

THE ASAP ACT

A mammogram moment for Alzheimer's disease.

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

APRIL 2026

Last week, the HHS Secretary called out the issue.



*We now know ... early treatment of Alzheimer's can postpone its onset. 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

PART ONE · THE PARALLEL

Forty years ago,
breast cancer was
found **too late**.

The test existed. It worked. Medicare did not cover it.

The barrier was not the science.

01 · SCREENING

14%

of American women getting mammograms in 1987.

02 · COVERAGE

0

Medicare coverage for routine mammography.

03 · RESPONSE

600K

letters sent to Congress in a single year.

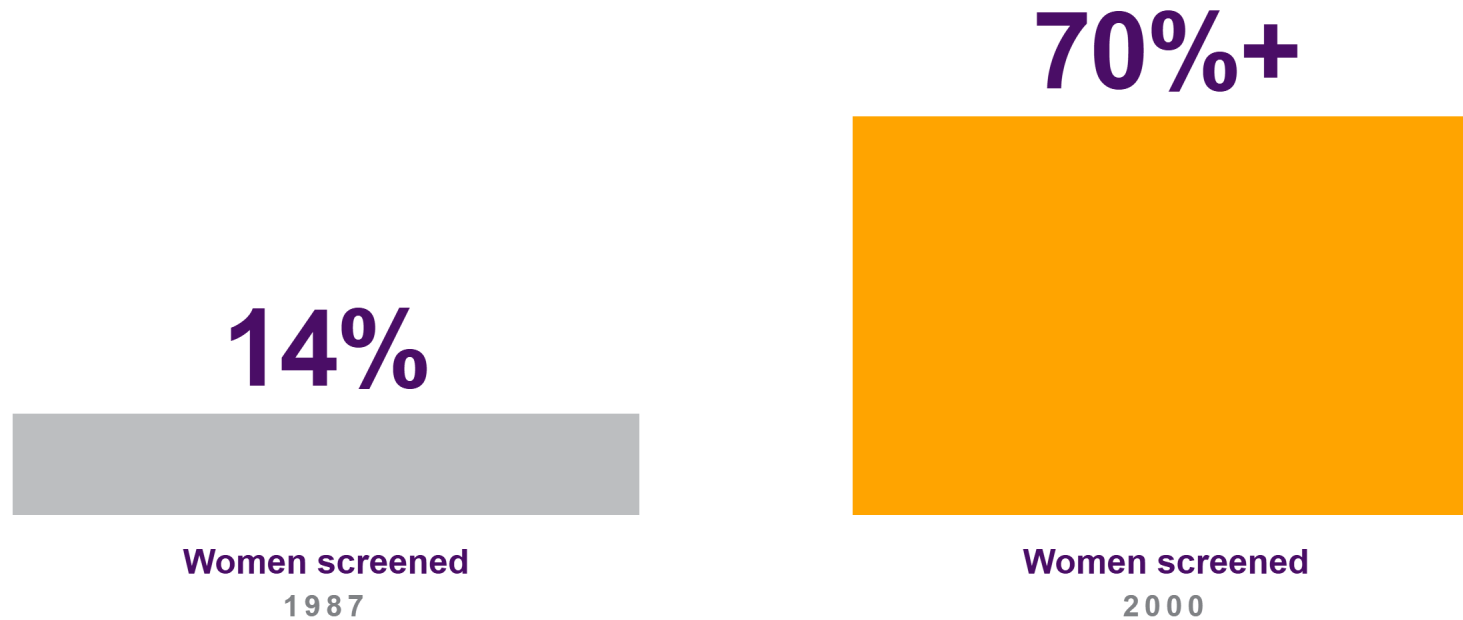
1990 · AN ACT OF CONGRESS

Congress acted. Medicare covered.

OBRA '90 authorized routine mammography screening. Coverage began January 1, 1991 — the first preventive screening benefit in Medicare's history.

AFTER MEDICARE COVERAGE BEGAN, 1991

What coverage delivered: Detect early, treat early.



Breast cancer death rates dropped **44%.**

Coverage didn't just save lives. It rebuilt the care system.

01

A dedicated imaging network.

Thousands of accredited mammography centers opened nationwide. Breast imaging became a recognized radiology subspecialty, with fellowships and national standards under MQSA (1992).

02

Multidisciplinary care, earlier.

Breast centers integrated radiology, surgery, pathology, and oncology into a single pathway. Earlier detection made breast-conserving treatment the norm, not the exception.

03

A population-scale evidence base.

Registries, quality measures, and equity tracking all became possible because the disease was finally visible in the system at scale.

NOW · ALZHEIMER'S DISEASE

We are living in the equivalent of 1986.

The test exists. It works. Medicare cannot cover it.

PART TWO · THE PROBLEM

Today's treatments work best in a window most people miss.

Mild Cognitive Impairment — when intervention matters most.

Nine out of ten slip right through the window.

47%

greater slowing of cognitive decline in clinical trials when treatment begins at the earliest stage of those eligible for treatment.

but

<10%

of people with Mild Cognitive Impairment ever receive a diagnosis during the MCI window.

Once the MCI window closes, those years cannot be recovered — for the patient or their family.

The science has arrived.

97.9%

accuracy in ruling out Alzheimer's (Negative Predictive Value) — one of two FDA-cleared blood tests now on the market.

The accuracy of these blood tests in a general population is greater than screening tests Medicare already covers.

