AMERICANS for TAX REFORM

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RE: ATR's Support for the Alzheimer's Screening and Prevention (ASAP) Act

Dear Members of Congress,

The Alzheimer's Screening and Prevention (ASAP) Act, introduced by Rep. Vern Buchanan (R-Fla.) and Sen. Susan Collins (R-Maine), has bipartisan and bicameral support in Congress. The bill would give HHS the statutory authority it needs to establish Medicare coverage for FDA-cleared blood-based Alzheimer's screening tests. Alzheimer's disease touches nearly every American family, directly or through the experience of someone they love. Early diagnosis will reduce long-term costs to taxpayers and, importantly, delay progression and institutionalization of patients, giving families priceless months or years more with their loved ones.

Americans for Tax Reform urges lawmakers to push for the passage of this legislation, which already has 206 cosponsors in the House and 48 in the Senate. A markup in the House Ways and Means Committee or the House Energy and Commerce Committee would move the bill toward a floor vote and final passage. These are the kinds of reforms Americans care deeply about.

The FDA has cleared two blood tests capable of detecting Alzheimer's biomarkers years before symptoms appear. These tests are cheaper and far less resource-intensive than PET imaging or spinal fluid analysis. Still, Medicare coverage for these blood tests does not begin until after symptom onset, despite numerous studies showing that earlier diagnosis is associated with better patient outcomes.

Health and long-term care spending on Alzheimer's and other dementias is projected to reach $409 billion in 2026. The economic burden on unpaid family caregivers is larger still.

A special report released by the Alzheimer's Association demonstrated that, in an improved clinical scenario in which 88 percent of patients are diagnosed in the early stage of mild cognitive impairment (MCI), $231.4 billion could be saved in direct treatment and long-term care costs by 2050. Extrapolated to the full lifespan of everyone now alive in the United States, the savings are far larger. As Michele G. Sullivan explains:

> "*… the 88% diagnostic scenario could reap $7 trillion in savings, the report noted. This benefit would comprise $3.3 trillion in Medicare savings, $2.3 trillion in Medicaid savings, and $1.4 trillion in other areas of spending, including out-of-pocket expenses and private insurance.*"

In one study evaluating the relationship between treated and untreated patients with a new diagnosis, those who were treated saw improvements in survival and a 20 percent reduction in institutionalization. They also incurred lower annual costs ($25,828 vs. $30,110). Other data backs up this conclusion, finding that patients who initiated treatment before or concurrent with a diagnosis experienced 9 to 19 percent lower healthcare costs in the year following diagnosis.

Medicare covering these simple blood tests will also cut down on the comparatively very expensive PET imaging and spinal fluid analysis.

Blood-based biomarker tests list for $277 to $399 at major laboratories. By comparison, an amyloid PET scan is typically billed at $3,000 to $5,000, and a cerebrospinal fluid test requires a lumbar puncture and costs more than $2,000 with hospital fees. The economics are worse on the provider side. An amyloid PET scan costs a facility roughly $6,000 to perform, of which the radiotracer alone is about $3,000. Medicare reimburses approximately $3,500. In this way, providers actually *lose* money on each scan. This leads to capacity rationing and cost shifting. According to the Global Alzheimer's Platform Foundation, amyloid PET is simply unavailable in wide stretches of the country, including the Dakotas, Montana, Wyoming, and Idaho. Blood-based testing can help fill those gaps.

Above all, early intervention slows progression and defers institutionalization. The result is more months, and in some cases years, before a patient requires full-time care. This time is invaluable for families.

Research has shown that acetylcholinesterase inhibitor treatments can delay nursing home admission. During the first 30 months of follow-up, there was a delay in nursing home placement by a median of 12 months in those who took AChE inhibitors compared with those who did not. Further, a UCLA study found that a comprehensive, coordinated dementia care plan, made possible through early detection, significantly decreased the likelihood that patients would enter a nursing home. Notably, the program saved Medicare money.

A diagnostic breakthrough that can flag disease years before symptoms appear only delivers value if patients can actually access it while early intervention can still make a difference. By the time patients are showing symptoms, the disease has often progressed too far for early treatment to help as much as it could.

ATR urges members of Congress to advance the ASAP Act. This legislation will save taxpayer dollars. More importantly, it will give patients more years of independence, and families more years with the person they know before the disease takes over.

Onward,

Grover Norquist
President, Americans for Tax Reform

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Director of Health Policy, Americans for Tax Reform