Alzheimer's Association and Alzheimer's Impact Movement Statement for the Record

United States Senate Committee on Health, Education, Labor and Pensions (HELP) Hearing on "Modernizing the National Institutes of Health: Faster Discoveries, More Cures"

February 3, 2026

The Alzheimer's Association and Alzheimer's Impact Movement (AIM) appreciate the opportunity to submit this statement for the record for the Senate Committee on Health, Education, Labor and Pensions (HELP) hearing entitled "Modernizing the National Institutes of Health: Faster Discoveries, More Cures." We are grateful to the Committee and bipartisan champions in both chambers who have worked together to ensure our country continues to advance policies and fund research to improve the lives of people living with dementia and their families. It is crucial for officials to understand both the challenges of this fatal disease, the progress we have made, and the hope we have for the future in the fight to end Alzheimer's and all other dementia. Alzheimer's isn't a red or blue issue — it is purple. What unites us all is our shared vision of a world without Alzheimer's and all other dementia. We are at a moment when our knowledge and discoveries are changing the way we fight dementia. Now is the time to do more, not less.

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.

Federally supported health research is a direct investment in the health, economy, and security of the United States. This research, conducted through partnerships involving federal agencies, academic institutions, and industry, produces discoveries that lead to longer, healthier lives, generates significant economic growth, and strengthens our nation's resilience against health threats. We have seen clear results: lower cancer death rates, life-saving vaccines, and effective treatments for many diseases. The National Alzheimer's Project Act (NAPA), enacted in 2011 and reauthorized unanimously in 2024 (P.L. 118-92), demonstrates how focused national commitment accelerates progress, particularly in Alzheimer's research.

However, major health challenges remain: Alzheimer's disease and related dementia (AD/ADRD), chronic diseases, the threat of pandemics, and health disparities. Alzheimer's disease illustrates the urgency. As too many of us know from personal experience with family or friends, Alzheimer's is a progressive brain disease that damages and eventually destroys brain cells, leading to a loss of memory, thinking, and other cognitive functions. Ultimately, Alzheimer's is fatal. We have yet to celebrate the first survivor of this devastating disease. According to the 2*025 Alzheimer's Disease Facts and Figures*, by 2050, the projected number of people age 65 and older living with Alzheimer's in America will be 12.7 million, and total payments for all individuals with Alzheimer's or other dementias are projected to increase to just under $1 trillion. These mounting costs threaten to bankrupt families, businesses, and our health care system. Unfortunately, our work is only growing more urgent. Meeting these challenges and using new scientific opportunities requires a strong federal commitment. As we continue to understand more about the Department of Health and Human Services (HHS) reorganization, we want to make certain that programs that are critical to those with Alzheimer's and other dementias and caregivers continue to be supported.

Progress Leads to Treatment

The 2011 enactment of the landmark National Alzheimer's Project Act (P.L. 111-375) ushered in a new phase of progress, changing the way our nation addresses Alzheimer's and all other dementia, and resulting in unprecedented progress in Alzheimer's and dementia research, care, and support. In 2024, Congress renewed the nation's commitment with the unanimous passage of the NAPA Reauthorization Act (P.L. 118-92) and the Alzheimer's Accountability and Investment Act (P.L. 118-93).

Since the passage of NAPA, Congress has worked in bipartisan fashion to increase federal research funding more than sevenfold. Current investments at the National Institutes of Health (NIH) in Alzheimer's and dementia research are more than $3.8 billion annually. As a result of this increased investment, scientists have been able to work at a more rapid pace to advance basic disease knowledge, explore ways to reduce risk, uncover new biomarkers for early diagnosis and drug targeting, and develop potential treatments.

Alzheimer's and dementia research has momentum now more than ever, largely due to appropriately robust funding from Congress. Recent advances include approval of the first treatments approved by the Food and Drug Administration (FDA) to slow the progression of Alzheimer's disease and more tools for accurate detection and diagnosis, such as amyloid and tau positron emission tomography (PET) imaging, cerebrospinal fluid assays, and blood tests. These disease-targeting treatments change the course of the disease in a meaningful way for some people in the early stages. By slowing the progression of the disease in the early stages of Alzheimer's, individuals will have more time to participate in daily life and live independently. Future treatments will need to address the underlying biology that drives all stages and symptoms of each neurodegenerative disease so that all individuals who are affected by Alzheimer's or another dementia have effective treatment options. Our progress must continue.

