



April 13, 2026

The Honorable Susan Collins  
Chair  
Committee on Appropriations  
U.S. Senate  
Washington, DC 20510

The Honorable Patty Murray  
Vice Chair  
Committee on Appropriations  
U.S. Senate  
Washington, DC 20510

The Honorable Tom Cole  
Chairman  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Rosa DeLauro  
Ranking Member  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

*cc:*

*Senate Subcommittees:*

*Labor, Health and Human Services, Education, and Related Agencies*

*Agriculture, Rural Development, Food and Drug Administration, and Related Agencies*

*Commerce, Justice, Science, and Related Agencies*

*House Subcommittees:*

*Labor, Health and Human Services, Education, and Related Agencies*

*Agriculture, Rural Development, Food and Drug Administration, and Related Agencies*

*Commerce, Justice, Science, and Related Agencies*

***by electronic delivery***

Dear Chair Collins, Vice Chair Murray, Chairman Cole, and Ranking Member DeLauro:

We sincerely thank you for recognizing and decisively responding to the challenges of Alzheimer's disease and related disorders (AD/ADRD). We applaud your leadership and determination to seize the enormous opportunities for America by investing in basic and clinical science, risk reduction approaches, detection and diagnosis advancements, and care and support services required to address these challenges – and for recognizing the consequences if we fail to continue acting with urgency.

There are few more compelling or complex issues confronting America, now and in the coming decades, than AD/ADRD. You and your colleagues clearly recognize the catastrophic human toll inflicted over many years as individuals gradually succumb to the cognitive, functional, and psychological consequences of these conditions. Ultimately, one third of older Americans die with Alzheimer’s disease or another form of dementia.<sup>1</sup> These neurodegenerative conditions – which include Lewy Body Dementia (LBD), Frontotemporal Dementia (FTD), Vascular Contributions to Cognitive Impairment and Dementia (VCID), Down Syndrome-associated Alzheimer's Disease (DS-AD), and mixed dementias – also impose enormous costs to our nation’s health, prosperity, and social fabric. The average per-person health care spending in the last five years of life for people with dementia was estimated to be more than \$415,000 (in 2024 dollars), or 57 percent greater than costs associated with death from other diseases including cancer and heart disease—and these costs are skyrocketing.<sup>2,3</sup> Health and long-term care costs for people living with Alzheimer’s and other dementias were estimated to reach \$384 billion in 2025,<sup>4</sup> with a recent analysis estimating the total cost of dementia as \$781 billion annually.<sup>5</sup>

Without exception, Congress has advanced a consistently non-partisan commitment to a comprehensive approach to overcoming AD/ADRD. That commitment, embodied in the landmark National Alzheimer’s Project Act (NAPA, enacted in 2010 and unanimously reauthorized in 2024) and in your wise appropriations investments, has delivered immense progress for the American people. For example, because of NIH-funded science, clinicians now know that managing hypertension can help reduce risk of cognitive impairment. There are also FDA-approved treatments to slow the progression of Alzheimer’s disease, FDA-cleared blood tests to diagnose dementia earlier, and coordinated services that support individuals living with dementia and their care partners. The NAPA Plan’s goals are America’s goals and your catalytic investments to achieve these goals are working and paying off for all Americans. As the NAPA federal advisory council looks to update the goals of the National Plan, it is imperative to build on the historic accomplishments of recent years and, through the goals, accelerate innovation in lifestyle, behavioral, and pharmacological interventions aimed at reducing AD/ADRD risk.

As ongoing changes reshape public health, science, clinical care, social supports, and public service, the transformative progress achieved so far—and essential progress still ahead—require resolute attention and support. On behalf of the seven million Americans living with dementia, their 12 million unpaid family care partners, and all Americans at risk for developing dementia in the coming decades, **we urge Congress to reassert the country’s non-partisan priority to overcome AD/ADRD by making robust appropriations for federal agencies and ensuring complete and timely expenditure of those funds for Congressionally-designated purposes.**

Specifically, we call on Congress to make robust appropriations for Fiscal Year 2027 (FY2027) for all federal agencies and offices involved in implementing the NAPA Plan, including:

