



**Alzheimer's Association and Alzheimer's Impact Movement Statement for the Record
United States House of Representatives, Energy and Commerce Health Subcommittee
Legislative Hearing on "Examining Legislative Proposals to Reform Medicare Provider
Payment and Bolster Health Care Cybersecurity"**

September 15, 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 legislative hearing on "Examining Legislative Proposals to Reform Medicare Provider Payment and Bolster Health Care Cybersecurity," and are grateful for the Subcommittee's consideration today of the bipartisan Alzheimer's Screening and Prevention (ASAP) Act (H.R. 6130), which creates a pathway for Medicare to cover FDA-cleared tests that screen for biomarkers of dementia.

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.

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 [*2026 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 (in 2026 dollars). These mounting costs threaten to bankrupt families, businesses, and our health care system. Unfortunately, our work is only growing more urgent. As Congress considers

reforms to Medicare and the health care system, it is critical that Medicare policies keep pace with these innovations and ensure beneficiaries can access them to improve prevention, diagnosis, treatment, and care. Now is the time to do more, not less.

Science is advancing. The tools are emerging. What is needed now is a pathway that allows Medicare to cover these innovations. Congress has done this before. It expanded Medicare coverage of screening mammography and Pap testing, services that are now routine parts of preventive care and that identify disease earlier, when it can be treated more effectively. This is a “mammogram moment” for Alzheimer’s — an opportunity to make early detection and early treatment the standard of care. We urge the Subcommittee to advance the ASAP Act to make a difference for Americans by increasing the ability of early detection of dementia.

Screening Is Not Diagnosis

Since May 2025, the FDA has cleared four blood-based biomarker tests for Alzheimer's disease. Fujirebio's Lumipulse G pTau217/ β -Amyloid 1-42 Plasma Ratio detects amyloid pathology through a simple blood draw, far less invasive than PET imaging or lumbar puncture. Three have followed: Roche's Elecsys pTau181 in October 2025, to rule out Alzheimer's pathology in primary care; C2N Diagnostics' Precivity AD2 in August 2026, the first cleared for adults as young as 40, recognizing that younger-onset Alzheimer's is a reality for many families; and Roche's Elecsys pTau217 later that month, for adults 55 and older. Every one of them is cleared to aid the evaluation of people who already have cognitive symptoms. Screening is a different undertaking, and it is judged by a different standard.

The ASAP Act is about screening, not diagnosis. A mammogram doesn't diagnose breast cancer; it indicates the need for a closer look, and most of the time that closer look is reassuring. That isn't a weakness - it's the design. Screening casts a wide, sensitive net to catch as many cases as possible before symptoms appear, accepting more false positives so that follow-up testing can sort them out. An Alzheimer's blood test works the same way: it is a signal to look more carefully, not a diagnosis.

Judged against the screening we already accept as standard of care — mammography, lung CT, stool tests, Pap — Alzheimer's blood tests identify a higher share of true cases among those they flag: roughly half to three-quarters. That conclusion does not rest on a single study. A 2026 meta-analysis in *JAMA Neurology* pooling nearly 7,900 cognitively healthy adults found these tests reliably detect Alzheimer's pathology before symptoms begin, across different populations, test makers, and countries - concluding that “plasma p-tau217 can reliably detect AD pathology in the preclinical stage.”

Findings presented at AAIC 2026 and published simultaneously in *JAMA* go further, establishing that these tests predict what follows. Among nearly 2,700 cognitively unimpaired adults, average age 70, those with very high p-tau217 levels had an estimated 78% likelihood of progressing to cognitive impairment within 10 years; those with moderately elevated levels faced an estimated

15% risk over five years and 45% over 10.¹ A blood test can now give clinicians a forward-looking measure of risk, of the kind they already rely on when reading a cholesterol or blood pressure result - and the people it identifies are precisely those Medicare is already equipped to act on, through confirmatory evaluation, risk-factor modification, prevention trials, and treatment beginning at the earliest point it is indicated.

It is prudent to use caution while a screening test is new and this evidence is still accumulating. This is how every screening test comes to be trusted, and clinicians urging care are right to do so. The ASAP Act embodies that deliberation. It does not require Medicare to cover these tests. It removes the legal wall that today keeps Medicare from covering screening for people without symptoms and leaves the determinations to the experts — the FDA on whether a test is cleared for screening, CMS on whether Medicare should cover it.