As Alzheimer's and other dementia science rapidly evolves, we all have a responsibility to ensure the information presented to people facing these conditions is accurate and grounded in the latest science. However, increasingly, influencers in the news media and a very small minority in the dementia field are perpetuating harmful myths about Alzheimer's, including the recent FDA-approved Alzheimer's treatments. These inaccurate, highly distorted, and sensationalized attacks on scientific discoveries and the scientific community have begun to reach the patient community and are impacting their health care decisions and treatment options.

The Dementia Research Community is Strong, Collaborative, Science-Driven, and Exploring a Wide Variety of Pathways

Over the past two decades, Alzheimer's research has included research into the "amyloid hypothesis" based on a robust body of scientific evidence. This research has been successful. Through the clearance of amyloid, the disease-targeting treatments available to patients today have demonstrated their effectiveness in rigorous phase 3 clinical trials, FDA approval, and

open-label extension studies, bringing meaningful benefits to patients. Further important progress based on this line of research is currently in clinical trials and is highly possible.

At the same time, the NIH, the Alzheimer's Association, and other stakeholders are funding many more projects addressing additional therapeutic targets. Claims that Alzheimer's research is focused on amyloid to the exclusion of other targets are simply wrong. Over the most recent 10 years of available data (2014–2023), less than 14% of new NIH-funded Alzheimer's projects focused on amyloid beta as the therapeutic target. As of September 2024, the National Institute on Aging (NIA) was supporting 495 pharmacological and non-pharmacological trials, exploring a wide range of therapeutic targets including tau, inflammation, and metabolic pathways. These efforts reflect a new era of discovery and progress - a profoundly hopeful time for individuals and families affected by Alzheimer's and all other dementia.

Investing in Alzheimer's Treatments

While the NIH has researched to find treatments for Alzheimer's, there is also a large focus on advancing researchers' understanding of the risk factors, genetics, and biological mechanisms that drive dementia and expanding research on dementia care and care partner support. The NIA is currently conducting over 150 early and late-stage clinical trials that are focused on non-pharmacological interventions, including exercise, brain stimulation, and cognitive training. Ongoing support also allows the NIH to further study the impact of blood pressure control, hearing aids, and other non-pharmacological interventions on Alzheimer's prevention and care. As we work toward increased access to current and future treatments, we understand that there is still important work that needs to be done to move Alzheimer's research forward.

While recent NIH funding increases have laid the foundation for breakthroughs in diagnosis, treatment, and prevention, and enabled significant advances in understanding the complexities of Alzheimer's, there is still much left to be done. It is vitally important that NIH continues to build upon promising research advances. We are grateful that the *Consolidated Appropriations Act, 2026* included an increase of $100 million in Alzheimer's and dementia research at the NIH. This will go towards accelerating our understanding of the prevention and treatment of Alzheimer's and dementia, including expanding research on how genetic traits influence the likelihood of developing Alzheimer's disease, and to what extent genetics plays a role in being a risk factor for the disease. People who have family members with dementia may be at a higher risk of developing it themselves, and it is important to identify the cause of any predisposition.

When individuals are able to identify that they are at a higher risk, they then have the knowledge to work to mitigate modifiable risk factors and increase their overall health. As Congress begins to negotiate fiscal year 2027 funding levels, we ask that Congress includes an additional $187.21 million for Alzheimer's and dementia research at the NIH, consistent with the amount recommended in the *Fiscal Year 2027 NIH Professional Judgment Budget for Alzheimer's Disease and Related Dementias Research: Advancing Progress in Dementia Research*, as authorized by the unanimous passage of the Alzheimer's Accountability and Investment Act (P.L. 118-93). By continuing to invest in Alzheimer's research, NIH can accelerate discoveries that translate into meaningful treatments and improved care.