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<sup>1</sup> <https://alz.org/media/Documents/alzheimers-facts-and-figures.pdf>

<sup>2</sup> <http://www.nejm.org/doi/full/10.1056/NEJMsa1204629>

<sup>3</sup> <https://portal.alzimpact.org/storage/resources/media-items/Costs%20of%20Alzheimer%27s%20to%20Medicare%20and%20Medicaid%20%28AIM%29.pdf>

<sup>4</sup> <https://www.alz.org/alzheimers-dementia/facts-figures>

<sup>5</sup> <https://schaeffer.usc.edu/wp-content/uploads/2025/04/The-Cost-of-Dementia-in-2025.pdf>

- **HHS ASPE:** A direct appropriation to support the implementation of the National Alzheimer’s Project Act
- **NIH:** At least \$51.3 billion for the agency; a \$187,210,000 increase for AD/ADRD research at NIH; \$468 million for the NIH BRAIN Initiative; an increase for the NIH INCLUDE Project; limits on multi-year funding; preserve current or explore alternative model for F&A costs.
- **CDC:** At least \$41.5 million to support the CDC Alzheimer’s Disease efforts and robust funding for the CDC National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)
- **ACL:** An increase for the ACL Alzheimer’s Disease Program and an increase for Older Americans Act (OAA) Programs
- **HRSA:** At least \$58.245 million for the HRSA Geriatrics workforce programs
- **AHRQ:** At least \$500 million for AHRQ
- **FDA:** An increase for the FDA to keep pace with its new scientific opportunities, including \$7 million for the Neurology Drug Program (NDP)
- **CMS:** An increase for CMS to support current and emerging AD/ADRD resources
- **DOJ:** An increase for the Missing Alzheimer’s Disease Alert Program

These requests are described in more detail below.

### **Office of the Assistant Secretary for Planning and Evaluation within the Department of Health and Human Services (HHS ASPE)**

#### **A direct appropriation to support the implementation of the NAPA Plan**

As the coordinating body for NAPA, HHS ASPE ensures that research, public health, elder justice, care delivery, and social service support initiatives across federal agencies are aligned, evidence-based, and responsive to emerging needs. With the growing prevalence of AD/ADRD, the demand for high-quality data and evaluation, and cross-agency coordination continues to increase. Specific funding for NAPA – either a direct appropriation or a redirect from the HHS General Departmental Management account – would strengthen ASPE’s capacity to evaluate federal programs, support innovative policy solutions, and ensure that the National Plan remains highly effective and accountable. An investment in ASPE will help sustain progress toward NAPA’s goals and ensure that federal AD/ADRD policy keeps pace with the needs of millions of Americans living with dementia, those who care for them, and those at risk for these diseases.

### **National Institutes of Health (NIH)**

**At least \$51.3 billion for the National Institutes of Health (NIH) for fiscal year (FY) 2027, a \$4.087 billion or 8.7% increase over the FY2026 enacted funding level**

This amount would allow the NIH base budget to keep pace with the biomedical research and development price index (BRDPI) and maintain meaningful growth of nearly 6%.

This core NIH investment would continue a trajectory of steady and predictable annual increases – allowing meaningful base budget growth above inflation to expand NIH’s capacity to support promising science in all disciplines – and would ensure that the Innovation Account supplements the agency’s base budget, as intended, through dedicated funding for specific programs. Biomedical research does not have geographic barriers; research is being conducted in every state and should not be an issue to politicize in Washington, D.C. Congress must act now to protect the bipartisan foundational investment in the NIH or risk significant effects on the health and wellbeing of every American, especially the most vulnerable among us, as well as the economy of every state.

### **A \$187,210,000 increase for AD/ADRD research at NIH as articulated in the Professional Judgement Budget<sup>6</sup>**

A modernized and diversified AD/ADRD research portfolio supported by substantial federal investment can help move the United States closer to overcoming these diseases. The NIH estimated the additional funds needed in FY2027 to advance AD/ADRD research progress at \$187.21 million, for a total of \$4.046 billion. We implore Congress to provide NIH, specifically the National Institute on Aging (NIA) and the National Institute of Neurological Disorders and Stroke (NINDS), with these targeted funds to sustain scientific momentum.

