Dear Alzheimer’s Advocate,

Thank you for joining the nationwide Alzheimer’s Association and Alzheimer’s Impact Movement advocacy community. Your participation demonstrates your commitment to conquering this devastating disease.

Together, we have achieved so much already. We’ve seen federal Alzheimer’s research funding more than double in just five years, and for the first time, people with cognitive impairment will have access to critical care planning sessions through Medicare. We have also seen 48 states develop state Alzheimer’s plans, and are leading the implementation of critical programs across all 50 states to improve the lives of those living with Alzheimer’s and their caregivers. None of this would be possible without the collective voices of Association advocates like you.

But even though we’ve come a long way, there is still more work to be done.

In this guide, you’ll find everything you need to make the most of your advocacy experience, including information about the latest federal and state public policy priorities, our most recent successes, and tips on how to successfully advocate for the Alzheimer’s community. You’ll also find resources for accessing information on the web and mobile devices, suggestions for content to share on your social networks, statistics and other information on Alzheimer’s disease. And, you’ll learn how you can magnify your impact through the Alzheimer’s Impact Movement, the Association’s sister organization.

As you begin or continue your advocacy journey, we encourage you to share your story with friends, family, neighbors and fellow advocates. Be sure to follow the Alzheimer’s Association and the Alzheimer’s Impact Movement on social media and join the conversation using #ENDALZ.

As the experts leading the fight to end Alzheimer’s, we know that Alzheimer’s disease remains one of the most critical public health issues in America. That’s why we are unrelenting advocates for public policy that advances research and improves access to care and support services.

Thank you for joining us as we continue to urge our elected officials to make Alzheimer’s disease a national priority.

Sincerely,
The Alzheimer’s Association Public Policy Team
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2017 ALZHEIMER’S DISEASE FACTS AND FIGURES

MORE THAN 5 MILLION AMERICANS ARE LIVING WITH ALZHEIMER’S
BY 2050, THIS NUMBER COULD RISE AS HIGH AS 16 MILLION

EVERY 66 SECONDS someone in the United States develops the disease

MORE THAN 15 MILLION AMERICANS provide unpaid care for people with Alzheimer’s or other dementias

IN 2016 these caregivers provided an estimated 18.2 BILLION HOURS of care valued at over $230 BILLION

In 2017, Alzheimer’s and other dementias will cost the nation $259 billion
By 2050, these costs could rise as high as $1.1 TRILLION

35% of caregivers for people with Alzheimer’s or another dementia report that their health has gotten worse due to care responsibilities, compared to 19% of caregivers for older people without dementia

ALZHEIMER’S DISEASE IS THE 6TH LEADING CAUSE OF DEATH IN THE UNITED STATES

1 IN 3 seniors dies with Alzheimer’s or another dementia

IT KILLS MORE THAN breast cancer and prostate cancer COMBINED

MORE THAN 5 MILLION AMERICANS ARE LIVING WITH ALZHEIMER’S

THE BRAINS BEHIND SAVING YOURS: alzheimer’s association®

Since 2000, deaths from heart disease have decreased by 14%
while deaths from Alzheimer’s disease have increased by 89%
2017 Alzheimer’s Disease Facts and Figures

Alzheimer’s is the most expensive disease in America, with costs soaring past a quarter of a trillion dollars.

- In 2017, the direct costs to American society of caring for those with Alzheimer’s will total an estimated $259 billion.

- Average per-person Medicare spending for those with Alzheimer’s and other dementias is more than three times higher than average per-person spending across all other seniors. Medicaid payments are 23 times higher.

- Unless something is done, in 2050, Alzheimer’s will cost $1.1 trillion (in 2017 dollars).

- Nearly one in every five Medicare dollars is spent on people with Alzheimer’s. In 2050, it will be more than one in every three dollars.

Alzheimer’s kills – and deaths have nearly doubled in the last 14 years.

- Alzheimer’s disease is the 6th leading cause of death in the United States and the 5th leading cause of death for those aged 65 and older.

- Deaths from Alzheimer’s increased 89 percent from 2000 to 2014, while deaths from other major diseases (including heart disease, stroke, breast and prostate cancer, and HIV/AIDS) decreased.

- Alzheimer’s is the only cause of death among the top 10 in America that cannot be prevented, cured, or even slowed.
Caring for someone with Alzheimer’s is exceptionally demanding.

- In 2016, more than 15 million family members and friends provided 18.2 billion hours of unpaid care to people with Alzheimer’s and other dementias, at an economic value of more than $230 billion.

- The tasks required of dementia caregivers are particularly intrusive and burdensome. Nearly half provide help getting in and out of bed. And, compared with other caregivers, they are much more likely to assist with bathing or showering and to deal with incontinence or diapers.

- Compared with other caregivers, Alzheimer’s and dementia caregivers are two and a half times as likely to help with emotional or mental health problems and nearly four times as likely to assist with behavioral issues.

- More than one out of three Alzheimer’s caregivers report their health has gotten worse due to care responsibilities, compared with one out of five caregivers of other older adults.

- In all, the physical and emotional impact of caregiving on Alzheimer’s and other dementia caregivers resulted in an estimated $10.9 billion in increased caregiver health costs in 2016.

Facts in Your State

The 2017 Alzheimer’s Disease Facts and Figures report also contains state-by-state data on the impact of the disease. Find the full report and information on your state at www.alz.orgfacts.

The caregiving burden is only going to increase as the number of Americans living with Alzheimer’s rapidly grows.

- Today, 5.5 million Americans are living with Alzheimer’s, including an estimated 200,000 under the age of 65.

- One in 10 Americans aged 65 and older has Alzheimer’s. Among people aged 85 and older, one in every three does.

- Nearly two-thirds of those with Alzheimer’s – 3.3 million – are women.

- Every 66 seconds, someone in America develops Alzheimer’s – resulting in nearly a half million new cases this year.

- By 2050, someone in the United States will develop Alzheimer’s every 33 seconds. At that time, the total number living with Alzheimer’s is projected to reach 13.8 million – and could be as high as 16 million.

Burdens of Alzheimer’s Caregivers vs. Other Caregivers

<table>
<thead>
<tr>
<th>Task</th>
<th>Alzheimer’s Caregivers</th>
<th>Other Caregivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assist with Showering/Bathing</td>
<td>34%</td>
<td>23%</td>
</tr>
<tr>
<td>Assist with Incontinence/Diapers</td>
<td>32%</td>
<td>12%</td>
</tr>
<tr>
<td>Deal with Emotional/Mental Health Issues</td>
<td>41%</td>
<td>16%</td>
</tr>
<tr>
<td>Deal with Behavioral Issues</td>
<td>15%</td>
<td>4%</td>
</tr>
<tr>
<td>Worsening Health Because of Caregiving</td>
<td>35%</td>
<td>19%</td>
</tr>
</tbody>
</table>
The Alzheimer’s Association, the Alzheimer’s Impact Movement (AIM), and our dedicated network of advocates are leading the fight to end Alzheimer’s!