A simple blood test runs roughly \$100–\$200, compared with \$3,000+ for a PET scan.

"Blood-based biomarkers for Alzheimer's disease are probably the most important breakthrough in 20 years."

Craig Ritchie, University of Edinburgh · **Nature**, 2026

The evidence is accumulating and convincing.

JAMA
2024

"The diagnostic accuracy of the blood test surpassed that of dementia specialists, and especially primary care physicians."

Palmqvist et al. · 91% accuracy with the blood test vs. 61% after standard clinical examination in primary care.

NATURE MEDICINE
2024

"A blood test with such high performance could replace CSF testing or A β PET...in patients with cognitive symptoms."

Barthélemy et al. · Performance clinically equivalent or superior to FDA-approved CSF tests.

LANCET
NEUROLOGY
2025

"Plasma p-tau217 is a highly sensitive and specific biomarker for Alzheimer's disease pathology."

Therriault et al. · Meta-analysis of 113 studies and 29,625 individuals.

91%

of Americans would take a blood test for Alzheimer's if they could.

(When was the last time nine out of ten Americans agreed on anything?)

AFTER A POSITIVE RESULT

A positive screening test will move people to act.

87%

said they were *very likely* to take steps to improve brain health after a positive Alzheimer's screening blood-test result.

And the steps they would take are the ones we now know slow cognitive decline.

U.S. POINTER (JAMA, July 2025) showed a structured program of aerobic exercise, MIND diet, and cognitive training produced measurable cognitive gains in at-risk older adults — the same interventions a biomarker-positive patient is primed to pursue.

"After brief education, 94.5% of primary-care patients supported offering the [screening] test, and 85% were willing to complete it if recommended by their clinician."

Russell et al. · *Alzheimer's & Dementia*, 2026 · n = 572

THE ONE THING IN THE WAY

A legal barrier. Not a scientific one.

Under current law, Medicare **cannot** cover screening tests for people without symptoms unless Congress specifically grants the authority.

Not "will not." *Cannot*. It is why mammography required an act of Congress. It is why the Alzheimer's blood test requires one now.

"The need for affordable, scalable, and accessible blood-based testing for Alzheimer disease has never been more important than with the emergence of the first disease-modifying therapies."

Weber et al. · *Neurology: Clinical Practice*, 2025

PART THREE · THE SOLUTION

The Alzheimer's Screening and Prevention Act.

S. 3267 · H.R. 6130 · 119th Congress

ONE CHANGE CHANGES EVERYTHING.

What the ASAP Act does.

-
- 01** Gives CMS the authority to cover routine blood-based screening tests for Alzheimer's disease and other diseases that cause dementia, once the FDA clears them.
 - 02** Directs CMS to use its existing evidence-based process to determine coverage rules for these tests — the agency retains full discretion over evaluation.
-

The bill does not mandate coverage. It unlocks the door.

THE PRECEDENT IS FRESH

Congress just did this again for cancer.

2026 · PRECEDENT

MCED Act

Authorized Medicare to cover blood-based cancer screening tests.

Built the billing, lab, and claims infrastructure.

Uses CMS's existing evidence-based coverage process.

2026 · ASAP ACT

Same model. For dementia.

Same billing system.

Same lab infrastructure.

Same claims architecture. Implementable alongside MCED.

Alzheimer's and related conditions become visible in the health care system.

01

A new early-stage cohort.

For the first time, large numbers of patients are documented before they have dementia — charted, coded, and tracked in the window when planning and treatment matters most, and lifestyle changes are still effective (U.S. POINTER).

02

Tools for clinicians.

Primary care gains a pathway into diagnosis that didn't exist. Specialists gain referrals in the window where treatment works.

03

Data the system can't ignore.

Population-scale visibility into Alzheimer's disease — the evidence base every quality, equity, and workforce question depends on.

SCREENED → DIAGNOSED → CHARTED → TRACKED → COORDINATED → INTEGRATED

PART FOUR · THE COUNCIL'S LEVER

What NAPA could recommend.

Four concrete actions this Council is uniquely positioned to advance to the Secretary and the Administration.

Four ASAP-related actions the NAPA Advisory Council could consider.

01

Statement of Administration Policy supporting the ASAP Act.

Issue an SAP endorsing S.3267 / H.R.6130, granting Medicare authority to cover FDA-cleared blood-based screening tests for Alzheimer's disease and related dementias.

03

Federal protections against biomarker discrimination.

Establish federal protections against discrimination based on FDA-cleared diagnostic biomarker test results — beginning with federal employment and federal insurance programs — modeled on Executive Order 13145 (2000), the precedent that led to the Genetic Information Nondiscrimination Act (GINA).

02

CPT 99483 update and ASAP implementation readiness.

Through CY 2027 Physician Fee Schedule rulemaking, extend CPT 99483 to patients with a biological diagnosis based on biomarker testing — making the "independent-historian" requirement conditional on cognitive status — and begin CMS implementation planning for the ASAP Act.

04

Coverage pathway for structured lifestyle intervention.

Establish a Medicare coverage and delivery pathway for structured lifestyle intervention — aerobic exercise, MIND diet, cognitive training — for biomarker-positive, cognitively normal individuals, grounded in the U.S. POINTER trial evidence base (JAMA, July 2025).

THE URGENCY

**With Alzheimer's,
we are finally ready to
detect early and treat early.**

**Every year we wait costs
more years Americans
will never get back.**

Thank you.

ALZHEIMER'S  ASSOCIATION®