There has been tremendous progress toward the development of effective disease-modifying therapies. To fully combat AD/ADRD, primary prevention and risk reduction must remain central to the national research strategy. Research shows that > 40% of all dementia cases could be prevented or delayed by addressing modifiable risk factors through lifestyle and behavioral interventions.<sup>7</sup> Numerous efforts are developing complementary pharmacological interventions. Focused FY2027 investments will accelerate pathways to develop safe, effective, low-cost, and scalable interventions to reduce AD/ADRD risk, including by preventing the pathology or emergence of symptoms. Resources are critical to accelerate discovery of effective treatments and prevention strategies, and to expand research on fundamental biology to support early and accurate detection and diagnosis. They will support ongoing research in population health and health economics to better understand dementia incidence and costs of AD/ADRD to individuals, families, health systems, state and federal budgets, and the national economy. New resources will ensure support for collection and maintenance of longitudinal cohort studies, which provide unique opportunities for researchers to identify discrete factors that influence one’s risk for disease and study how interactions between factors impact health outcomes. Increased funding will support critical studies on care and services for people living with dementia and their care partners, helping to develop practical interventions that improve quality of life, strengthen support for family care partners, and enable individuals to remain safely in their homes and communities for as long as possible. Furthermore, many populations – including women, indigenous peoples, and individuals living in rural and other underserved communities – are

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<sup>6</sup> <https://www.nia.nih.gov/about/budget/fy27-professional-judgment-budget>

<sup>7</sup> [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)01296-0/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01296-0/abstract)

disproportionately affected by dementia. Increased funding will help researchers understand factors, including biological sex and epigenetic differences, that may contribute to these persistent health disparities. We urge Congress to provide NIH with these targeted AD/ADRD funds to sustain scientific momentum for all Americans. We also encourage appropriators to maintain the integrity of both the NIA and NINDS as separate institutes with vital and complementary missions.

### **\$468 million for the NIH BRAIN Initiative**

This groundbreaking program has been supported by the 21<sup>st</sup> Century Cures Innovation Fund and, with resources ending in FY2026, it is critical that Congress provide discretionary appropriations to allow the program to continue to make revolutionary advances that improve brain and overall health outcomes. Originally created in 2013, the BRAIN Initiative is revolutionizing our understanding of the human brain to better develop treatments and cures for neurologic diseases, including AD/ADRD. This multidisciplinary collaboration (including the NIH, FDA, DARPA, and IARPA, along with private partners<sup>8</sup>) is working to map circuits of the brain, measure electrical and chemical activity, and understand how their interplay creates unique cognitive and behavioral capabilities. Halting progress undoubtedly will slow the discoveries necessary to develop effective prevention and treatment strategies for AD/ADRD.

### **An increase for the NIH INCLUDE Project**

The community was pleased to see the FY2026 \$10 million increase for the NIH INCLUDE (INvestigation of Co-occurring conditions across the Lifespan to Understand Down syndrome) Project. Additional FY2027 funding for the INCLUDE Project will strengthen longitudinal studies, improve biomarker and clinical trial readiness in the Down syndrome population, and deepen understanding of DS-AD and Alzheimer's disease progression more broadly. Because the biology linking Down syndrome and Alzheimer's disease offers unique insight into disease onset and progression, investments in this research have the potential to benefit both individuals with Down syndrome and millions of Americans affected by Alzheimer's disease. Sustained and increased appropriations will ensure that NIH can continue to build the scientific foundation needed to deliver meaningful treatments and improve outcomes for this vulnerable population.

### **Limits on multi-year funding**

Congressional limits on multi-year funding at NIH are an essential tool for maintaining transparency, accountability, and strong congressional oversight of federal research investments. Limits on multi-year funding help strengthen NIH's stewardship of federal research dollars and sustain progress in biomedical innovation. In FY2027, we urge Congress to maintain the same provision included in the FY2026 bill which sets a limit on the percentage of NIH funding that can be used to forward fund multi-year awards.

