Measures would focus on policies to promote healthy brain lifestyles and to identify and respond to risk factors for Alzheimer’s disease. It would incent providers to conduct and document the

findings of cognitive assessments, to provide timely diagnoses of Alzheimer's and provide care planning and related supportive services.

What will the CHANGE Act do to support broader implementation of new Alzheimer's models?

The legislation requires the Government Accountability Office (GAO) to undertake a comprehensive review of innovative public-private partnerships, financing tools, incentives and other mechanisms that enhance the quality of care for individuals to identify any needed legislative or regulatory changes to accelerate progress. The review will also consider incorporating the newly authorized models into other arrangements such as shared savings programs or user fee agreements.

Why is this legislation needed at this time?

This bill is needed because of the urgent health and economic threat posed by Alzheimer's and dementia to our nation. It builds upon previous and existing efforts, including the work of National Alzheimer's Project Act and the National Plan to Address Alzheimer's Disease. Additionally, the provisions could be acted upon via administrative action, but the legislation seeks to accelerate this activity.