



September 9, 2025

Dear Senator _____,

We reach out to you today to ask you to co-sponsor [S. 1799](#), bipartisan legislation sponsored by Senators Shelley Moore Capito (R-WV) and Mark Warner (D-VA) informally called The **Concentrating on High-Value Alzheimer's Needs to Get to an End (CHANGE) Act**. Now more than ever, the 7 million Americans who live with dementia and their 12 million unpaid family caregivers, along with all Americans who are at risk for developing Alzheimer's disease and other forms of dementia (AD/ADRD) in the coming decades, need Congress to continue to assert our country's non-partisan national priority to overcome AD/ADRD through additional action.

This legislation strengthens dementia detection, in turn catalyzing improved care, improving access to care, and accelerating science to prevent and effectively treat AD/ADRD. Specifically, the CHANGE Act directs the Centers of Medicare and Medicaid Services (CMS) to require professionals providing the Medicare Annual Wellness Visits (AWV)ⁱ and Welcome to Medicare Visits (WMV) to use cognitive impairment detection tools identified by the National Institute on Aging (NIA).ⁱⁱ

Use of these evidence-based tools will allow clinicians to better detect mild cognitive impairment and other early symptoms of AD/ADRD. Early diagnosis is increasingly important in light of new Food and Drug Administration-approved^{iii, iv} and Medicare-covered^v therapies that are for use in early-stage Alzheimer's disease as well the launch of CMS's comprehensive dementia care model.^{vi} As research and clinical care increasingly focus on intervening at the earliest point in the disease trajectory, shortcomings in disease detection impede progress toward breakthrough therapies and improved clinical outcomes.

CMS currently encourages, but does not require, providers to use a brief cognitive assessment tool. Consequently, many providers use "direct observation," rather than a structured and validated tool, to assess patients' cognitive health. Direct observation is not evidence-based, and all too often contributes to under-diagnosis, delayed diagnosis, misdiagnosis, and/or non-disclosure of diagnosis. According to the 2025 Alzheimer's Association Facts & Figures report, only half of Medicare beneficiaries who have a diagnosis of

Alzheimer's or another dementia in their Medicare billing records report being told of the diagnosis.^{vii} Furthermore, a higher proportion of non-Hispanic black and Hispanic patients with dementia may be unaware of their condition, despite higher dementia prevalence in these groups, compared to non-Hispanic whites.^{viii} Underutilization of validated assessment tools delays detection and diagnosis, resulting in decreased opportunities for people to access timely treatment options, including clinical research participation.

The CHANGE Act would direct providers to use the NIA-identified tools and improve care for millions of families currently facing AD/ADRD. When people receive a timely and accurate diagnosis, they have improved opportunities to make informed and productive medical, financial, legal, and spiritual choices to strengthen both their own quality of life and that of their family caregivers. The CHANGE Act strengthens providers' readiness to conduct timely and accurate cognitive assessment, convey diagnosis, document this in a patient's record, and assist appropriate patients to be evaluated for potential access to disease modifying therapies.

Overcoming dementia is a budgetary necessity, an economic priority, and a health and moral imperative for the United States. Strong Congressional support over the last 15 years has provided new hope and opportunities for individuals and families facing these devastating diseases today. We thank you for considering our views and for your commitment to overcoming AD/ADRD.

To learn more about the CHANGE Act or to become a co-sponsor, please contact Dana Richter (dana_richter@capito.senate.gov) with Senator Capito or Colleen Nguyen (Colleen_Nguyen@warner.senate.gov) with Senator Warner.

For any questions or additional information about this or other AD/ADRD policy issues, please contact Ian Kremer (ikremer@leadcoalition.org), executive director, or Courtney Wallin (cwallin@leadcoalition.org), federal policy director, from Leaders Engaged on Alzheimer's Disease (the LEAD Coalition).^{ix}

Sincerely,

Organizations

University-Affiliated Researchers

** Affiliations of individual researchers are for identification purposes only and do not necessarily represent the endorsement of affiliated institutions.*

ⁱ <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html> (see: Annual Wellness Visit Health Risk Assessment, Detect any cognitive impairment patients may have)

ⁱⁱ <https://www.nia.nih.gov/health/alzheimers-dementia-resources-for-professionals>

ⁱⁱⁱ <https://www.fda.gov/news-events/press-announcements/fda-converts-novel-alzheimers-disease-treatment-traditional-approval>

^{iv} <https://www.fda.gov/drugs/news-events-human-drugs/fda-approves-treatment-adults-alzheimers-disease>

^v <https://www.cms.gov/medicare/coverage/coverage-evidence-development/monoclonal-antibodies-directed-against-amyloid-treatment-alzheimers-disease-ad>

^{vi} <https://innovation.cms.gov/innovation-models/guide>

^{vii} <https://www.alz.org/getmedia/ef8f48f9-ad36-48ea-87f9-b74034635c1e/alzheimers-facts-and-figures.pdf>

^{viii} <https://pmc.ncbi.nlm.nih.gov/articles/PMC7552114/>

^{ix} <http://www.leadcoalition.org> Leaders Engaged on Alzheimer's Disease (the LEAD Coalition) is a diverse national coalition of member organizations including patient advocacy and voluntary health non-profits, philanthropies and foundations, trade and professional associations, academic research and clinical institutions, and home and residential care providers, large health systems, and biotechnology and pharmaceutical companies. The LEAD Coalition works collaboratively to focus the nation's strategic attention on dementia in all its causes -- including Alzheimer's disease, vascular disease, Lewy body dementia, and frontotemporal degeneration -- and to accelerate transformational progress in detection and diagnosis, care and support, and research leading to prevention, effective treatment, and eventual cure. One or more participants may have a financial interest in the subjects addressed.