### **Facilities and Administrative (F&A) Expenses or "Indirect Costs"**

NIH and other federal agencies reimburse research institutions for essential infrastructure expenses that they incur when conducting research. These are expenses associated with

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<sup>8</sup> <https://braininitiative.nih.gov>

maintaining cutting-edge facilities, utilities, security, compliance with federal regulations, and other essential research operation costs. Any cuts to support for F&A would reduce the ability of institutions to support research nationwide, shrinking their capacity for research and ultimately slowing progress on new cures, therapies, diagnostics, and preventive interventions. In 2025, the Joint Associations Group on Indirect Costs (JAG) proposed an alternative model<sup>9</sup> to be even more transparent about research costs and to be responsive to questions from Congress. We thank lawmakers for preserving the current system for supporting F&A through at least FY 2026, with report language preventing agencies from imposing a new cap or alternative approach using appropriated funds. For FY2027, we welcome the opportunity to work with appropriators to further explore the JAG model and take action to adopt an alternative model.

## **Centers for Disease Control and Prevention (CDC)**

### **At least \$41.5 million to support the CDC Alzheimer’s Disease efforts**

The CDC Alzheimer’s Disease and Healthy Aging Program (ADHAP) was the only place within the federal government specifically dedicated to promoting older adults’ health through dementia risk-reduction interventions (e.g., smoking cessation, exercise, nutrition) and across chronic conditions that heighten risk for dementia (e.g., hypertension, sensory loss, depression, brain injury, diabetes, obesity). In 2025, the CDC’s ADHAP was eliminated and all staff working on affiliated programs were subject to a reduction in force, removing institutional knowledge and expertise required to implement critical processes. We urge Congress to reinstate and/or hire new employees to fulfill the duties of the CDC’s ADHAP program staff.

We also urge Congress to ensure the funding for CDC’s Alzheimer’s work is at least level with FY2026 appropriations (\$41.5 million). As part of this overall funding, Congress would enable CDC to continue implementing the Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer’s Act (Pub. L. 115 – 406).

### **Robust funding for the CDC National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)**

We strongly support robust funding for the NCCDPHP. CDC’s chronic disease activities and programs are crucial for state and local public health departments, which play an essential role in protecting the public’s health in our communities, through primary, secondary and tertiary dementia risk reduction at the local, state, and tribal levels.<sup>10</sup>

## **Administration for Community Living (ACL)**

### **An increase for the ACL Alzheimer’s Disease Program**

Until science delivers effective means to prevent, slow, or cure dementia for all, families and friends along with health care providers rely on programs to protect their own wellbeing as they help persons with dementia remain independent and, in the community,

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<sup>9</sup><https://www.aau.edu/sites/default/files/FAIR-Executive-Summary-FINAL-9.30.25.pdf>

<sup>10</sup><https://www.cdc.gov/aging/healthybrain/roadmap.htm>

while delaying placement in institutional settings. The ACL Alzheimer's Disease Program Initiative (ADPI) supports and promotes development and expansion of dementia-capable home and community-based long-term services and support systems in states and communities. By funding efforts to develop dementia-capable services, implement evidence-based interventions, and offer training for both formal and informal care partners, ADPI fills gaps and builds capacity to serve the growing number of Americans living with dementia. ACL's National Alzheimer's and Dementia Resource Center (NADRC) provides technical assistance to ACL's grantees that build dementia-capable systems to better identify and support people with dementia living in the community and improve training for dementia care partners who experience considerable stress and depression. Many of the programs are geared towards at-risk populations, such as the growing population of those who live alone, have disabilities (including people with intellectual disabilities), or who reside in rural and other underserved communities. NADRC also produces dementia-related toolkits and provides technical assistance and AD/ABRD webinars to the public.<sup>11</sup>

### **An increase for Older Americans Act (OAA) Programs**

We urge Congress to increase funding for programs authorized under the Older Americans Act, which assist millions of older adults remain independent in their homes and communities. Through the ACL-administered aging services network, these programs provide essential supports such as nutrition services, transportation, caregiver assistance, falls prevention, and other community-based services that prevent isolation and reduce the need for costly institutional care.

