Dear Representatives Barragan and Joyce:

On behalf of the Alzheimer’s Association and the Alzheimer’s Impact Movement (AIM), including our nationwide network of advocates, thank you for your bold and consistent leadership on issues and legislation important to Americans living with Alzheimer’s and other dementias, and to their caregivers. We write in support of the Access to Innovative Treatments Act, which would update the Centers for Medicare and Medicaid Services’ national coverage determination authority and prevent the agency from implementing limited coverage policies for an entire class of drugs.

As you know, Alzheimer’s disease is a progressive brain disorder that damages and eventually destroys brain cells, leading to a loss of memory, thinking, and other brain functions, and an estimated 6.7 million Americans age 65 and older are living with Alzheimer’s dementia in 2023. Total payments for all individuals with Alzheimer’s or other dementias are estimated at $345 billion (not including unpaid caregiving) in 2023. And in 2023, Alzheimer’s and other dementias will cost the nation $345 billion — not including the value of unpaid caregiving. Medicare and Medicaid are expected to cover $222 billion – or 64 percent – while out-of-pocket spending is expected to be $87 billion. Total payments for health care, long-term care, and hospice care for people living with dementia are projected to increase to nearly $1 trillion in 2050. These mounting costs threaten to bankrupt families, businesses, and our health care system. Unfortunately, our work is only growing more urgent.

In 2022, the Centers for Medicare and Medicaid Services (CMS) implemented the National Coverage Determination (NCD) for monoclonal antibodies directed against amyloid for the treatment of Alzheimer’s disease. This restrictive and unprecedented NCD not only applies to current FDA-approved Alzheimer’s therapies but also applies to all future treatments in the same class. This decision directly creates a barrier to care for older Americans across the country and in particular in rural and underserved areas. Furthermore, it will restrict access to treatments for the 75 percent of individuals living with Alzheimer’s disease age 75 and older and, as such, eligible for Medicare. In January 2023, under the accelerated approval pathway, the FDA approved the second Alzheimer's anti-amyloid monoclonal antibody, lecanemab (Leqembi). In March 2023, the Veterans Health Administration decided it would cover Leqembi for veterans aged 65 years and older living with dementia – all while CMS continues to deny coverage for these FDA-approved treatments. As no two treatments are the same, it is important that CMS evaluate them individually and based on their own merits, rather than as a broad class of drugs. The bipartisan Access to Innovative Treatments Act would ensure that any NCD made by CMS only applies to that specific therapy and not an entire class of drugs. As new treatments are approved, early detection and diagnosis are even more critical to ensure individuals receive the most benefit at the earliest point possible. The millions of Americans living with Alzheimer’s and other dementia, and their caregivers, cannot afford any delay.
Again, the Alzheimer's Association and AIM deeply appreciate your continued leadership on behalf of all Americans living with Alzheimer’s and other dementias. We look forward to working with you to ensure timely access to treatments for all people living with Alzheimer’s and other dementia. If you have questions about this or any other legislation, please contact Sarah Tellock, Director of Congressional Affairs, at stellock@alz-aim.org or at 202.638.8676.

Sincerely,

Rachel Conant
Vice President, Federal Affairs
Alzheimer’s Association