The Honorable Jason Smith
Chairman
House Ways and Means Committee
United States House of Representatives
1101 Longworth House Office Building
Washington, D.C. 20515

The Honorable Richard Neal
Ranking Member
House Ways and Means Committee
United States House of Representatives
372 Cannon House Office Building
Washington, D.C. 20515

September 16, 2026

Dear Chairman Smith and Ranking Member Neal,

The Alzheimer's Association and the Alzheimer's Impact Movement (AIM) welcomes action by the House Ways and Means Committee on the bipartisan Alzheimer's Screening and Prevention (ASAP) Act (H.R. 6130). We are thankful for the bipartisan leadership of the Committee, lead sponsors and all 215 bipartisan House cosponsors. The overwhelming support in Congress has brought us to this moment, and we are grateful for the consideration of the bill and this critical step forward in the process. We look forward to continuing to work with bipartisan Committee and House leadership to ensure final language provides broad access to screening for Alzheimer's disease and other 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.

Since May 2025, the FDA has cleared four blood-based biomarker tests for Alzheimer's disease. Fujirebio's Lumipulse G pTau217/ß-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.

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 for Alzheimer's disease as well. By advancing the bipartisan ASAP Act, Congress provides a

[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.

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 215 bipartisan members who support it in the House, and 50 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.

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 deeply appreciate your continued leadership on behalf of all Americans living with Alzheimer's and other dementias. Again, we are thankful that the committee has taken this critical next step and look forward to continuing to work with bipartisan Committee and House leadership to ensure final language provides broad access to screening for Alzheimer's disease and other dementia. If you have questions about this or any other legislation, please contact Sarah Osuna, Associate Director, Congressional Affairs, at sdosuna@alz-aim.org or at (202) 638-7041.

Sincerely,

Rachel M. Conant

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