**Developed with Congress the National Alzheimer’s Project Act (NAPA)**, resulting in the first National Plan to Address Alzheimer’s Disease with the goal of preventing and effectively treating Alzheimer’s by 2025.

**Propelled the U.S. government to rise to the Alzheimer’s challenge**, resulting in more than a doubling of Alzheimer’s research funding in just five years. Including a historic $350 million increase for FY2016.

**Conceived of and championed the HOPE for Alzheimer’s Act** to provide Medicare coverage for comprehensive care planning services for those living with Alzheimer’s disease and other cognitive impairments. Because of our efforts, cosponsorship soared to include two-thirds of Congress. We also led extensive meetings with the Centers for Medicare & Medicaid Services (CMS) on the critical need for this benefit. As a result, beginning in January 2017, Medicare began paying for cognitive and functional assessments and care planning.

**Worked with state governments** to create State Alzheimer’s Plans in nearly every state.

**Made Alzheimer’s a national priority** on the 2016 campaign trail. Alzheimer’s became an issue during election debates, in candidate’s advertising, and for the first time in our nation’s history, an incoming president declared Alzheimer’s disease would be a priority of the Trump administration.

**Created the concept and drafted the language of the Alzheimer’s Accountability Act (AAA).** The Alzheimer’s Association and AIM were the only organizations leading the effort to gain support for the bill in Congress. Since its enactment, AAA has transformed discussions about Alzheimer’s research funding on Capitol Hill. Today, because of our efforts the National Institutes of Health releases its requested research budget for Alzheimer’s — one of only three diseases to be singled out.
ADVOCATE RESOURCES

TWITTER
alz.tweetatcongress.com
@alzassociation
@alzambassadors
#EndAlz

FACEBOOK
fb.com/actionalz
fb.com/AlzImpact
fb.com/AlzAmbassadors

YOUTUBE
youtube.com/actionalz

INSTAGRAM
alzassociation
alzimpact

WEBSITES
alzadvocacy.com
alz.org/facts
alz.org/plan
alzimpact.org
@alzimpact

STATE & LOCAL
alz.org/stateplans

GET INVOLVED
alz.org/advocate
alz.org/forum

FIND YOUR REP
act.alz.org/findarep

MOBILE APPS
alz.org/advocateapp
alzadvocacy.org
m.alz.org

COUNTABLE
Send personalized messages to lawmakers and receive verification once the messages are received.
alzimpact.org/engage
Alzheimer's Advocacy Reporting and Trends (AART) is designed to empower Ambassadors, Alzheimer’s Congressional Team (ACT) members and engaged advocates by providing real-time information on our efforts to engage elected officials. Through AART you can:

» Share your recent accomplishments and activities
» Interact with other dedicated advocates
» Find contact information for your elected officials
» Access the latest news and events related to Alzheimer's advocacy
» Earn recognition for your efforts
» Receive personalized notifications and reminders

To become a part of the AART community, simply visit alzadvocacy.org and create your profile today.
Human beings (and yes, that includes Congress) are hard wired to learn through stories. Statistics simply aren’t enough to challenge preconceptions of this disease; it takes authentic stories from constituents like you. That’s the whole reason you’re an Alzheimer’s advocate! Don’t try to weave a universal story out of statistics; they’re genuinely interested in YOUR story. Tell it well. Put them in the moment. Inspire them to retell it. Make it their story too. Then connect it to your ask. Here’s how.

**Tell the Story of SELF**
*Why are you an advocate?*

» **Paint a picture of life before Alzheimer’s.**
  Why should they identify with you?

» **Put them in the moment of diagnosis/realization.**
  First person. Present tense. Sensory details. It’s OK to get emotional!

» **Share moments of struggle.**
  Do they relate to our ask? What inspired you to become an advocate? What have you learned?

**Find the Story of US**
*Why is your cause theirs too?*

» **“Do you know somebody with Alzheimer’s?”** Give space to tell their story or say how lucky they are.

» **Find common ground.** Do a bit of research to explore how your story might relate to their background and policy interests.

» **All politics is local!** Share local stats, events and impacts on constituents.

» **Say Thank You!** There’s always something. Say how it matters to YOU.

**Tell the Story of NOW**
*Why is inaction no longer an option?*

» **Deliver the ask.**
  Let the legislative collateral guide you.

» **Don’t bluff!**
  “I don’t know, but we will get back to you” is a great excuse for our Federal Affairs team to follow-up.

» **Finish on the personal.**
  Tie back to the story of self. Share a photo of a loved one.

Stuck? Try framing your story with some of these prompts:
1. Once upon a time...
2. And every day...
3. Until one day...
4. And because of this... (repeat as needed)
5. Until finally...
6. And ever since that day...
JOIN AN ALZHEIMER'S CONGRESSIONAL TEAM (ACT)

Find your path to make a difference year-round

What are Alzheimer’s Ambassadors?

Alzheimer’s Ambassadors commit to cultivate deep, one-on-one relationships with their own members of Congress. They draw upon proven techniques and the support of Alzheimer’s Association staff to serve as our main point of contact in the district.

Expectations of Ambassadors include:

» Attending monthly Ambassador calls
» Arranging about 5 meetings a year (District | Forum | District + 2 others)
» Monthly communications and activities to reinforce our advocacy

It’s working! With Ambassadors for every congressional district, we’ve passed critical legislation and doubled federal funding for Alzheimer’s research in just a few years!

But Ambassadors can’t win this fight on their own. They can’t be everywhere at once, nor can they match the stories, relationships and skills of a diverse team. So they’re looking for a few good team members — like YOU!

What could you bring to a team?

Association Public Policy staff stand ready to train and support support Alzheimer’s Congressional Team (ACT) members who assist Ambassadors with a wide variety of monthly actions. Other ACT members may bring more specialized skills or connections that are only needed a few times per year. Whatever your experience and availability, odds are there’s a place for you on an ACT.

Here are just a few ways ACT members can get involved.

What activities interest you?

» Attend Congressional meetings
» Raise awareness through local media
» Share your unique Alzheimer’s story
» Get involved with the Alzheimer’s Impact Movement (AIM)
» Spark social media conversations
» Coordinate events & volunteers
» Use your connections to legislators and partner organizations

Ask your chapter Public Policy staff about joining a team or visit act.alz.org/ACT to learn more!
Follow-through that sets us apart

Washington, D.C. has spawned a cottage industry of advocacy day consultants who help *thousands* of organizations demonstrate (or create the illusion of) grassroots support each year. So how has the Alzheimer’s Association chalked up more legislative victories in recent years than almost anybody else? District meetings before and after Forum are a powerful demonstration that our support is genuine, broad and deep. Your participation in District | Forum | District (DFD) is essential to our success (and a requirement for Ambassadors and scholarship recipients).

*Ask your chapter Public Policy staff how to get involved.*

**The First District Meeting**
January – March

» Introduce yourself
» Thank for past support
» Brainstorm plans for the year
» Grab coffee to build your team

**Your Forum Meetings March 29**

» Meet Members of Congress and their legislative staff
» Highlight your connection to the district
» Deliver the Association’s federal legislative asks
» Get photos, tweet and post

**The Second District Meeting**
April – May

» Push for a Member meeting (particularly if your others were with staff)
» Follow-up on the legislative asks
» Say thank you
» Invite to Coffees & WALK
SHOW YOUR COLORS
Wear something purple (tie, scarf, sash, pin, etc.) to indicate that you are an Alzheimer’s Association or Alzheimer’s Impact Movement advocate.

