Advisory Council on Alzheimer's Research, Care, and Services

Summer 2026 Meeting

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U.S. Department of Health and Human Services

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ASPE
ASSISTANT SECRETARY FOR PLANNING AND EVALUATION

OFFICE OF BEHAVIORAL HEALTH, DISABILITY, AND AGING POLICY

2026 Advisory Council Subcommittee Recommendations

Presentation and Voting

Research Subcommittee Recommendations

Randall Bateman, MD

Chair, Research Subcommittee

Research Subcommittee Members

Non-Federal Members

- Randall Bateman (Chair)
- Ricardo Hanel
- Jonathan Weiss

Federal Members

- Jill Beaver - NIA/NIH
- Kevin Chaney - AHRQ
- Stephanie Courchesne - NIA/NIH
- Rebecca Ferrell - NSF
- Richard Hodes – NIA/NIH

Federal Members continued

- Jon King - NIA/NIH
- Helen Lamont - ASPE
- Shari Ling – CMS
- Maria-Theresa Okafor - ASPE
- Coryse St Hillaire-Clarke - NIA/NIH
- Kenneth Santora - NIA/NIH
- Frank Shewmaker - NINDS/NIH
- Dwayne Taliaferro - DOW
- Joan Weiss - HRSA
- Kim Wittenberg - AHRQ

Recommendation 1:

Ensure research directions are determined by scientific experts using evidence-based decision making and input from people living with Alzheimer's disease and related dementias (ADRD) and their caregivers.

A. Congress should increase federal research funding and investments to meet NAPA goals for preventing and treating AD/ADRD.

Recommendation 2:

Sustain current trials and fund new long-term prevention and early intervention trials for AD/ADRD.

A. Congress should sustain current trials and fund new long-term prevention and early intervention trials for AD/ADRD prevention of AD/ADRD.

Recommendation 3:

Invest in Artificial Intelligence (AI) and big data to transform AD/ADRD research.

A. Through the revised National Plan to Address Alzheimer's Disease, Congress and HHS should invest in the application of AI and big data to transform discoveries in AD/ADRD mechanisms, diagnosis, treatments, and management.

Recommendation 4:

Leverage the revised National Plan to Address Alzheimer's Disease to establish a coordinated national AD/ADRD clinical research infrastructure.

A. Through the revised National Plan to Address Alzheimer's Disease, HHS and Congress should establish a coordinated national AD/ADRD clinical research infrastructure that is modeled on the highly successful National Cancer Institute (NCI) system.

Clinical Care Subcommittee Recommendations

John D. Couris, DBA, MSM

Chair, Clinical Care Subcommittee

Clinical Care Subcommittee Members

Non-Federal Members

- John Couris (Chair)
- James Hartsell
- Gina Waterhouse
- Steve Waterhouse

Federal Members

- Jolie Crowder - IHS
- Lenise Cummings-Vaughn - CMS
- Rebecca Hommer - NINDS/NIH
- Helen Lamont - ASPE
- Jennie Larkin - NIA/NIH
- Priscilla Novak - NIA/NIH
- Maria-Theresa Okafor - ASPE
- Meghan Reeves - SSA
- Kim Wittenberg - AHRQ
- Joan Weiss - HRSA

Recommendation 1:

Advance best practices across the AD/ADRD care continuum.

A. HHS should develop a framework for continuous improvement and implementation of best practices for screening, diagnosis, delivery of care, treatment pathways, and care navigation for people living with AD/ADRD and their caregivers and provide training across all clinical roles.

B. Congress should prioritize funding for an improved, consistent national AD/ADRD care continuum.
   1. Standardize screening through Annual Wellness Visits and tie funding to increased screening rates and equitable access.
   2. Expand workforce training and invest in scalable models (e.g., Project ECHO, CME, and nursing curricula).
   3. Strengthen care pathways so coordination, education, implementation, and training are standardized across clinical roles.
   4. Support prevention research, including vaccines, vascular health, and delirium prevention; explore the ASAP Act.
   5. Address access gaps and prioritize underserved communities in screening, diagnosis, and care.
   6. Tie funding to measurable outcomes and dedicate funding for national brain health initiatives.

Recommendation 2:

Improve screening and diagnosis by standardizing AD/ADRD screening.

A. HHS should direct CMS to include standardized AD/ADRD screening in their Annual Wellness Visits.

B. Congress should provide dedicated funding and incentive structures to support education, prevention, screening initiatives, and community-based interventions, including a national Alzheimer's and Brain Health Awareness Campaign.

Recommendation 3:

Create a CPT code education campaign for providers and health systems.

A. HHS should direct CMS to create a CPT code education campaign that targets and trains care providers and health systems. This would prioritize CPT code 99483, and include education on relevant ICD-10-CM diagnostic codes.

