

United States Senate

September 30, 2021

The Honorable Xavier Becerra
Secretary, U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Becerra:

As Members of Congress who deeply care about the health of our constituents and the economic health of our country, we write today to urge you to establish an ambitious national goal to prevent Alzheimer's disease and related dementias (ARD) and to develop a plan to achieve this goal. We believe that reducing the prevalence of dementia should be a priority for the Department of Health and Human Services (HHS).

The proportion of the U.S. population over 55 years old is increasing at rate 20 times larger than the growth rate of the collective population younger than 55.ⁱ Our nation's health care system is not adequately investing in keeping people healthy into their highest ages.

Alzheimer's disease is a public health crisis that is expanding, with a projected increase to nearly 14 million people in the U.S. with the disease by 2050.ⁱⁱ In 2021, Alzheimer's and other dementias will cost the nation \$355 billion, including \$239 billion in Medicare and Medicaid payments combined. Unless we prevent, slow or adequately treat this disease, in 2050, Alzheimer's is projected to cost more than \$1.1 trillion (in 2021 dollars) – a three-fold increase both in government spending under Medicare and Medicaid and in out-of-pocket spending.ⁱⁱⁱ

Communities of color and women bear a disproportionate burden. Black Americans are two to three times more likely, and Latinos are 1.5 times more likely, to have Alzheimer's disease than non-Hispanic whites. By 2030, nearly 40% of Americans diagnosed with Alzheimer's are projected to be Black or Latino.^{iv} Two-thirds of people living with Alzheimer's and other dementias are women.^v

A significant percentage of dementia could be delayed - and in some cases prevented - by early intervention. In fact, studies indicate that more approximately 40 percent of dementia cases are potentially preventable by addressing risk factors including hypertension, diabetes, depression, physical inactivity, poor nutrition, smoking, hearing loss, traumatic brain injury, sleep, air pollution and social isolation and loneliness.^{vi-vii} Many of these factors are also demonstrated risk factors for COVID-19.

A recent survey of healthcare providers found agreement that a healthy lifestyle benefits brain health and adults in the general population are likely to engage in brain-healthy behaviors if they know it may help maintain their mental functioning. Further, 81% of people over the age of 40 would be motivated to have a healthier lifestyle to potentially slow the progression of the disease if they found out they had dementia at an early stage.^{viii}

Unfortunately, our current healthcare system falls woefully short:

- Only 16 percent of Medicare beneficiaries report having received a cognitive assessment.^{ix}
- Fewer than half of primary care physicians include screening for memory and thinking in their standard protocol.^x
- Primary care practitioners do not routinely promote dementia risk reduction.^{xi}
- Less than half of beneficiaries with a dementia diagnosis in their medical record are even informed of their diagnosis by their doctor.^{xii}

The Centers for Medicare and Medicaid Services (CMS) and other HHS agencies have significant opportunity to encourage providers, payers to proactively address brain health among non-symptomatic, healthy adults and to strengthen early detection and risk-reducing interventions that delay disease progression. These levers include payment reforms, quality incentives, and beneficiary and provider education. Importantly, overcoming barriers to access and improving the quality of cognitive assessments would be an important first step that already can be taken within the existing authorities.

Public health plays a critical role. The Centers for Disease Control and Prevention's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), and specifically its Alzheimer's and Healthy Aging Program are working to bolster infrastructure, health promotion, and coordination of healthy-aging efforts across CDC and provide a more proactive focus on addressing the social determinants of health and health disparities.

And more must be done to prioritize health equity. We urge HHS to ensure that health systems, researchers, and advocates have access to accurate and representative data on Alzheimer's and related dementias and the social determinants of health that shape Alzheimer's risk. Further, HHS should make targeted investments – through the National Institutes of Health (NIH) and the Health Resources and Services Administration (HRSA) – in research and treatment infrastructure in communities with a high burden of Alzheimer's and related dementias, including a strong focus on community health centers which are underequipped to provide dementia related health services.

Early intervention to prevent, diagnose, treat or slow the progression of Alzheimer's disease and related dementia would result in substantial savings to the U.S. health care system and to families. One estimate projected that delaying the onset of Alzheimer's by five years would reduce Medicare and Medicaid spending by \$121 billion over the first five years. In 2030 alone,

the savings would total \$47 billion. In the first 10 years, Medicare would save a cumulative \$345 billion, and Medicaid would spend \$189 billion less.