In addition, the Senior Community Service Employment Program, administered by the U.S. Department of Labor, helps low-income older adults remain engaged in the workforce and their communities. Increased appropriations will strengthen these cost-effective programs that help older Americans maintain health, dignity, and independence while reducing pressure on more expensive long-term care systems.

## **Health Resources and Services Administration (HRSA)**

### **At least \$58.245 million for the HRSA Geriatrics workforce programs**

The HRSA Geriatrics Workforce Enhancement Program (GWEP) and the Geriatrics Academic Career Awards (GACAs), administered by HRSA, are the only federal mechanism for supporting education and training of geriatrics health professionals and addressing the geriatrics workforce gap. Sustained and enhanced investment will ensure that critical resources are available to educate and engage the broader frontline workforce, including primary care, paid care partners, and family care partners, and improve the quality of care delivered to older adults nationwide. Increases for GACAs would ensure a larger and geographically more diverse pipeline of geriatrics research and training expertise and resources for the current and future workforce that is essential for all of us as we age, especially those living with dementia.

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<sup>11</sup> <https://nadrc.acl.gov>

## **Agency for Healthcare Research and Quality (AHRQ)**

### **At least \$500 million for AHRQ**

AHRQ is the leading federal agency for funding health services research and primary care research that delivers evidence to help providers, patients, and policymakers make informed decisions. It is the bridge between cures and care to ensure that Americans get the best care at the best value. We urge Congress to fund AHRQ at the level needed to expand and accelerate health services research investments to deliver better outcomes for all. We also urge Appropriators to include provisions that HHS shall support AHRQ staffing levels necessary to fulfill its statutory responsibilities including carrying out programs, projects, and activities funded in FY2027. This reflects the need for a sufficient number of trained federal workers to manage all facets of AHRQ's statutory portfolio including, but not limited to extramural, scientific review, and grant management requirements.

## **Food and Drug Administration (FDA)**

### **An increase for the FDA to keep pace with its new scientific opportunities, including \$7 million for the Neurology Drug Program (NDP)**

FDA needs substantial additional funding to fulfill its evolving responsibilities, including drug and device review, biologics, public health data modernization, facilities improvements, human and animal food safety programs, and other priority areas. Additional funding is also needed to attract the necessary staffing expertise who can adequately address FDA goals and meet performance metrics. A higher funding level is critical for FDA to protect public health given its oversight of 80% of the food supply and 100% of drugs, medical devices, and other regulated products. Specifically, continued support for the NDP is essential for ensuring FDA gains additional expertise to develop policies and guidance that keep pace with emerging brain science and speed the development of safe and effective treatments for brain diseases and conditions.

## **Centers for Medicare and Medicaid Services (CMS)**

### **An increase for CMS to support current and emerging AD/ADRD resources**

CMS provides essential resources for people living with AD/ADRD, their clinicians, and both paid and unpaid care partners. The vast majority of people living with AD/ADRD are Medicare beneficiaries; roughly a quarter of these individuals also rely on Medicaid. CMS plays an indispensable role in promoting early and accurate detection of cognitive impairment, providing appropriate reimbursement for clinical care including access to diagnostics and beneficial treatments, creating access to innovative coordinated care such as the GUIDE Model,<sup>12</sup> and ensuring that people who require skilled nursing care have safe and dementia-capable nursing home options. CMS has enormous and existential responsibilities for the wellbeing of people with AD/ADRD but has an insufficient

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<sup>12</sup> <https://www.cms.gov/priorities/innovation/innovation-models/guide>

number of personnel to meet the scale and complexity of the agency's responsibilities. We urge Congress to provide CMS sufficient appropriations to attract and retain new staff needed to support the existing civil servants and meet the current and growing obligations of the agency to serve all AD/ADRDR beneficiaries.

## **Department of Justice (DOJ)**

### **An increase for the Missing Alzheimer's Disease Alert Program**

The Department of Justice (DoJ) Missing Alzheimer's Disease Patient Alert Program provides grants for training and technology that help first responders locate people living with AD/ADRDR who wander and become lost. The program saves lives, strengthens search and rescue programs' capacity to respond to other community needs, and conserves local agencies' time and money. The program's strong track record, along with rapid growth in the number of people living with dementia and the program's expansion to include services for people living with autism, merit and require substantial additional resources to better serve states and communities nationwide.