Long-Term Services and Support (LTSS) Subcommittee Recommendations

Kathryn Newkirk, LGSW-DC and Kristi Putnam

Co-Chairs, LTSS Subcommittee

LTSS Subcommittee Members

Non-Federal Members

- Kathryn Newkirk (Co-Chair)
- Kristi Putnam (Co-Chair)
- Michelle Branham

Federal Members

- Kevin Chaney - AHRQ
- Elena Fazio - NIA/NIH
- Catherine M. Kelso - VA
- Nicole Kidwiler - NIA/NIH
- Helen Lamont - ASPE
- Erin Long - ACL
- Susan Lynch - DoJ
- Tara Mcmullen - CMS
- Maria-Theresa Okafor - ASPE
- Eric Weakly - SAMHSA
- Joan Weiss - HRSA

Recommendation 1:

Strengthen dementia care navigation leveraging federal resources.

A. HHS should improve coordination and visibility of existing federal navigation resources, including the Eldercare Locator, Aging and Disability Resource Centers (ADRCs), Area Agencies on Aging (AAAs), CMS resources, and state Alzheimer's programs - through consistent cross-referrals, provider education, and standardized public messaging.

Recommendation 2:

Increase use of existing Medicare dementia care planning benefits.

A. HHS should direct CMS to expand education and outreach to physicians, health systems, and clinicians on appropriate use of existing Medicare dementia care planning services, including CPT 99483, to improve early care planning, caregiver engagement, and referrals to community-based supports.

Recommendation 3:

Promote trusted community and technology-based navigation.

A. HHS should direct the Administration for Community Living, CMS, and other federal partners to encourage development and use of evidence-based digital navigation tools - including AI-enabled platforms - that direct caregivers to verified local dementia resources, while promoting quality standards for accurate, and reliable person-centered referrals.

Risk Reduction Subcommittee Recommendations

Jonathan Weiss, DPT, MPT

Chair, Risk Reduction Subcommittee

Risk Reduction Subcommittee Members

Non-Federal Members

- Jonathan Weiss (Chair)
- Michelle Branham
- Samuel Giles
- Michael Mayo
- Kathryn Newkirk

Federal Members

- Rebecca Ferrell - NSF
- Brian Gray - NIA/NIH
- Shelly L. Jackson - DoJ
- Helen Lamont - ASPE
- Erin Long - ACL
- Linda McGavern – NINDS/NIH
- Lis Nielsen - NIA/NIH
- Maria-Theresa Okafor - ASPE
- Kenneth Santora - NIA/NIH
- Molly Wagster - NIA/NIH
- Eric Weakly - SAMHSA
- Joan Weiss - HRSA

Recommendation 1:

Prioritize Early Detection and Early Diagnosis

A. HHS should standardize and require the use of validated cognitive assessments during Medicare visits.
B. Congress should pass two key bipartisan bills to advance early detection:
    A. The Alzheimer's Screening and Prevention (ASAP) Act (S. 3267 / H.R. 6130).
    B. The Concentrating on High-Value Alzheimer's Needs to Get to an End (CHANGE) Act (S.2379 / H.R.4752).

Recommendation 2:

Launch of National Alzheimer's Education and Awareness Campaign with a multi-sector, multi-agency approach.

A. HHS, through NIH and NIA, CDC, and CMS, should launch a coordinated campaign on early detection, risk reduction, and healthy brain aging. The campaign should:
   1. Provide updated CMS guidance on evidence-based cognitive assessment and care pathways.
   2. Increase public awareness of baseline screening, risk factors, and opportunities for early intervention.
   3. Promote U.S. POINTER-informed multidomain strategies: physical activity, healthy nutrition, cognitive and social engagement, and management of cardiovascular and other health conditions.
   4. Expand awareness of treatment options and access to appropriate clinical trials.

B. Congress should provide $7 million for a national multi-sector, multi-agency Alzheimer’s Concern and Awareness Campaign.

Recommendation 3:

Direct FDA to continue fast tracking more AD/ADRD trials that include pharmaceutical and non-pharmaceutical approaches, while expanding the FDA's Accelerated Approval Program and convene the U.S. Preventive Services Task Force (USPSTF).

A. HHS should establish a coordinated pathway to accelerate innovation and expand access to Alzheimer's treatments and interventions and direct the FDA to continue fast tracking more AD/ADRD trials, while also convening the USPSTF.

B. HHS should also convene the USPSTF to evaluate the growing evidence base for early detection and intervention and help establish clear, evidence-based guidance.

C. HHS should direct NIH, NIA, CDC, and CMS to launch a coordinated national education initiative that provides the public, primary care providers, neurologists, and other healthcare professionals with current, evidence-based information on AD/ADRD treatments, interventions, clinical trials, and available care resources.