PLAN YOUR PITCH
Planning is everything. Take the time to develop, rework, and refine your stance in advance. In other words, be prepared.

LISTEN
Let the elected official or staff member express his or her point of view.

BE COURTEOUS
Even those who vehemently disagree with your message may support our future efforts. It’s important not to burn any bridges.

BE BRIEF
Get in and out of an official’s office quickly. Show that you know the value of his or her time.

KEEP IT SIMPLE
Don’t be too technical, too detailed, too complex or too oblique. Be direct, cover the basics and make sure the official understands your main point.

KEEP YOUR GROUP SMALL
An unwieldy group can make everyone uncomfortable, distract from your message and waste valuable time getting set up. Make certain that the group has already chosen a spokesperson and stick with that decision.

NEVER TELL A LIE
Your reputation is everything. You lose credibility if you lie. If you don’t know the answer to a question, tell them you don’t know, but offer to find out and then follow up. Be sure to let the D.C. Public Policy office know so that we can help.

DON’T FORGET TO CLOSE
Always ask for the official’s vote or support. Remember to pause and wait for a response.

EXCHANGE INFORMATION
When meeting with staff be sure to exchange contact information or business cards.

SAY THANK YOU
Remember to call or send a note to your elected official to remind them of your visit, and thank them for their time and support.

SHARE YOUR EXPERIENCE
Upload and post pictures of your meeting to your social networks and blogs. Remember to tag and share with your elected officials.

REPORT YOUR ACTIVITY
Please make sure to enter your meeting report on the Alzheimer’s Advocacy Reporting and Trends (AART) website.

alzadvocacy.com
OFF SITE PRE-MEETING
Assign Roles and Assignments
» Who is responsible for bringing materials to the meeting?
» Who is going to handle introductions? Ex. Who we are, why we’re here?
» Who will deliver the opening line and show the collateral piece on the state of Alzheimer’s?
» Who is going to tell their story and show how it relates to the first issue?
» Who is going to make the first “ask”?
» Who is going to tell their story and show how it relates to the second issue?
» Who, if applicable, is going to make the additional ask(s)?
» Who is going to conclude the meeting and ask for a photo?

Logistics
» Have the meeting time and location been confirmed?
» Do all attendees have the legislative office’s contact information?

ON SITE PRE-MEETING
» Are all meeting attendees present and accounted for? If so, quickly reconfirm assigned roles before entering office.

POST-MEETING
» Who will post a photo from the meeting to Twitter and Facebook?
» Who will submit the meeting report to alzadvocacy.com?
» Who will follow-up with the legislative office? Ex. Provide answers to pending questions, additional materials.
» Who will update/debrief participants and provide next steps?

NOTES
Alzheimer’s is a growing crisis for our families and the economy. The federal government must address the challenges the disease poses and take bold action to confront this crisis now.

1. **Increase the commitment to Alzheimer’s research**

   Alzheimer’s is the most expensive disease in America, costing an estimated $259 billion in 2017. By mid-century, the number of people with the disease is set to nearly triple. And, the costs are projected to more than quadruple to $1.1 trillion, with two-thirds of these costs paid by Medicare and Medicaid. If we meet the goal of the National Alzheimer’s Plan to have an Alzheimer’s treatment by 2025, Medicare spending on those with the disease would be reduced by nearly 25 percent in 2050 alone – and the federal government would recoup its research investment within three years. While Congress has recently provided additional funding for Alzheimer’s research at the National Institutes of Health (NIH), the commitment continues to fall far short of the need. For every $100 that the NIH spends on Alzheimer’s research, Medicare and Medicaid spend $16,000 caring for those with the disease. Consistent with the Alzheimer’s Bypass Budget issued by the NIH, Congress must continue its commitment to the fight against Alzheimer’s and other dementias by increasing funding for Alzheimer’s research by at least an additional $414 million in fiscal year 2018.

2. **Educate providers on palliative and hospice care**

   Nearly half of all people with Alzheimer’s and other dementias are in hospice care at the time of their death. However, less than half of surveyed nursing homes have some sort of palliative care program. For people with advanced dementia, such team-based care – which focuses on managing and easing symptoms, reducing pain and stress, and increasing comfort – improves quality of life, controls costs, and enhances patient and family satisfaction. But, as the demand for such coordinated care grows with the aging population, more must be done to ensure an adequately trained workforce. The Palliative Care and Hospice Education and Training Act (S. 693/H.R. 1676) would increase palliative care and hospice training for health care professionals, launch a national campaign to inform patients and families about the benefits of palliative care, and enhance research on improving the delivery of palliative care.

ALZHEIMER’S IS THE MOST EXPENSIVE DISEASE IN AMERICA

Today, Alzheimer’s costs the country $259 billion a year.

Sources:
In 2016, for every $100 spent on funding Alzheimer’s research, $16,000 is spent by Medicare and Medicaid caring for those with the disease.
"ALZHEIMER'S STAGGERING $259B COST COULD BREAK MEDICARE" - FORBES 3/7/17

Medicare spending on people with Alzheimer's as a percentage of total Medicare spending

2017: 19%
2050: 38%

Source: Lewin Group Econometric Model of Alzheimer’s Disease and Dementia Costs (see: alz.org/trajectory)

ALZHEIMER’S CREATES ENORMOUS STRAIN ON STATE AND FEDERAL BUDGETS

Average annual Medicaid spending for a senior with Alzheimer’s disease is 23 times greater than the average across all other seniors

Senior without Alzheimer’s $349
Senior with Alzheimer’s $8,182

Source: Alzheimer’s Association, 2017 Facts and Figures, Alzheimer’s and Dementia, Vol 13, Issue 4
Fiscal Year 2018 Alzheimer’s Research Funding

The escalating Alzheimer’s epidemic has profound implications for government budgets.

- Alzheimer’s is the most expensive disease in America, costing more than heart disease and cancer.

- In 2017, caring for people with Alzheimer’s and other dementias will cost the United States an estimated $259 billion. Cumulatively between now and 2050, it will cost $20.4 trillion – two-thirds of which will be borne by Medicare and Medicaid.

- Nearly one in every five dollars of Medicare spending is spent on people with Alzheimer’s and other dementias.

Despite the recent increased investment in Alzheimer’s research, funding still falls short of the need.

- For fiscal year 2016, Congress approved a historic $350 million increase in Alzheimer’s research at the National Institutes of Health (NIH), bringing the total Alzheimer’s research budget at the NIH to $991 million.

- Currently, an additional $400 million increase for fiscal year 2017 is pending in Congress.

- However, even with the historic increase, in 2016, the NIH spent only $100 on Alzheimer’s research for every $16,000 Medicare and Medicaid spent caring for people with the disease.