The Why Behind the ASAP Act

As Alzheimer's and other dementia science rapidly evolves, we must ensure that policy translates these discoveries into meaningful care and that Medicare's coverage policies keep pace with advances in Alzheimer's and dementia detection. We strongly support the bipartisan Alzheimer's Screening and Prevention (ASAP) Act (H.R. 6130), led by Representatives Vern Buchanan (R-FL-16) and Paul Tonko (D-NY-20), which would create a pathway for Medicare to cover FDA-cleared tests that screen for biomarkers of dementia, while maintaining the Centers for Medicare and Medicaid Services (CMS)'s evidence-based coverage process. Without this legislation, Medicare coverage of new dementia screening tools could be delayed for years, even after FDA clearance.

The ASAP Act would not mandate coverage, it would empower the HHS Secretary to determine whether FDA-cleared 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. Further, the bill preserves clinical judgment: providers keep discretion over how and when to use these tests.

The American people support early detection and diagnosis of Alzheimer's and other dementia. Currently, [fewer than 10%](#) of people receive a diagnosis of Alzheimer's disease when they have mild cognitive impairment, the phase when symptoms first emerge and they are eligible for treatment. But nearly 4 in 5 say they would want to know their Alzheimer's diagnosis while symptoms are still mild or before symptoms appear at all.² More than nine in ten Americans report they would want access to a simple medical test that enables earlier diagnosis, care planning, and treatment decisions.³ Early diagnosis is the gold standard for diseases like cancer, heart disease, and diabetes. We now know early diagnosis and treatment lead to much better outcomes

¹ <https://aaic.alz.org/releases-2026/blood-test-p-tau217-predicts-alzheimers-risk.asp>

² 2025 Alzheimer's Disease Facts and Figures, special report, *American Perspectives on Early Detection of Alzheimer's Disease in the Era of Treatment*, Alzheimer's Association ([executive summary PDF](#); [announcement](#), April 29, 2025)

³ Id.

for Alzheimer's disease as well. By advancing the bipartisan ASAP Act, Congress provides a pathway to screening, opening access to many individuals who might otherwise not receive a timely Alzheimer's diagnosis, if they receive one at all.

In addition to its popularity with the American public, the ASAP Act is popular across Congress as well – the bill currently has 211 bipartisan members who support it in the House, and 49 in the Senate. That support is echoed across the larger community – recently, the Alzheimer's Association, AIM and the Leaders Engaged on Alzheimer's Disease (LEAD Coalition) sent a [letter](#) to Congress with more than 525 organizations, researchers and clinicians supporting the advancement of the ASAP Act.

Additionally, the National Alliance for Caregiving (NAC) recently [released a brief](#) in partnership with the Alzheimer's Association and AIM showing the impact the ASAP Act will have on family caregiving, noting that the bill will help close the diagnosis gap, give families more time for care planning decisions, reduces the emotional and physical toll of caregiving, and is “a step that could help reshape the caregiving journey for millions of families.”

The impact is clear from when Congress acted before to ensure that Medicare beneficiaries can access advances in screening. Mammography and Pap testing are now routine parts of preventive care, identifying diseases earlier when they can be more effectively treated. This is a “mammogram moment” for Alzheimer's - an opportunity to make early detection and early treatment the standard of care. Passing legislation that would increase access to care and treatment is one of the most important actions Congress takes.

Conclusion

We are at a moment when our knowledge and discoveries are changing the way we fight dementia. As Congress works to reform and strengthen Medicare, it should ensure that beneficiaries can benefit from the scientific and technological advances that are transforming health care. Modernizing Medicare to support timely diagnosis, evidence-based treatment, and appropriate use of innovative technologies can improve outcomes for beneficiaries while helping the program use its resources more effectively.

The Alzheimer's Association and AIM look forward to continuing our longstanding bipartisan collaboration with Congress to combat Alzheimer's and all other dementia, including through your leadership as the Energy and Commerce Health Subcommittee and Full Committee. We urge you to continue making the ASAP Act a priority to provide a pathway to coverage, improve health, modernize Medicare to reflect advances in Alzheimer's and dementia care, and secure a better future for all Americans. Together, we can build on the progress made through research and innovation, translate scientific advances into meaningful care and support, promote brain health, and ultimately find cures for this devastating disease.