ALZHEIMER'S ASSOCIATION

THE ASAP ACT

A mammogram moment for Alzheimer's disease.

Briefing to the Advisory Council on Alzheimer's Research, Care, and Services

Rachel Conant · Alzheimer's Association · Alzheimer's Impact Movement

AUGUST 3, 2026

WHY THIS MATTERS

The scale is already unmanageable.

7.4M

Americans age 65 and older are living with Alzheimer's today. Nearly 13 million by 2050.

$409B

in health and long-term care costs this year. Medicare and Medicaid carry most of it.

1 in 3

older adults dies with Alzheimer's or another dementia — more than breast and prostate cancer combined.

None of that changes without changing when we find the disease.

ALZHEIMER'S ASSOCIATION · 2026 ALZHEIMER'S DISEASE FACTS AND FIGURES

WHERE THE PROBLEM ACTUALLY SITS

Treatment works at the stage we miss.

NO SYMPTOMS

A blood test could look here.

MILD COGNITIVE IMPAIRMENT

Both approved treatments are labeled to begin here.

DEMENTIA

Where most people are actually diagnosed.

Fewer than 1 in 10 of these cases are diagnosed in primary care.

The treatment window and the detection failure sit on top of each other.

Medicines labeled for the middle box; a health system that finds people in the third.

THE GAP

Nine in ten are missed.

Fewer than 1 in 10

expected cases of mild cognitive impairment are diagnosed in primary care.

LIU ET AL. · J PREV ALZHEIMERS DIS · 2024

What that costs people

- They are found later, when treatment options are narrower.
- The years for planning — legal, financial, medical, family — are gone.
- Families absorb the difference, in care and in cost.

A blood test treats no one. It finds the people who could be treated.

WHY NOW, AND NOT FIVE YEARS AGO

Two things arrived at once.

THE TREATMENTS

Approved therapies now change the course of the disease — and their labels direct treatment at the earliest symptomatic stage.

THE TESTS

A simple blood test is accurate enough to be evaluated as a screen, at a fraction of the cost of a PET scan.

Neither delivers its value without the other. A treatment nobody is diagnosed early enough to receive, and a test Medicare cannot cover.

The medicines are here. The test is here. What is missing is the authority to connect them.

THE PROBLEM HAS ALREADY BEEN NAMED

And not by us.

“

*It's almost **regulatory malpractice that we do not have early screening already**. … If [the USPSTF] had been doing its job, we would have early screening for Alzheimer's.*

ROBERT F. KENNEDY JR. · U.S. SECRETARY OF HEALTH AND HUMAN SERVICES · APRIL 21, 2026

This Council does not have to convince the Administration the gap exists. What has not happened is anyone naming the remedy.

WHY IT HASN'T HAPPENED

The barrier is legal, not scientific.

Medicare cannot cover a screening test for people without symptoms. Not “will not” — cannot. Two things can change that.

DOOR ONE

The Task Force issues an A or B recommendation.

A multi-year process.

DOOR TWO

Congress authorizes coverage by statute.

The ASAP Act is that authorization — and the only door currently capable of opening.

WHAT THE BILL DOES NOT DO

Four things it is not.

It does not mandate coverage.

CMS decides. The bill only makes the decision legally possible.

It does not mandate that anyone be screened.

No beneficiary is required to take a test, and no clinician to offer one.

It does not approve a test.

FDA clearance for a screening use is a separate decision the bill does not touch.

It does not set a price.

Payment runs through the existing clinical laboratory fee schedule.

Every objection about how screening should be deployed is a question for FDA and CMS. This bill lets them take it up.

THE IMPLEMENTATION RUNWAY

The date does the sequencing for us.

The benefit applies to tests furnished on or after January 1, 2028 — which means passage does not put a test in a clinic tomorrow.

NOW

Congress acts

Authority exists. Nothing changes clinically yet.

2026–27

FDA and CMS work

FDA weighs a screening indication. CMS sets eligibility, frequency and confirmatory pathway.

JAN 2028

Coverage can begin

Only for tests FDA has cleared for screening, on CMS's terms.

This is an argument for acting now, not later. The statutory step has the longest lead time and the least controversy. Doing it first is what lets the careful work happen on a schedule instead of a scramble.

CONGRESS HAS DONE THIS BEFORE

The instrument is well worn.

1990

Screening mammography

Congress created Medicare's mammography benefit, effective January 1, 1991 — the program's first preventive screening benefit.

1997

Bone density

A benefit category for bone-mass measurement: a silent disease, found before it breaks.

2026

Multi-cancer blood test

Five months ago, a Medicare pathway for blood-based cancer screening — at a predictive value of 38%.

§6221, P.L. 119-75 · FEBRUARY 2026

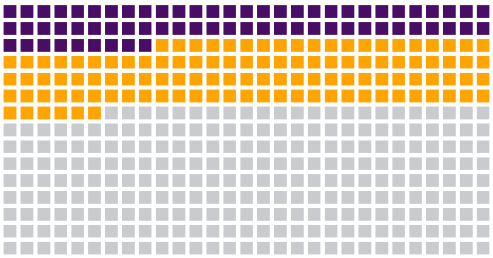
Each of these required an act of Congress. None of them required a perfect test — only a useful one.

WHERE THE BILL STANDS TODAY

227 of 535.

Every seat in Congress. Filled squares have cosponsored the ASAP Act.

HOUSE · 180 OF 435



SENATE · 47 OF 100

- Republican cosponsor
- Democratic or Independent cosponsor
- Not yet cosponsoring

38 more members reaches a House majority. 13 more senators reaches sixty. It started with six, in November.

What it needs now is a committee. Both bills are still in referral, and no markup has been scheduled. Cosponsorship is necessary but not sufficient.

THE PATH FROM HERE

Two thresholds, and a committee.

HOUSE

180 cosponsors of 218 for a majority

SENATE

47 cosponsors of 60 to clear a filibuster

The bills sit in Senate Finance, and in House Ways and Means and Energy and Commerce. The House sponsor chairs the Ways and Means Health Subcommittee. The relationships are in place; what is needed is a markup.

AND THE PUBLIC IS ALREADY THERE

This is not a hard sell to voters.

90%

of voters support Medicare covering an Alzheimer's blood test.

91%

want their own insurer to cover it.

Nine in ten Americans agree on almost nothing. The public reached this conclusion well ahead of the policy.

AIM NATIONAL VOTERS SURVEY · MARCH 2026 · N=1,000 REGISTERED VOTERS

WHAT THIS COUNCIL CAN DO

Recommend the ASAP Act in the Council's annual recommendations to Congress and the Secretary.

The Secretary has named the gap. **This Council can name the remedy.**

And there is something in it for the work you do. When screening happens at scale, Alzheimer's becomes visible in the health system before dementia — charted, coded and counted in large numbers for the first time. Every quality, equity and workforce question this Council works on finally gets a denominator.

The medicines are here.

The test is here.

What's missing is one act of Congress.

Thank you.

ALZHEIMER'S ASSOCIATION