Congressional action is needed to stay on the path to discovering scientific breakthroughs.

- In 2012, an expert panel of scientists concluded that a ramp up to $2 billion in annual Alzheimer’s research funding is necessary to achieve breakthroughs in developing preventions and effective treatments for Alzheimer’s by 2025 – the goal established in the National Alzheimer’s Plan.

- To help achieve this, the NIH Alzheimer’s bypass budget -- what the NIH scientists say they need -- calls for an additional $414 million in Alzheimer’s research funding. Congress must approve that amount as part of the fiscal year 2018 appropriations process.
ASK: Please send a letter to the Chair and Ranking Member of the Appropriations Committee supporting an additional $414 million in Fiscal Year 2018 (FY18) for Alzheimer’s research activities. This is consistent with the Alzheimer’s Bypass Budget issued by the National Institutes of Health (NIH).

Background

Congress unanimously passed the bipartisan National Alzheimer’s Project Act (P.L. 111-375) in 2010. The law requires the Secretary of the Department of Health and Human Services (HHS) to create and annually update a National Alzheimer’s Plan to overcome the disease. The National Alzheimer’s Plan, reported to Congress annually, must include recommendations for priority actions both to improve health outcomes for individuals and to lower costs to families and government programs.

To achieve a core goal of the National Alzheimer’s Plan of preventing and effectively treating Alzheimer’s by 2025, Congress has bolstered support for Alzheimer’s research at the NIH. In December 2015, Congress appropriated an historic $350 million increase for Alzheimer’s research funding in FY16, bringing the annual allocation to $991 million. In June 2016, the Senate Appropriations Committee approved a $400 million increase for Alzheimer’s research. In August 2016, the House Appropriations Committee approved a $350 million increase for Alzheimer’s research activity. These allocations have not been finalized yet, and we are counting on Congress to build on its demonstrated commitment to Alzheimer’s research by approving this funding increase for FY17.

In addition to allocating funding increases for Alzheimer’s research, Congress enacted the Alzheimer’s Accountability Act as part of the Fiscal Year 2015 omnibus appropriations bill (P.L. 113-235) to require the scientists at the NIH to submit an annual Alzheimer’s research budget proposal directly to Congress. This budget proposal – officially known as a “Bypass Budget” – specifies the resources that scientists need to fulfill the research goal of the National Alzheimer’s Plan. This ensures that Congress hears directly from scientists on what they will need to meet the nation’s goal and equips Congress with the best information to determine necessary Alzheimer’s research funding levels each year through 2025. In August 2016, the NIH released its Alzheimer’s Bypass Budget, calling for an additional $414 million for Alzheimer’s research funding in FY18.

Making the Case for Research Funding

» According to a 2015 report, a treatment that simply delayed onset of Alzheimer’s by five years would lower Medicare spending on those with the disease by one-quarter in 2050 – and the federal government would recoup its research investment in less than three years.

» The National Alzheimer’s Plan has resulted in notable accomplishments, including NIH creating a blueprint for Alzheimer’s research. However, for the progress this disease requires, scientists need the necessary funds to carry out the blueprint.

» To achieve the research goal of the National Alzheimer’s Plan of preventing and effectively treating Alzheimer’s by 2025, Congress enacted the Alzheimer’s Accountability Act to require the scientists at the NIH to submit an annual Alzheimer’s research budget proposal directly to Congress. The Alzheimer’s Bypass Budget for FY18 calls for an additional $414 million for Alzheimer’s research.

» Congress must continue its commitment to the fight against Alzheimer’s by fully funding the NIH Alzheimer’s Bypass Budget proposal and increasing funding for Alzheimer’s research by an additional $414 million in FY18.

» According to an NIA-funded study in the New England Journal of Medicine, Alzheimer’s is the most expensive disease in America.

» In 2017, the cost for caring for those with Alzheimer’s was $259 billion, with $175 billion of that amount paid by Medicare and Medicaid. The annual costs are set to increase rapidly to $1.1 trillion by 2050.
Frequently Asked Questions

During the course of your meetings with members of Congress and their staffs, you may encounter some common questions regarding the National Alzheimer’s Plan. We have addressed some of these common questions below.

Q. Is this a programmatic request?

Suggested Response:
> This is an individual letter of support for an increase in the overall level of funding for Alzheimer’s research at the NIH. Letters of support can be sent up until the Labor–HHS Appropriations bill is passed.

> We appreciate Congress’s demonstrated commitment to Alzheimer’s research and are looking to see the funding approved by the House and Senate Appropriations Committee for FY17 advanced across the finish line.

> Our request for an additional $414 million in FY18 is in addition to what Congress resolves for FY17.

Q. This is an FY18 request, but funding for FY17 hasn’t been finalized yet. What was the Alzheimer’s Association’s appropriations request for FY17?

Suggested Response:
> The Alzheimer’s Association requested an additional $400 million in Alzheimer’s research funding for FY17.

> The Senate Appropriations Committee approved a $400 million increase for Alzheimer’s research, and the House Appropriations Committee approved a $350 million increase.

Q. NIH already receives funding for Alzheimer’s; why the additional $414 million?

Suggested Response:
> In 2012, the scientific community estimated that an annual research investment of at least $2 billion was necessary to reach the goal of preventing and effectively treating Alzheimer’s by 2025. Currently, the NIH budget for Alzheimer’s research is just under half that. Supporting the Bypass Budget allows the NIH to invest in collaborations that speed discovery, groundbreaking prevention trials, the testing of new therapeutics and many other opportunities.
» Alzheimer’s is the only one of the leading causes of death in the U.S. without a way to prevent, cure, or even slow its progression. The primary reason this remains true is that we have put toward Alzheimer’s only a fraction of what’s been applied over time to address other major diseases.

» If a treatment became available in 2025 that delayed onset of Alzheimer’s for five years (a treatment similar to anti-cholesterol drugs), savings would be seen almost immediately, with Medicare and Medicaid spending reduced by $47 billion in 2030.

Q. How would recent initiatives to address biomedical research funding, like the 21st Century Cures Act, impact funding for Alzheimer’s research?

Suggested Response:

» The Alzheimer’s Association strongly supported the 21st Century Cures Act. The legislation has the potential to accelerate Alzheimer’s research projects at the NIH.

» The 21st Century Cures Act directs nearly $1.6 billion to the BRAIN Initiative over the next 10 years, which works to accelerate the development and implementation of innovative technologies. While this research may have an impact on Alzheimer’s, it is not a substitute for the basic biomedical and translational research conducted by the National Institute on Aging that is so critical to advancing what we all hope will one day be an end to Alzheimer’s.

Q. Congress doesn’t earmark money by disease. Why should Alzheimer’s be different?

Suggested Response:

» The Alzheimer’s Association agrees that Congress should not pick the specific research projects to be funded — that is a job for scientists, not politicians.

» By every objective standard (whether cost to Medicare/Medicaid, families caring for individuals with Alzheimer’s, or mortality rate), Alzheimer’s is one of our most serious health problems — and it will only get worse as the Baby Boomer generation continues to grow older.

