NATIONAL ACADEMY OF NEUROPSYCHOLOGY

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Docket No. HHS-ASPE-2026-0298

Re: HHS Request for Comment on the Update to the National Plan to Address Alzheimer's Disease

On behalf of the National Academy of Neuropsychology (NAN), I appreciate the opportunity to respond to HHS' request for information (RFI) on updating the National Plan to Address Alzheimer's Disease. NAN is a professional organization representing approximately 4,500 professional and student members across 35 countries. Our members work in world-renowned hospitals, academic and governmental institutions, and are in private practice. Our mission is to advance the research and clinical care of brain conditions, educate professionals in the area of brain disease and brain health, and promote public understanding of brain health. As such, NAN is uniquely qualified to offer the following responses to this RFI.

In particular, NAN has prioritized advancing the assessment of Alzheimer's disease through strategic partnerships, multidisciplinary summits, and educational programs.

In 2018, NAN sponsored a multidisciplinary summit focused on assessing cognitive impairment in the emergency department. The summit was attended by representatives from CMS and resulted in a publication outlining a plan for integrating cognitive screening into routine emergency department workflows, particularly for large geriatric populations. The findings were subsequently published in Innovation in Aging, the journal of the Gerontological Society of America.

In 2022, NAN sponsored a second summit focused on the assessment of cognitive impairment in the primary care setting. CMS Deputy Director, Dr. Shari Ling, participated in the summit, which brought together experts from across relevant disciplines. Recommendations from the summit were published in Policy Insights from the Behavioral and Brain Sciences (PIBBS) and subsequently, in 2024, in the Annals of Family Medicine.

Since then, NAN has continued to collaborate with numerous organizations to advance the early identification and screening of Alzheimer's disease, including

the Alzheimer's Association, UsAgainstAlzheimer's, Women's Alzheimer's Movement and the European Brain Council.

RFI Responses

What opportunities or challenges exist in advancing research and development of interventions to prevent or treat AD/ADRD, including translating scientific progress into effective and scalable treatments and care?

NAN encourages HHS to support research that advances both precision prevention and disease-modifying therapies for Alzheimer's disease and Alzheimer's disease-related dementias (AD/ADRD). There is growing evidence that health and lifestyle factors influence dementia risk, but large-scale studies are needed to identify which factors and interventions are most beneficial for specific patient populations. Additional research is needed to better characterize phenotypes that may confer greater risk and to determine which interventions are most appropriate for which individuals. At the same time, recent progress in disease-modifying therapies, including anti-amyloid monoclonal antibodies, creates important opportunities to slow disease progression and improve treatment options. However, challenges remain, including the assessing of who may best benefit from these therapies given the high cost of this treatment, limited scientific funding, and the need to continue exploring emerging approaches such as tau-modifying interventions and the optimal timing of intervention, including whether treatment can begin before cognitive or other symptoms appear.

What opportunities or challenges exist in improving risk reduction and promoting brain health across the lifespan?

NAN urges HHS to prioritize large-scale, diverse, and clinically meaningful research on brain health interventions across the lifespan. Opportunities include reducing the risk of mild cognitive impairment and dementia, improving quality of life, maintaining functional independence for longer periods, and creating multidisciplinary collaborations with allied professionals, including neuropsychologists. HHS should support studies that identify and characterize subgroups most likely to benefit from various lifestyle interventions and should ensure that research includes both healthy and medically complex individuals. NAN also encourages HHS to integrate neuropsychology into primary care and general clinical settings to increase awareness of brain health and healthy aging.

Challenges include recruiting diverse adults for intervention studies, funding large-scale research, and addressing equity gaps in access to care and intervention for modifiable risk factors. Socioeconomic disadvantage often coincides with higher risk factors and lower access to intervention, making it critical to expand prevention opportunities in underserved communities. A developing challenge is around biomarkers for AD—when a patient tests positive for AD but has no clinical symptoms, it becomes challenging to determine who is more likely to develop symptoms during life and what cases may be false-positives.

What barriers or challenges affect early detection and timely diagnosis of AD/ADRD?

NAN recommends that HHS address early detection by improving education for both primary care providers and the public, expanding routine cognitive screening, and reducing delays in access to specialists (e.g., neuropsychology, geriatric medicine, neurology). Too many people continue to misattribute significant memory loss to "normal aging," which can delay diagnosis and appropriate care.

Primary care providers also face challenges in identifying which tools they can and will use to detect cognitive decline at the earliest stages. Cognitive screening assessments should be used more consistently in midlife and later adulthood, including during annual medical checkups, even when individuals do not report notable cognitive complaints. Early detection is also affected by delays in accessing specialists such as neuropsychology, and by limitations in early detection and diagnosis within primary care settings.

What are the most significant gaps in dementia care, services, and supports for people living with AD/ADRD and their families, caregivers, and care partners, including caregiver well-being?

NAN encourages HHS to address major gaps in dementia care by focusing on affordability, access, and caregiver support, particularly for underserved and minoritized populations. Families and caregivers often face significant financial barriers, including difficulty finding affordable assistance and accessing increasingly expensive assisted living facilities or memory care units. These challenges are especially acute for individuals in lower socioeconomic groups. HHS should also prioritize policies that address caregiver mental and physical health, including supports that help caregivers maintain their own well-being while caring for individuals living with AD/ADRD.

What models, programs, or practices are currently working well in supporting people living with AD/ADRD and their families, caregivers, and care partners, and what factors contribute to their success?

NAN supports collaborative and multidisciplinary care models that can reach individuals and families facing financial or transportation barriers. Effective models should be scalable, accessible across settings, and payable by major insurers, including Medicare and Medicaid. The Care Ecosystem model is one example identified in the highlighted responses as a promising approach, with randomized clinical trial support and accessibility through internet- and telephone-based intervention. These features may help overcome barriers related to geography, transportation, caregiver availability, and cost.

What barriers exist to accessing timely, high-quality, person-centered care across different community settings and stages of disease progression?

NAN recommends that HHS address barriers related to awareness, specialist availability, caregiving capacity, and access to stage-appropriate support. Communities with health care disadvantages may face particular challenges in recognizing early signs and symptoms of dementia. In many primary care settings, dementia signs may be overlooked, creating missed opportunities for earlier diagnosis and intervention. Limited availability of dementia specialists further constrains access to timely, high-quality care. In more advanced disease stages, awareness of available resources becomes increasingly important, as does access to caregivers with expertise in understanding and managing symptom profiles at different stages of disease progression.

What workforce or infrastructure challenges most affect AD/ADRD research and intervention development, risk reduction activities, public health initiatives, care delivery, and support for families, caregivers, and care partners?

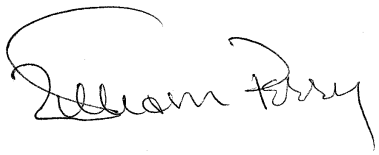
NAN encourages HHS to address workforce and infrastructure challenges by strengthening evidence-based education, public awareness, and protections against misinformation. HHS should support infrastructure that helps patients, families, caregivers, and providers identify evidence-based interventions

and avoid products or services that lack appropriate scientific support—especially those that take advantage of one's years of cognitive decline and are financially exploitative.

Conclusion

Thank you for the opportunity to submit feedback on the National Plan to Address Alzheimer's Disease. NAN stands ready to work with the U.S. Department of Health and Human Services (HHS) to advance scientific progress and strengthen support for individuals living with AD/ADRD, as well as their families and caregivers. Please reach out with any questions. I can be reached at wperry@nanonline.org.

Sincerely,



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