Alzheimer's Association and Alzheimer's Impact Movement (AIM)
Statement for the Record

United States House of Representatives Committee on Energy and Commerce
Health Subcommittee
Hearing on "Lowering Health Care Costs for All Americans: An Examination of the U.S. Provider Landscape"

March 18, 2026

The Alzheimer's Association and Alzheimer's Impact Movement (AIM) appreciate the opportunity to submit this statement for the record for the House Energy and Commerce, Health Subcommittee hearing on **"Lowering Health Care Costs for All Americans: An Examination of the U.S. Provider Landscape."** We are grateful to the Subcommittee and its bipartisan leadership for prioritizing policies that strengthen the health care system, improve patient care, and address the unique needs of older adults and those living with Alzheimer's disease and other dementias. With more Americans living with Alzheimer's disease than ever before, early detection is essential to enabling earlier treatment and intervention, when the potential for impact is greatest. Without timely diagnosis and effective support for clinicians and care providers, the burdens on families and the health care system will continue to grow.

As the Subcommittee examines the provider landscape, it is critical to recognize the growing strain on the health care workforce — particularly those delivering care to individuals living with Alzheimer's and other dementias — and the importance of policies like the Alzheimer's Screening and Prevention (ASAP) Act (H.R. 6130) in helping address these challenges. Workforce shortages, limited training in dementia care, and increasing demand are placing significant pressure on clinicians, direct care workers, and caregivers alike. By improving early detection and expanding access to simple diagnostic tools like blood tests, the ASAP Act can help better equip providers, support more efficient care delivery, and reduce long-term strain on the workforce and health care system. Unlike PET scans — which require specialized facilities, significant time, and considerable cost — blood-based biomarker tests can deliver results faster and ease the diagnostic burden on both providers and patients.

Bipartisan legislation like the ASAP Act can address these challenges by improving early detection, supporting more efficient care delivery, and better equipping providers to meet patient needs.

Founded in 1980, the Alzheimer's Association is the world's leading voluntary health organization in Alzheimer's care, support, and research. Our mission is to eliminate Alzheimer's and other dementia through the advancement of research, to provide and enhance care and support for all affected, and to reduce the risk of dementia through the promotion of brain health. The Alzheimer's Impact Movement is the Association's separately incorporated advocacy affiliate, working in strategic partnership to make Alzheimer's a national priority. Together, the Alzheimer's Association and AIM advocate for policies to fight Alzheimer's disease and all other dementia, including increased investment in research, improved care and support, and the development of approaches to reduce the risk of developing dementia.

Over 7 million Americans are living with Alzheimer's, and by 2050, this number is expected to rise to nearly 13 million. Alzheimer's is one of the most costly conditions in the United States. In 2025, total payments for all individuals with Alzheimer's or other dementia are estimated at $384 billion (not including unpaid caregiving). By 2050, these costs are projected to rise to nearly $1 trillion. Only half of those living with Alzheimer's disease are diagnosed and of those, only half are told of their diagnosis.

Developments in Alzheimer's Diagnosis

Blood-based biomarker tests now allow clinicians to diagnose Alzheimer's disease through simple blood draws, enabling earlier and more accurate diagnoses. Blood tests recently cleared by the Food and Drug Administration (FDA) provide practical tools for clinicians, who use these diagnostic tools combined with medical history and other information, including neurological exams, cognitive and functional assessments, brain imaging, and/or cerebrospinal fluid to make an accurate diagnosis. Early diagnosis benefits individuals and families by supporting care planning, accessing appropriate treatments, and engaging supportive services that can slow functional decline. Timely care reduces avoidable hospitalizations, emergency visits, and other high-cost interventions, delivering long-term savings for public payers and families. Diagnosing the disease in its early stages can also delay the need for long-term care, which represents a major portion of Medicare and Medicaid expenditures.

Early-stage treatments now approved by the FDA can slow disease progression, giving patients more time to maintain independence and participate in daily life. Continued scientific progress, coupled with policies that support early detection and diagnosis, will be essential for ensuring that these benefits are broadly accessible. Federally-supported health research is a direct investment in the health, economy, and resilience of the United States. By accelerating early detection, diagnosis, and treatment, these investments improve patient outcomes while reducing long-term costs to the health system.

The Alzheimer's Screening and Prevention (ASAP) Act (H.R. 6130)

Breakthrough advances in Alzheimer's diagnostics are making earlier detection possible for the first time. Medicare currently covers routine blood test screening for several diseases, including diabetes, heart disease, and certain types of cancer. Researchers have now developed simple blood tests that can detect Alzheimer's biomarkers before symptoms appear — a scientific milestone with the potential to transform how we identify and treat this disease. Today's treatments are significantly more effective when begun with the onset of mild cognitive impairment (MCI), yet fewer than 10 percent of people living with MCI ever receive a diagnosis. However, under current law, Medicare can cover screening and preventive services only if explicitly authorized by Congress or if recommended by the U.S. Preventive Services Task Force. For Alzheimer's blood tests, this could result in significant delays between approval of a screening test by the FDA and when Medicare beneficiaries have access to it. This is a legal — not a scientific — barrier.