NOTE: If your member of Congress or their staff asks you a question you do not know the answer to, that is not a problem. Do not feel any pressure to provide an answer. Simply ask them to contact a member of the Alzheimer’s Association’s Federal Affairs Team at 202.393.7737. Also indicate the interaction in AART so a member of the Federal Affairs team can follow-up with that office.
Dear Chairman Frelinghuysen and Ranking Member Lowey:

Thank you for your leadership in securing an additional $350 million for Alzheimer’s research in FY 2016 and for your continued work to ensure that an increase of $350 million for Alzheimer’s research in FY 2017, which this Committee approved in July, is finalized. These funds are an important investment in research that will provide relief for millions of Americans and to federal spending. I write to urge you to support a $414 million increase for research funding at the National Institutes of Health (NIH) on Alzheimer’s disease for FY 2018. This request is consistent with the Alzheimer’s Bypass Budget issued by the National Institutes of Health (NIH). These funds will support additional research into developing innovative treatments and diagnostics that can help delay the onset of symptoms and ultimately cure Alzheimer’s. It is critical to provide sufficient resources to implement a smart and strategic National Alzheimer’s Plan. Without a continued substantial investment, our commitment to end Alzheimer’s disease is simply an empty promise.

Alzheimer’s disease is a progressive illness of the brain, which affects an individual’s ability to think and function. The disease progresses from mild impairment to an advanced stage in which the individual loses the ability to communicate, fails to recognize loved ones, and becomes bed-bound and totally reliant on someone for all their personal care, requiring around-the-clock attention. It ends with the brain failing to signal the heart to beat or the lungs to breathe. Caring for individuals with Alzheimer’s is difficult, expensive and heartbreaking. Existing treatments provide at best only modest symptomatic relief over a short duration. We still lack effective disease modifying treatments or prevention techniques.

Because age is the greatest risk factor for Alzheimer’s, the rapidly growing number of older Americans will lead to a corresponding rapid growth in the prevalence of Alzheimer’s disease. The number of people living with Alzheimer’s disease is projected to grow from more than 5 million today to as many as 16 million in 2050. One in ten Americans over 65 has Alzheimer’s, and the proportion of individuals affected rises with age. Alzheimer’s disease also poses an increasingly dire threat to our nation’s fiscal future. According to the findings of an NIH-funded study that appeared in the New England Journal of Medicine, Alzheimer’s is the most expensive disease in America. In 2017, the United States is estimated to spend $259 billion caring for individuals with Alzheimer’s and other dementias, with $175 billion being borne by Medicare and Medicaid. This means nearly one out of five Medicare dollars is spent on a person with Alzheimer’s. Unless we move quickly to address this crisis and find better treatments for those who have it, these costs will grow swiftly in lock step with the numbers of those affected, and Alzheimer’s will increasingly overwhelm our health care system.

We must decisively address this national epidemic. With increasing numbers of Americans affected by this devastating disease and its escalating impact on the federal budget, we simply must allocate resources to overcome this disease. Thank you for your consideration of this matter.

Sincerely,

The Honorable
Hal Rodney Frelinghuysen
Chairman
House Appropriations Committee
H-307, U.S. Capitol
Washington, DC 20515

The Honorable Nita Lowey
Ranking Member
House Appropriations Committee
1016 Longworth House Office Building
Washington, DC 20515
Dear Chairman Cochran and Vice Chairman Leahy:

Thank you for your leadership in securing an additional $350 million for Alzheimer’s research in FY 2016 and for your continued work to ensure that an increase of $400 million for Alzheimer’s research in FY 2017, which this Committee approved in June, is finalized. These funds are an important investment in research that will provide relief for millions of Americans and to federal spending. I write to urge you to support a $414 million increase for research funding at the National Institutes of Health (NIH) on Alzheimer’s disease for FY 2018. This request is consistent with the Alzheimer’s Bypass Budget issued by the National Institutes of Health (NIH). These funds will support additional research into developing innovative treatments and diagnostics that can help delay the onset of symptoms and ultimately cure Alzheimer’s. It is critical to provide sufficient resources to implement a smart and strategic National Alzheimer’s Plan. Without a continued substantial investment, our commitment to end Alzheimer’s disease is simply an empty promise.

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Alzheimer’s disease also poses an increasingly dire threat to our nation’s fiscal future. According to the findings of an NIH-funded study that appeared in the New England Journal of Medicine, Alzheimer’s is the most expensive disease in America. In 2017, the United States is estimated to spend $259 billion caring for individuals with Alzheimer’s and other dementias, with $175 billion being borne by Medicare and Medicaid. This means nearly one out of five Medicare dollars is spent on a person with Alzheimer’s. Unless we move quickly to address this crisis and find better treatments for those who have it, these costs will grow swiftly in lock step with the numbers of those affected, and Alzheimer’s will increasingly overwhelm our health care system.

We must decisively address this national epidemic. With increasing numbers of Americans affected by this devastating disease and its escalating impact on the federal budget, we simply must allocate resources to overcome this disease. Thank you for your consideration of this matter.

Sincerely,

The Honorable Thad Cochran
Chairman
Senate Appropriations Committee
S-128, U.S. Capitol
Washington, DC 20515

The Honorable Patrick Leahy
Vice Chairman
Senate Appropriations Committee
S-146A, U.S. Capitol
Washington, DC 20515
PCHETA and Alzheimer’s Disease

Palliative and hospice care – with a focus on managing and easing symptoms, reducing pain and stress, and increasing comfort – can improve both the quality of care and quality of life for those with advanced dementia.

- Observational studies have shown that as many as half of nursing home residents with advanced dementia have documented pain in the last weeks of life – and about a third have difficulty breathing or swallowing, or suffer from agitation.

- Individuals with advanced dementia who are enrolled in hospice have a lower rate of dying in the hospital, a lower rate of hospitalization in the last 30 days of life, and better symptom management.

- A recent study shows that nursing home residents with dementia who receive palliative care at the end of life, compared with those who do not receive such care, are:
  - up to 15 times less likely to die in a hospital
  - nearly 2.5 times less likely to have a hospitalization in the last 30 days of life
  - up to 4.6 times less likely to have an emergency room visit in the last week of life.

- Families of individuals with dementia who are enrolled in hospice have a greater satisfaction with patient care.

**Percentage of Seniors Receiving Hospice Care at Time of Death, by Condition**

- Alzheimer's and Other Dementias: 48.3%
- COPD: 39.0%
- Cancer: 59.5%

**People with Alzheimer’s and other dementias rely heavily on palliative and hospice care at the end of life.**

- Of all people living with dementia, 18.6 percent receive hospice care in a given year – a higher percentage than other chronic conditions. Among seniors in hospice care, one in every five has a primary hospice diagnosis of Alzheimer’s or other dementia.

- In the Veterans Administration health care system, 61.4 percent of dementia patients receive palliative care consultations in the last 90 days of life.

- Nearly half of all people with dementia die in hospice care.
The availability of palliative and hospice care is growing, but the need is growing faster – and the quality of the care remains a concern.

- In 2000, less than one-quarter of U.S. hospitals had a palliative care program. By 2013, that had increased to three-quarters.

