

Side-by-Side Summary of the CHANGE Act and the BOLD Act

When it comes to Alzheimer's we need "all of the above" to win the fight and find a cure. The CHANGE Act and BOLD Act are complementary bills that use different approaches to put us on a path to treating and curing Alzheimer's disease. The BOLD Act creates new public health infrastructure and technical assistance for local communities to help increase education and awareness. The CHANGE ACT seeks to make much-needed reforms to the broken regulatory framework for clinical trials and drug development and aims to improve diagnosis and early detection as well as bend the cost curve to reduce the financial burden Alzheimer's places on patients, families and the healthcare system. Without creating systemic change, we will continue to miss opportunities to prevent Alzheimer's, expedite treatments, improve studies, and at last, find a cure.

CHANGE Act

(S 2387 / HR 4957)

Requires test for cognitive impairment in the Medicare Annual Wellness Visit and Initial Preventive Physical Examination. If detected, patients are referred to specialists, support services, and appropriate clinical trials.



Diagnosis & Early Detection

BOLD Act

(S 2076 / HR 4256)

Establishes Centers of Excellence in Public Health Practice that provide technical assistance to public health departments to focus on increasing early detection, diagnosis and education efforts.

States allowed to develop and test programs

that reduce the financial burden for Alzheimer's disease caregivers through CMS/CMMI initiatives.

State-Level Authorization States authorized to implement strategies that effectively promote CDC initiatives through Core Capacity and Enhanced Activity Cooperative Agreements given to State Health Departments.

Requires GAO/Comptroller General to **conduct a study** on regulatory and/or legislative changes that can accelerate Alzheimer's disease research progress.

Requires a report from HHS to Congress on CHANGE Act implementation including specific measurements.

Mandatory Reporting

Requires CDC to collect data on cognitive decline or impairment, caregiving, and health disparities on the State and National level.

Information would be available for the public to analyze and disseminate in a timely manner.

Includes training and support services for family members and caregivers.

Caregiving & Training

Centers of Excellence and Public Health Practice will **prioritize meeting the needs** of family members and caregivers.

Continuum of Care Framework. modeled after Programs of All-Inclusive Care for the Elderly (the PACE Program).

Testing of Care Delivery Models

Establishes payment measurements that incentivize the detection and diagnosis of Alzheimer's disease.

Medicare Program Changes

Patients diagnosed with cognitive impairment are referred to appropriate clinical trials.

Clinical Trials

Appropriations

\$37 million (estimated)