The bipartisan Alzheimer's Screening and Prevention (ASAP) Act (H.R. 6130) addresses this gap. Introduced in the House of Representatives by House Ways and Means Committee Health Subcommittee Chairman Vern Buchanan (R-FL-16) and Energy and Commerce Committee member Representative Paul Tonko (D-NY-20), the bill creates a pathway for Medicare coverage of FDA-approved screening tests for Alzheimer's disease. Under current law, Medicare cannot cover dementia screening tests for individuals without symptoms, creating a legal barrier that could delay access to new diagnostic tools.

This is a "mammogram moment" for Alzheimer's — an inflection point to establish early detection and intervention as standard practice. Historical precedent demonstrates the impact: when Congress enabled Medicare coverage for routine mammography, screening rates rose, cancers were detected earlier, and patient outcomes improved. The ASAP Act applies the same model to Alzheimer's, ensuring timely access to early diagnosis without arbitrary regulatory delay.

Brain changes associated with Alzheimer's disease may begin as many as 20 years before the onset of symptoms. Early detection through blood-based tests can help providers identify disease risk sooner, offer guidance on lifestyle interventions, monitor disease progression, and initiate treatment when interventions are most effective. The importance of identifying disease risk early was reinforced by findings from the Alzheimer's Association's U.S. Study to Protect Brain Health Through Lifestyle Intervention to Reduce Risk (U.S. POINTER), which demonstrated that structured, multidomain lifestyle interventions can improve cognition and help protect against age-related decline.

Providers can reduce unnecessary positron emission tomography (PET) scans or cerebrospinal fluid analysis for patients unlikely to have Alzheimer's, focusing resources on those most likely to benefit. This improves care quality while lowering long-term health care costs. A simple Alzheimer's blood test costs about two hundred dollars. The brain scan it can replace costs three thousand dollars. Medicare should cover the simpler, less expensive test that can keep costs low for everyone.

By enabling timely identification of Alzheimer's, the ASAP Act also strengthens provider capacity. Primary care providers, who make initial diagnoses in 85 percent of cases, can confidently screen, triage, and refer patients, ensuring that specialist resources are reserved for those who will benefit most. This reduces clinician burden, prevents burnout, and supports workforce sustainability. Efficient use of provider time also translates into cost savings for the health system: fewer unnecessary referrals, reduced diagnostic delays, and optimized care pathways.

Furthermore, early detection opens opportunities for clinical trial enrollment and preventive care interventions, accelerating the development of future therapies and ensuring patients benefit from innovative treatment options as they become available. By aligning scientific progress with Medicare policy, the ASAP Act creates a downstream ripple effect: patients receive timely care, providers operate more efficiently, and long-term health care costs are reduced. We urge the Committee to support the ASAP Act to help ensure Medicare can cover routine dementia blood test screening and enable earlier detection of Alzheimer's disease.

Supporting Dementia Providers and Strengthening the Health Care Workforce

As we enter a new era of Alzheimer's treatment, access to a timely and accurate diagnosis — and a health care workforce prepared to deliver it — is more critical than ever. Primary care providers are on the front lines and often the first point of contact for individuals with concerns about cognitive decline, yet many report they are not adequately prepared to diagnose or manage Alzheimer's and other dementias. With specialists frequently backlogged or inaccessible, primary care must be better equipped to detect and diagnose causes of dementia directly. Early detection alone is not sufficient — a trained and supported workforce is essential to translate scientific advances into better patient outcomes. Quality care delivered by trained providers improves outcomes for individuals and caregivers while reducing strain on the broader health care system.

The ASAP Act complements these workforce needs by strengthening the system's capacity for early and accurate diagnosis. With access to appropriate diagnostic tools, providers can engage patients earlier, tailor treatment plans, and coordinate care more effectively. This leads to more

timely interventions, better care planning for families, and more efficient use of specialist services. Together, improved diagnostic access and strengthened provider capacity reduce unnecessary referrals, alleviate system strain, and support long-term sustainability of the health care workforce, while helping ensure that advances in dementia research translate into meaningful improvements in patient care and outcomes.

Conclusion

The Alzheimer's Association and AIM appreciate the steadfast, bipartisan support of the Energy and Commerce Health Subcommittee and its continued commitment to issues important to the millions of families affected by Alzheimer's disease and other dementia. We look forward to working with you in a bipartisan way to advance legislation, including the ASAP Act, to enable earlier detection of Alzheimer's disease and improve health care outcomes for the millions of Americans living with Alzheimer's, their families, and their caregivers, so that one day we may celebrate the first survivor of this devastating disease.