- Hospice care is now available in nearly three-quarters of surveyed nursing homes, but less than half of surveyed nursing homes report having some sort of palliative care program.

- Of those nursing homes with a palliative care program, only 42 percent include consultation by a physician certified in hospice/palliative care, and only 28 percent had a designated palliative care director.

- In the 2014-15 academic year, only 265 physicians were trained in hospice and palliative medicine by accredited programs. An expert Task Force concluded that 6,000 more full-time health care professionals are needed to serve current needs in hospice and palliative care programs.

**To increase the availability and quality of care, the Palliative Care and Hospice Education and Training Act (PCHETA) would:**

- Establish palliative care and hospice workforce training programs for doctors, nurses, and other health professionals.

- Create a national education and awareness campaign to inform patients, families, and health professionals about the benefits of palliative care and available services and supports.

- Enhance research on improving the delivery of palliative care.
ASK: Please cosponsor the Palliative Care and Hospice Education and Training Act (S. 693/H.R. 1676), which would ensure an adequate, well-trained palliative care workforce through workforce training, education and awareness, and enhanced research.

**Background**

The Alzheimer’s Association strongly supports the bipartisan Palliative Care and Hospice Education and Training Act (PCHETA), which is being reintroduced by Representative Eliot Engel (D-NY-16) and Representative Tom Reed (R-NY-23) in the U.S. House of Representatives and Senator Tammy Baldwin (D-WI) and Senator Shelley Moore Capito (R-WV) in the Senate.

**Making the Case for PCHETA**

Palliative and hospice care are important services for people with Alzheimer’s and other dementias.

- A recent study shows that nursing home residents with dementia who receive palliative care at the end of life, compared with those who do not receive such care, are up to 15 times less likely to die in a hospital and nearly 2.5 times less likely to have a hospitalization in the last 30 days of life and up to 4.6 times less likely to visit the emergency room in the last week of life.

- Of all people living with dementia, 18.6 percent are currently in hospice care — a higher percentage than other chronic conditions — and one in every five seniors in hospice care has a primary hospice diagnosis of Alzheimer’s or other dementia.

- Nearly half of all people with dementia die in hospice care. However, the availability and quality of palliative and hospice care is a concern.

- Less than half of surveyed nursing homes report having some sort of palliative care program.

- Of those nursing homes with a palliative care program, only 42 percent include consultation by a physician certified in hospice/palliative care, and only 28 percent had a designated director of palliative care.

To address these issues, PCHETA would increase the palliative care and hospice workforce by establishing training programs for doctors, nurses and other health professionals through:

- Grants to medical schools and teaching hospitals to train physicians to teach palliative medicine.

- Career development awards for hospice and palliative medicine faculty.

- Workforce development fellowships in palliative medicine for doctors, nurses, social workers, chaplains and other allied health professionals.

- Career incentive awards for nurses, clinical social workers and pharmacists who agree to teach or practice palliative medicine for a period of five years.

- Preferences in existing programs that emphasize nurse retention and nurse education, practice and quality in hospice and palliative medicine.

PCHETA would also increase awareness of palliative care and hospice by launching a national campaign to:

- Inform patients, families and health professionals about the benefits of palliative care.

- Create and disseminate information about available palliative care services.

Finally, PCHETA would enhance palliative care research by:

- Directing the National Institutes of Health (NIH) to use existing authorities and funds to develop a research strategy in palliative care to address quality of care and quality of life for patients with serious illnesses.

- Expanding research at the NIH for palliative care, pain management and symptom management.

- Establishing a program to educate patients and caregivers about the palliative care delivery model.

- Creating an education and training program for allied health professionals, including nurses, nursing assistants, social workers, professional chaplains and patient navigators.
PCHETA TALKING POINTS

Frequently Asked Questions

During the course of your meetings with members of Congress and their staffs, you may encounter some common questions regarding the Palliative Care and Hospice Education and Training Act (PCHETA). We have addressed some of these common questions below.

Q. What is palliative care?

Suggested Response:
- Palliative care is a team-based approach that focuses on relieving symptoms and stress and supporting the best possible quality of life for patients, their caregivers and their families.
- Palliative care is provided by a specially-trained team of doctors, nurses and other specialists who work with a patient’s other doctors to provide an extra layer of support.
- Palliative care is appropriate at any age and any stage of a serious illness. Palliative services can be applied from the point of diagnosis through the continuum of the disease.

Q. What is hospice care?

Suggested Response:
- Like palliative care, hospice care focuses on managing and easing symptoms, reducing pain and stress, and increasing comfort. However, hospice care is generally provided at the end of life.
- People with Alzheimer’s and other dementias rely heavily on hospice at the end of life. Of all people living with dementia, 18.6 percent are currently in hospice care – a higher percentage than other chronic conditions.
- Nearly half of all people with dementia die in hospice care.

Q. How much would PCHETA cost?

Suggested Response:
- The bill has not been scored by the Congressional Budget Office (CBO), and there is no cost estimate for the bill. However, the Alzheimer’s Association will continue to work with the bill’s sponsors to determine the impact this bill would have on federal spending.

Share Your Story

If you have used these services, share a story highlighting your family’s experience with palliative care and hospice care. Talk about how access to well-trained palliative care professionals could have benefited you and your family.
Q. Are other organizations supportive of the legislation?

Suggested Response:

» Yes. PCHETA is supported by the Patient Quality of Life Coalition (PQLC), which was formed to advance the interests of patients and families facing serious illness. Over 40 health and advocacy organizations support this bill, including the American Heart Association and the American Cancer Society Cancer Action Network.

Q. What changes were made to PCHETA since the 114th Congress?

Suggested Response:

» The legislation is the same with the exception of one small technical correction, which was made to clarify that eligibility requirements for the education and training grant programs proposed in the legislation are consistent with all funding requirements in the Public Health Service Act.

» A member of the Alzheimer’s Association’s Federal Affairs team would be happy to talk with you about the technical change made to PCHETA.

NOTE: If your member of Congress or their staff asks you a question you do not know the answer to, that is not a problem. Do not feel any pressure to provide an answer. Simply ask them to contact a member of the Alzheimer’s Association’s Federal Affairs Team at 202.393.7737. Also indicate the interaction in AART so a member of the Federal Affairs team can follow-up with that office.
The inclusion of Alzheimer’s disease in Healthy People 2020 — the nation’s health prevention and promotion goals for the next decade — confirms that Alzheimer’s is a pivotal public health issue, requiring bold action before the crisis worsens.

**Implement the Public Health Road Map**

In 2013, the Centers for Disease Control and Prevention (CDC) and the Alzheimer’s Association released *The Healthy Brain Initiative: The Public Health Road Map for State and National Partnerships, 2013-2018* to advance cognitive health as a vital, integral component of public health. The Road Map identifies 35 specific action items that public health agencies can undertake to promote cognitive functioning, address cognitive impairment, and help meet the needs of caregivers. Examples include:

» Fielding the Cognitive and Caregiver Modules of the Behavioral Risk Factor Surveillance System (BRFSS) and then using the data to inform, improve and enhance public health programming.