You and your colleagues have spoken consistently and powerfully to the enormous and lasting impact of civil servants working at federal agencies. Through the appropriations process, Congress has the authority to restore the capacity of our federal workforce to meet the needs of the American people, by mandating agencies to maintain staffing levels sufficient to carry out programs for which funds are appropriated. We therefore urge this Committee to request and require workforce staffing plans, vacancy reports, and hiring timelines, to ensure the aforementioned agencies can appropriately implement these essential AD/ADRDR programs.

Thank you again for your leadership and commitment to meeting the needs of all Americans facing AD/ADRDR. As you work to address AD/ADRDR through the FY2027 appropriations process, we also appreciate your attention to report language requests shared by various organizations committed to advancing progress for AD/ADRDR. For any questions or additional information, please contact Ian Kremer, executive director of Leaders Engaged on Alzheimer's Disease (the LEAD Coalition),<sup>13</sup> [ikremer@leadcoalition.org](mailto:ikremer@leadcoalition.org) or (571) 383-9916.

Sincerely,

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<sup>13</sup> <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.

## Organizations

5p- Society

Absolute Value Group Consulting, LLC

AdvaMed, the Medtech Association

AgeneBio

Aging Life Care Association®

AgingIN

Akari Foundation

Alliance for Aging Research

Alliance for Patient Access

Alter Dementia, LLC

Alzheimer's Association Alzheimer's  
Disease Care, Research and Education  
Program (AD-CARE) at the University  
of Rochester School of Medicine

Alzheimer's Disease Resource Center, Inc.  
(ADRC)

Alzheimer's Foundation of America

Alzheimer's Impact Movement (AIM)

Alzheimer's Los Angeles

Alzheimer's New Jersey

Alzheimer's Orange County

Alzheimer's San Diego

Alzheimer's Tennessee

American Academy of Neurology

American Association for Geriatric  
Psychiatry

American Brain Coalition

American Geriatrics Society

American Medical Women's Association

American Neurological Association

American Society of Consultant Pharmacists  
(ASCP)

American Society on Aging

Argentum | Expanding Senior Living

Association of California Caregiver  
Resource Centers (ACCRC)

Association of Population Centers

Autistic Women & Nonbinary Network —  
AWN

B'nai B'rith International

Banner Alzheimer's Institute

Banner Sun Health Research Institute

Benjamin Rose Institute on Aging

Biogen

Biomarker Collaborative

Bone Health and Osteoporosis Foundation

Boston Biotech Forum

Brain Injury Association of Nebraska

Bridge Builder Strategies

Brigade Health

BrightFocus Foundation

Brookdale Senior Living Inc.	CurePSP
Campaign to Prevent Alzheimer's Disease (PAD 20/20)	Danaher Diagnostics (Beckman Coulter, Cepheid, HemoCue, LeicaBiosystems, Mammotome & Radiometer)
Caregiver Action Network	Davos Alzheimer's Collaborative
CaringKind, The Heart of Alzheimer's Caregiving	Dementia Alliance International
Center for BrainHealth at The University of Texas at Dallas	Dementia Alliance of North Carolina
Center for Healthy Aging	Diverse Elders Coalition
Center to Advance Palliative Care	Eisai, Inc.
Chambers-Grundy Center for Transformative Neuroscience, Department of Brain Health, University of Nevada Las Vegas	Eli Lilly and Company
Chronic Disease Coalition	Emory Goizueta Alzheimer's Disease Research Center
Cleveland Clinic	End the Legacy
Coalition of Wisconsin Aging and Health Groups	Exon 20 Group
Cognitive Dynamics Foundation	Family Caregiver Alliance
Cognito Therapeutics	Foundation for Peripheral Neuropathy
Cognivue	FTD Disorders Registry, LLC
Combined Health Agencies Drive - Nebraska	Fujirebio Diagnostics, Inc.
Creutzfeldt-Jakob Disease (CJD) Foundation	Genentech, Inc.
Cure Alzheimer's Fund	Genetic Alliance
Cure MAPT FTD	Genworth   CareScout
Cure VCP Disease	Georgetown University Medical Center Memory Disorders Program
CureGRN	Gerontological Advanced Practice Nurses Association (GAPNA)
	Gerontological Society of America
	Global Alzheimer's Platform Foundation