Enabling Accurate and Timely Diagnosis

An early diagnosis provides a range of benefits for individuals living with Alzheimer's or another dementia and their families, including better treatment. However, at this time, there is no single diagnostic test that can determine if a person has one of the diseases that cause dementia; instead, health care professionals use a variety of approaches and tools to make a diagnosis. Scientists are developing simple, inexpensive diagnostic tools that can be incorporated into the diagnostic process in a variety of clinical practice settings. With the newest approved treatments being limited to individuals in the early stages of Alzheimer's disease, early and accurate detection is even more critical.

Blood biomarker tests are beginning to revolutionize the detection and diagnosis of Alzheimer's. The funding increases over the past decade have enabled groundbreaking advancements, including improved blood biomarker test accuracy. These blood-based biomarkers indicate the likelihood of amyloid or tau accumulation in the brain and track changes in protein levels in response to treatment. Sustained, robust NIH investment is also advancing researchers' understanding of the risk factors, genetics, and mechanisms of dementia, diversifying and de-risking the therapeutic pipeline, and expanding research on dementia care and care partner support.

In May 2025, the FDA cleared the first blood test to aid in the diagnosis of Alzheimer's disease. The Lumipulse G pTau217/ß-Amyloid 1-42 Plasma Ratio test detects amyloid plaques — a hallmark of Alzheimer's — through a simple blood draw, making it less invasive than other commonly used diagnostic tools. There are a variety of laboratory-developed tests on the

market that can be used to detect blood-based biomarkers associated with Alzheimer's. This is the first that has been cleared by the FDA for use.

Most recently, in October 2025, the FDA cleared the Elecsys pTau181 plasma test, developed by Roche — the first blood-based biomarker test to rule out Alzheimer's disease cleared for use in the primary care setting specifically. This marks a major step forward in making early detection tools more accessible across a range of clinical settings. By providing an efficient, less-invasive method to assess the likelihood of amyloid plaques, this test can help primary care physicians determine which patients do not require Alzheimer's-related follow-up tests, such as PET scans or cerebrospinal fluid analysis. With this new test, primary care providers can now help identify patients whose cognitive issues stem from non-Alzheimer's causes more quickly, preventing unnecessary and invasive testing while allowing specialists to focus on those most likely to benefit from advanced evaluation and treatment. This progress must continue as there is much farther to go, and the population of those affected by this disease only continues to grow.

As Alzheimer's and other dementia science rapidly evolves, we must ensure that policy translates these discoveries into meaningful care and support. We strongly support the bipartisan Alzheimer's Screening and Prevention (ASAP) Act (S. 3267), led by Senators Susan Collins (R-ME), Catherine Cortez Masto (D-NV), Shelley Moore Capito (R-WV), and Mark Warner (D-VA), which would create a pathway for Medicare to cover FDA-approved tests that screen for biomarkers of dementia, while maintaining the Centers for Medicare and Medicaid Services's evidence-based coverage process. Without this legislation, Medicare coverage of new dementia screening tools could be delayed for years, even after FDA approval. The ASAP Act would not mandate coverage, but it would empower the HHS Secretary to determine whether FDA-approved dementia screening tests should be covered, translating scientific progress into meaningful, timely care that allows individuals and families to swiftly act on early detection, access interventions, and plan for the future.

Conclusion

Investing in federal health research is critical for improving health outcomes and finding cures. It produces longer, healthier lives, a stronger economy, and continued global leadership. We face serious health challenges, like Alzheimer's disease. Yet, progress, especially in Alzheimer's research fueled by past bipartisan Congressional action, shows what focused, sustained federal

commitment can achieve. The cost of inaction — in lives, health care dollars, and competitiveness — is far greater than the cost of investment. By providing robust, predictable funding across the entire health research ecosystem, Congress empowers researchers, clinicians, and public health professionals rapidly working to solve our most pressing health problems. The Alzheimer's Association and AIM look forward to continuing our longstanding bipartisan collaboration with Congress to combat Alzheimer's and all other dementia, as well as with NIH leadership. Working together, we can support ongoing research, translate science into meaningful care and support, promote brain health, and ultimately find cures. We urge you to continue to make federal health research a top priority and enact the funding increases needed to accelerate discovery, improve health, and secure a better future for all Americans.