» Collaborating in the development, implementation and maintenance of state Alzheimer’s disease plans.

» Conducting state or local needs assessments related to Alzheimer’s and other dementias.

» Placing links on public health agency websites to local, state, and national dementia resources.

**Increase early diagnosis of Alzheimer’s**

Fewer than half of all people who have been diagnosed with Alzheimer’s disease, or their caregivers, are aware of the diagnosis. Early detection and diagnosis — and knowing of the diagnosis — are essential to ensuring the best medical care and outcomes for those affected by the disease. *Healthy People 2020* has set the goal of increasing the percentage of individuals with the disease or their caregivers who are aware of the diagnosis. Actions that must be taken to increase early diagnosis include:

» Educating the public and the medical community about the warning signs of possible dementia and the benefits of early diagnosis.

» Educating health care professionals on the importance of discussing memory issues with their adult patients and the use of validated cognitive assessment tools.

**Educate the public about risk reduction**

There is a growing scientific consensus that regular physical activity, management of certain cardiovascular risk factors (such as diabetes, smoking, and hypertension), and avoidance of traumatic brain injury can reduce the risk of cognitive decline. Studies show these factors may also reduce the risk of dementia. Especially in the absence of a disease-modifying treatment, an effort must be undertaken to increase public awareness and education about known and potentially modifiable risk factors of cognitive decline and dementia. Risk reduction messages for preserving cognitive health should be integrated into public health policies, campaigns, strategies and action plans.

[alz.org/publichealth]
Alzheimer’s disease is a pivotal public health issue, and state governments stand on the front line. States must take bold action to confront this epidemic now.

1. **Implement and Update State Alzheimer’s Disease Plans**
   Since 2007, almost every state has developed a State Alzheimer’s Disease Plan to address the growing economic and social impact of the disease. These comprehensive plans identify critical issues, recommend solutions, and create a roadmap to guide a state’s development into a dementia-capable state. State legislatures and state agencies must fully implement the recommendations included in their state’s Alzheimer’s disease plan and revisit and re-publish their plans every three to five years to ensure they are kept up to date and account for current needs and recent developments.

2. **Improve Dementia Training**
   People with Alzheimer’s disease deserve quality care throughout the course of the disease — and they deserve to receive it from knowledgeable professionals across the care continuum. All individuals employed to provide care in residential, home, and adult day settings must be properly trained in dementia care. Yet training standards vary widely by state. For example, less than half of all states require dementia training for staff of nursing homes, and less than one-fifth of states require it for adult day staff. As the number of people living with Alzheimer’s and other dementias increases, states must have adequate dementia-training laws to equip workers across the care continuum with the ability to provide person and family-centered care, communicate effectively with persons with dementia, and address specific and unique aspects of care and safety for people with dementia.

3. **Adopt Uniform Adult Guardianship Legislation**
   States must ensure their policies on advance directives and care planning reduce the complexity of end-of-life decision-making. One important step is to enact the budget-neutral Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act (UAGPPJA), as approved by the Uniform Law Commission. UAGPPJA establishes a framework for courts in different states to communicate about adult guardianship cases and thus makes the resolution of multi-state jurisdictional issues easier for family members.

4. **Increase State Based Surveillance and Data Collection**
   Obtaining a more definitive picture of Alzheimer’s is essential to any successful strategy to combat the disease. Recent work by the Centers for Disease Control and Prevention now enables states to collect data on the impact of cognitive impairment and Alzheimer’s disease using the existing state Behavioral Risk Factor Surveillance System (BRFSS). Two modules are available: a Cognitive Impairment Module and a Caregiver Module. States should include these two modules in their state BRFSS to provide a better understanding of — and to identify opportunities for reducing — the impact of this devastating disease.

5. **Preserve Medicaid**
   Among individuals with Alzheimer’s, 75 percent will be admitted to a nursing home by the age of 80 (compared to only 4 percent of the overall population). As a result, Medicaid is critical for many people with Alzheimer’s. While Medicaid spending constitutes one of the largest items in most state budgets — and most states continue to face severe fiscal constraints — state policymakers must ensure that critical benefits are preserved.
State policy is vital to the work the Association does to meet the care and support needs of individuals living with Alzheimer’s and their families. State officials determine regulatory and statutory standards for dementia training; control spending on state respite care dollars; determine spending for state long-term care services; and control Medicaid spending, and in some cases, eligibility and scope of benefits. All of these can have a direct effect on families for whom the Association provides care and support.

How to Work With State Legislatures
Visit state legislators while they are in their districts. State legislators are generally more accessible than members of the U.S. Congress, and are even more so when session is out and they are at home in their districts. For part-time legislatures, mid-summer, fall, and early winter are ideal times to schedule in-district visits. For full-time legislatures, you will have to be mindful of the recess schedules as they will come at intervals throughout the year, not unlike the U.S. Congress.

Your state’s legislative website is an excellent resource for state policy. Visit it frequently and explore it thoroughly for legislator contact information, biographies and session calendars.

Join the mailing list for your legislators. This will allow you to find out about and attend local community events, especially town halls where you can speak publicly on Alzheimer’s issues and raise awareness.

The lengths of legislative sessions are different in each state. Most states begin their sessions in January and end sometime between April and June. Others, such as New York and California, essentially operate year-round. A few states, such as Texas, and Montana, do not meet every year.

Attend Your State’s Alzheimer’s State Advocacy Day
State advocacy days provide an opportunity to increase the Association’s presence in the state capital and to build relationships with state policymakers. This event brings advocates together to draw attention to a critical policy issue impacting those living with Alzheimer’s and to offer solutions to state policymakers.

Alzheimer’s Association chapters in every state host an annual Alzheimer’s State Advocacy Day.

Connect with your local Alzheimer’s Association chapter policy staff and visit the chapter website at alz.org/apps/findus.asp.
STATE GOVERNMENT
ALZHEIMER’S DISEASE PLANS

Published a State Alzheimer’s Plan (48 including DC and PR)

Task Force established to develop a State Alzheimer’s Plan (1)

Legislation filed (0)

No legislation filed or executive branch activity pending (3)

Updated February 2017
UNIFORM ADULT GUARDIANSHIP AND PROTECTIVE PROCEEDINGS JURISDICTION ACT

Enacted UAGPPJA (47 including DC and PR)

Legislation filed (0)

No legislation filed or executive branch activity pending (5)

Updated February 2017
EMAIL the staff you met in-district. In addition to a formal email from one participant in each meeting, we suggest that all participants send a handwritten note and a photo of a loved one living with Alzheimer’s.

The Honorable [insert first and last name]
U.S. House of Representatives/U.S. Senate
Washington, DC 20515 (House)/ 20510 (Senate)
Dear Representative/Senator [insert last name],
I am writing to thank [you and/or members of your staff] for meeting with [list advocates in attendance] on [insert date here] to discuss federal Alzheimer’s initiatives. Over 5 million people currently have Alzheimer’s disease — a number that could increase to as many as 16 million people by 2050 unless science finds a way to slow progression or delay onset.
We greatly appreciate your past support and hope we can count on you to take action on the following opportunities to support the well-being and financial security of families facing this devastating disease.