Global CEO Initiative on Alzheimer's Disease

Global Healthy Living Foundation

Good Samaritan

Hadassah, The Women's Zionist Organization of America

HealthyWomen

HELEN: The Journal of Human Exceptionality

HFC (formerly Hilarity for Charity)

Hospice Foundation of America

Huntington's Disease Society of America

Hypertrophic Cardiomyopathy Association

ICAN, International Cancer Advocacy Network

Infusion Access Foundation (IAF)

International Association for Indigenous Aging (IA2)

Iona Senior Services

Latino Alzheimer's and Memory Disorders Alliance

LeadingAge

Lewy Body Dementia Association

Lewy Body Dementia Resource Center

Lantheus

Linus Health, Inc.

Long Term Care Community Coalition

Lorenzo's House

Lundbeck Pharmaceuticals LLC

Lupus and Allied Diseases Association, Inc.

Massachusetts Alzheimer's Disease Research Center (Harvard Medical School, Mass General Brigham)

Medicare Rights Center

Memory and Alzheimer's Treatment Center, Johns Hopkins Medicine

Memory Care Home Solutions

MET Crusaders

Michigan State University Alzheimer's Alliance

MindImmune Therapeutics

Mindr

Minnesota Association of Area Agencies on Aging

MLD Foundation

Mount Sinai Center for Cognitive Health

National Adult Protective Services Association (NAPSA)

National Alliance for Caregiving

National Association of Activity Professionals

National Association of Social Workers (NASW)

National Association of State Long-Term Care Ombudsman Programs (NASOP)

National Certification Council for Activity Professionals

National Consumers League

National Council for Mental Wellbeing	People Advocating for Optimal Health (PAOH)
National Council of Dementia Minds	Population Association of America
National Down Syndrome Society	Positrigo
National Hartford Center of Gerontological Nursing Excellence	Prevent Blindness Wisconsin
National Health Council	PrognosUs
National Indian Council on Aging (NICOA)	Project DIME (Disability Inspired Medical Education)
National Infusion Center Association (NICA)	PXE International
National Menopause Foundation	Radiopharmaceutical Manufacturers & Theranostics Alliance (RMTA)
National Respite Coalition	Roche Diagnostics Corporation
National Task Group on Intellectual Disabilities and Dementia Practices	Sanford Health
Nebraska AIDS Project	Second Wind Dreams, Inc./ Virtual Dementia Tour
Neurogen Biomarking	Society for Women's Health Research
Neurotech Network	Synthesis Brain Health
Nevada Chronic Care Collaborative	TauRx Pharmaceuticals Ltd.
Noah Homes	The Association for Frontotemporal Degeneration
NRG1 Energizers	The Balm In Gilead, Inc.
Organic Acidemia Association	The Ohio Council for Cognitive Health
Otsuka America Pharmaceutical, Inc.	The Richman Family Precision Medicine Center of Excellence in Alzheimer's Disease, Johns Hopkins Medicine
Owl Therapeutics	The University of Chicago Healthy Aging & Alzheimer's Research Care (HAARC) Center
Partnership to Fight Chronic Disease	
Patients Rising	
PD-L1 Amplifieds	
Pentara Corporation	Therini Bio

Toronto Dementia Research Alliance

Toronto Memory Program

Trellis/ACT on Alzheimer's

UCI Center for Aging Research - Down syndrome

University of Miami, Miller School of Medicine, Comprehensive Center for Brain Health

University of Minnesota Center for Healthy Aging and Innovation (CHAI)

UsAgainstAlzheimer's

USAging

Veravas

Voices of Alzheimer's

World Molecular Imaging Society

Youngtimers

### **University-Affiliated Researchers**

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

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