This call for a national prevention strategy is widely supported. More than 190 national organizations and top experts are calling for a national dementia prevention goal and an accountable plan to reach that goal that addresses health equity gaps. Supporters of this national goal include UsAgainstAlzheimer's, Volunteers of America, the American Federation of Teachers, American Heart Association, National Urban League, YMCA of the USA, AARP, UnidosUS, the National Kidney Foundation, the Southern Christian Leadership Conference, HADASSAH, and the Milken Institute.

On July 19, the National Alzheimer's Project Act (NAPA) Advisory Council took an important first step. The Council formally recommended that a fifth goal be added to the National Plan to reduce the burden of risk factors for Alzheimer's and related dementias and recommended commensurate strategies and tactics. An aggressive 15 percent reduction in risk factors could result in as many as 1.2 million fewer people living with ADRD in 2050. We urge you accept this recommendation, add this goal to the National Plan Update, and prioritize its implementation within HHS.

The Administration and the scientific community have identified Alzheimer's disease as a priority area – with good reason. Dementia ranks at the top of fears of aging Americans and is on track to triple by 2060. It is the only top-10 cause of death in the U.S. with no known cure. It is also one of the most urgent health inequities of our time.

We are confident that a clear goal and strategic investments in health equity will benefit families, society, our economy, and the nation. Any success in preventing or delaying dementia will reduce financial pressure on Medicare and Medicaid; decrease the cognitive, physical, psychological, and economic burden of those living with symptoms and their caregivers; improve the quality of life of patients and caregivers; and increase the likelihood that adults can thrive and remain independent into their later years.

Thank you for your commitment to ensuring our nation's health. We urge you to redouble that commitment by setting a national goal to prevent Alzheimer's disease. We look forward and stand ready to work with you to support this effort and appreciate your attention to this important matter.

Sincerely,



Shelley Moore Capito
United States Senator



Debbie Stabenow
United States Senator



Edward J. Markey
United States Senator



Marco Rubio
United States Senator



Sherrod Brown
United States Senator



Kevin Cramer
United States Senator



Robert Menendez
United States Senator



James Lankford
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Jacky Rosen
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James M. Inhofe
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Tina Smith
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Roger F. Wicker
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Richard Blumenthal
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Catherine Cortez Masto
United States Senator



Amy Klobuchar
United States Senator

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- ⁱ Report: Brookings, What the 2020 census will reveal about America: Stagnating growth, an aging population, and youthful diversity, William H. Frey, Monday, January 11, 2021 <https://www.brookings.edu/research/what-the-2020-census-will-reveal-about-america-stagnating-growth-an-aging-population-and-youthful-diversity/>
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- ⁱⁱⁱ Alzheimer's Association. 2021 Alzheimer's Disease Facts and Figures. *Alzheimers Dement* 2021;17(3).
- ^{iv} Matthews KA, Xu W, Gaglioti AH, Holt JB, Croft JB, Mack D, McGuire LC. Racial and ethnic estimates of Alzheimer's disease and related dementias in the United States (2015-2060) in adults aged ≥65 years. *Alzheimers Dement*. 2019 Jan;15(1):17-24. doi: 10.1016/j.jalz.2018.06.3063. Epub 2018 Sep 19. PMID: 30243772; PMCID: PMC6333531.
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- ^{vi} Livingston et al. (2020). Dementia prevention, intervention, and care: 2020 report of the Lancet Commission. *The Lancet*, DOI: [https://doi.org/10.1016/S0140-6736\(20\)30367-6](https://doi.org/10.1016/S0140-6736(20)30367-6).
- ^{vii} Risk reduction of cognitive decline and dementia: WHO guidelines. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO.
- ^{viii} Mehegan, Laura, and Chuck Rainville. 2021 *AARP Survey on the Perceptions Related to a Dementia Diagnosis: Adults Age 40+*. Washington, DC: AARP Research, June 2021. <http://doi.org/10.26419/res.00471.001>
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- ^x Alzheimer's Association. 2021 Alzheimer's Disease Facts and Figures. *Alzheimers Dement* 2021;17(3).
- ^{xi} Godbee, K., Gunn, J., Lautenschlager, N. T., Curran, E., & Palmer, V. J. (2019). Implementing dementia risk reduction in primary care: a preliminary conceptual model based on a scoping review of practitioners' views. *Primary health care research & development*, 20, e140. <https://doi.org/10.1017/S1463423619000744>