**Appropriations**
Show your support for Alzheimer’s research by sending a letter to the Chair and Ranking Member of the Appropriations Committee supporting at least an additional $400 million in FY17 and $414 million in FY18 for Alzheimer’s research activities at the National Institutes of Health.

**Palliative Care and Hospice Education and Training Act**
[**Never cosponsored**] Please cosponsor S. 693/H.R. 1676, the Palliative Care and Hospice Education and Training Act (PCHETA), which would ensure an adequate, well-trained palliative care workforce through workforce training, education and awareness, and enhanced research.

[**Cosponsored last year**] Thank you for being a cosponsor of last year’s Palliative Care and Hospice Education and Training Act (PCHETA), which would ensure an adequate, well-trained palliative care workforce through workforce training, education and awareness, and enhanced research. Please renew your support by cosponsoring S. 693/H.R. 1676 today.

A group of advocates from your district who were not able to join us are eager to meet with you in your [insert name of closest city to chapter office in Rep.’s district/Senator’s state] office during the next Congressional recess to follow up on these issues. [Discuss with chapter staff whether it might be appropriate to invite them for a tour, town hall or press event at a local Alzheimer’s Association office, research center or care facility.] We will follow up with your district staff shortly.

Please contact [insert name] at [insert telephone number and email address] should you have any additional questions about the Alzheimer’s Association or our federal priorities.

Sincerely,
[insert Name & Title]
YEAR-ROUND ADVOCACY

**JAN** Welcome back Congress by introducing yourself to your member’s office and sharing fact sheets and other materials.

**FEB** Ask Alzheimer’s related questions of your members of Congress during public town hall events. Join your local chapter and other advocates for an introductory meeting with your member of Congress.

**MAR** Attend your state advocacy day, the Advocacy Forum or other Association advocacy events. Engage your elected officials through social networks like Twitter and Instagram.

**APR** Submit “Letters to the Editor” to local news outlets that connect your story with the Association’s legislative priorities.

**MAY** Join Association Ambassadors and ACT Members as they meet with members of Congress in your local district.

**JUNE** Go Purple and ask federal, state and local elected officials to publicly address Alzheimer’s throughout the month.

**JULY** Engage local media outlets and share your story. Urge viewers, listeners and readers to contact their elected officials.

**AUG** Participate in a Coffee with Congress, town hall or other local Alzheimer’s Association advocacy event.

**SEPT** Get involved with your local Walk to End Alzheimer’s and assist with petition drives and advocate recruitment efforts.

**OCT** Urge friends, family and others in your community to get involved in the Association’s sister organization- the Alzheimer’s Impact Movement (AIM). AIM is the best way we can change how Washington acts on Alzheimer’s disease.

**NOV** Ask candidates for public office and/or elected officials to address Alzheimer’s at campaign events, community gatherings and holiday events.

**DEC** Watch your inbox and respond to urgent alerts and calls-to-action. Remember to share with your networks.
Engaging elected officials in your state is a year-round activity. Working with your local Alzheimer’s Association staff and fellow advocates, fill in this calendar with activities that you can complete throughout the year.
MAKE ALZHEIMER’S A PRIORITY ON CAPITOL HILL

More than five million Americans have Alzheimer’s today. On its current path with the aging of America, three times as many will have Alzheimer’s by 2050. And though already the nation’s costliest disease, Alzheimer’s cost will more than quadruple over this same period.

Help the Alzheimer’s Impact Movement stand with our congressional champions who recognize Alzheimer’s is a national crisis and are fighting for urgent, decisive action to address the disease.

AIM is a nonpartisan, nonprofit advocacy organization working with the Alzheimer’s Association, its sister organization, to end Alzheimer’s disease. Together, AIM and the Association have placed Alzheimer’s on Capitol Hill’s agenda. Over just the past several years, Congress has doubled Alzheimer’s research funding at the National Institutes of Health (NIH) to just under one billion dollars annually.

But Congress still has much more to do, and those of us committed to ending Alzheimer’s must support our champions on the Hill fighting to make it happen. Today, Alzheimer’s stands as the very last of the leading causes of death in the United States with still no way to prevent, cure or even slow its progression. All too often, those with Alzheimer’s fall through the cracks of our health care system.

Please, support the work of AIM. AIM needs your help to continue to push Congress to end Alzheimer’s. We have momentum. We have solutions. We have champions. It’s time to act!

CREATE A WORLD WITHOUT ALZHEIMER’S. SUPPORT AIM.

AIM works to advance the legislative priorities of its sister organization, the Alzheimer’s Association.

AIM complements the advocacy efforts of the Alzheimer’s Association. AIM ensures that our movement can engage Congress with our agenda throughout their lives as members – both in the congressional office and on the campaign trail.

AIM is strictly bipartisan. Our supporters come from across the political spectrum, united by the conviction that Alzheimer’s must be confronted now. Our supporters are both determined and pragmatic. They know that for our cause to succeed on Capitol Hill, we need champions from both parties.

AIM members have access to information and opportunities available nowhere else. This is one way that AIM conveys its appreciation to some of the most remarkable supporters of the Alzheimer’s movement – men and women who support AIM as part of their commitment to do all they can to end Alzheimer’s.

Your support for AIM ensures we can bring the Alzheimer’s agenda before Congress whether these members be on the Hill or on the campaign trail. Become an AIM member. Join us as we press the fight to end this devastating disease.

AIM’S MOST IMPORTANT TOOL IS ITS POLITICAL ACTION COMMITTEE, AIMPAC.

AIMPAC supports members of the United States Congress from both political parties with a priority on those who are proven Alzheimer’s champions and who have the most influence over the outcome of our legislative priorities.

Only members of AIM can contribute to AIMPAC. Individuals can join and maintain their AIM membership with a contribution of at least $20 per year.

For more information about the Alzheimer’s Impact Movement, email info@alz-aim.org

FACEBOOK.COM/ALZIMPACT
@ALZIMPACT
@ALZIMPACT

JOIN THE MOVEMENT TO END ALZHEIMER’S AT ALZIMPACT.ORG
### 2017 Congressional Calendar

#### January

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- Jan 2: New Year’s Day (observed)
- Jan 3: 115th Congress Convenes
- Jan 20: MLK Jr. Day
- Jan 20: Presidents’ Day

#### February

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- Feb 6: Inauguration Day
- Feb 20: Presidents’ Day

#### March

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- Mar 6: Presidents’ Day

#### April

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<td>Passover begins</td>
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<td>Passover ends</td>
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- Apr 10: Passover begins

#### May

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- May 8: Good Friday

#### June

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#### July

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- July 4: Independence Day

#### August

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- Aug 4: Labor Day

#### September

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- Sep 4: Labor Day

#### October

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- Oct 9: Columbus Day

#### November

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<td>10 Veterans Day (observed)</td>
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- Nov 10: Veterans Day (observed)

#### December

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- Dec 4: Christmas

Legend:
- Both chambers in session
- Both chambers in recess
- Senate only in session
- House only in session