



September 9, 2025

Dear Representative:

We reach out to you today to ask you to co-sponsor [H.R. 3501](#), bipartisan legislation sponsored by Representatives Linda T. Sánchez (D-CA), Darren LaHood (R-IL), Doris Matsui (D-CA), and Gus Bilirakis (R-FL), 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 detection and differential 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} Early detection and diagnosis also may motivate individuals to implement lifestyle and/or behavioral changes that could slow disease progression. 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 treatments 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 Sarah Skirmont (sarah.skirmont@mail.house.gov) with Rep. Sánchez or Austin Welter (austin.welter@mail.house.gov) with Rep. LaHood.

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

Acadia Pharmaceuticals Inc
ACCSES – The Voice of Disability Service
Providers
AC Immune

Advanced Medical Technology Association
(AdvaMed)
AgeneBio
Aging Life Care Association®
Alliance for Aging Research

Alliance for Patient Access	BrightFocus Foundation
AlterDementia, LLC	Caregiver Action Network
Alzheimer's Association	CaringKind, The Heart of Alzheimer's Caregiving
Alzheimer's Disease Resource Center, Inc. (ADRC)	Center for Advocacy for the Rights and Interests of Elders (CARIE)
Alzheimer's Drug Discovery Foundation	Center for BrainHealth at The University of Texas at Dallas
Alzheimer's Foundation of America	Center for Healthy Aging
Alzheimer's Impact Movement (AIM)	Center to Advance Palliative Care
Alzheimer's Los Angeles	Chambers-Grundy Center for Transformative Neuroscience, Department of Brain Health, University of Nevada Las Vegas
Alzheimer's New Jersey	Chronic Disease Coalition
Alzheimer's Orange County	CNS Innovations
Alzheimer's San Diego	Coalition of Wisconsin Aging and Health Groups
Alzheimer's Tennessee	The Coelho Center for Disability Law, Policy and Innovation
Alzheon	Cognitive Dynamics Foundation
American Academy of Neurology	Cognito Therapeutics
American Association for Geriatric Psychiatry	Council on Radionuclides and Radiopharmaceuticals, Inc.
American Brain Coalition	Creutzfeldt-Jakob Disease Foundation
American Federation for Aging Research	Cure Alzheimer's Fund
American Medical Women's Association	Cure MAPT FTD
American Neurological Association	CurePSP
American Society of Consultant Pharmacists (ASCP)	Cure VCP Disease
American Society on Aging	Danaher Diagnostics (Beckman Coulter, Cepheid, HemoCue, LeicaBiosystems, Mammotome & Radiometer)
Argentum Expanding Senior Living	Davos Alzheimer's Collaborative
Autistic Women & Nonbinary Network — AWN	Dementia Alliance International
The Balm In Gilead, Inc.	Dementia Alliance of North Carolina
Banner Alzheimer's Institute	Diverse Elders Coalition
Banner Sun Health Research Institute	Easterseals Iowa
Benjamin Rose Institute on Aging	Eisai, Inc.
Biogen	Eli Lilly and Company
Biomarker Collaborative	Exon 20 Group
Bone Health and Osteoporosis Foundation	Family Caregiver Alliance
Boston Biotech Forum	
The Brain Donor Project	
Bridge Builder Strategies	
Brigade Health	

FTD Disorders Registry, LLC	Long Term Care Community Coalition
Fujirebio Diagnostics, Inc.	Lorenzo's House
Genentech, Inc.	LuMind IDSC Foundation
Genetic Alliance	Lundbeck Pharmaceuticals LLC
Genworth	Lupus and Allied Diseases Association, Inc.
Georgetown University Medical Center Memory Disorders Program	Marymount University
Gerontological Advanced Practice Nurses Association	Massachusetts Alzheimer's Disease Research Center (Harvard Medical School, Mass General Brigham)
Gerontological Society of America	Medical Imaging & Technology Alliance (MITA)
Global Alzheimer's Platform Foundation	Medicare Rights Center
Global CEO Initiative on Alzheimer's Disease	Memory Care Home Solutions
Global Healthy Living Foundation	MET Crusaders
Hadassah, The Women's Zionist Organization of America, Inc.	Michigan State University Alzheimer's Alliance
HealthyWomen	Milken Institute Alliance to Improve Dementia Care
HFC	Mindr
Huffington Center on Aging, Baylor College of Medicine	Minnesota Association of Area Agencies on Aging
Huntington's Disease Society of America	Mount Sinai Center for Cognitive Health
Hypertrophic Cardiomyopathy Association	National Adult Protective Services Association (NAPSA)
ICAN, International Cancer Advocacy Network	National Alliance for Caregiving
Infusion Access Foundation (IAF)	National Association of Activity Professionals
International Association for Indigenous Aging	National Association of Social Workers (NASW)
Iona Senior Services	National Association of State Long-Term Care Ombudsman Programs (NASOP)
Iowa State Grange	National Certification Council for Activity Professionals
Johns Hopkins Memory and Alzheimer's Treatment Center	National Consumers League
Justice In Aging	National Consumer Voice for Quality Long- Term Care
K-T Support Group (Klippel-Trenaunay Support)	National Council of Dementia Minds
Las Vegas HEALS	National Down Syndrome Society
Latino Alzheimer's and Memory Disorders Alliance	National Hartford Center of Gerontological Nursing Excellence
Lewy Body Dementia Association	National Menopause Foundation
Lewy Body Dementia Resource Center	
Life Molecular Imaging, a Lantheus company	

National Minority Quality Forum
National Respite Coalition
Nebraska AIDS Project
Neurogen Biomarking
Neurotech Network
Nevada Chronic Care Collaborative
NFL Neurological Center
Noah Homes
The Ohio Council for Cognitive Health
Organic Acidemia Association
Otsuka America Pharmaceutical, Inc.
Owl Therapeutics
Partnership to Fight Chronic Disease
Patients Rising Now
Pat Summitt Foundation
PD-L1 Amplifieds
Pentara Corporation
Positrgo AG
Post-Acute and Long-Term Care Medical
Association (PALTmed)
Prevent Blindness Wisconsin
PrognosUs
PXE International
The Richman Family Precision Medicine
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Roche Diagnostics Corporation
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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.