Federal Funding For Alzheimer Research

A Race Against Time

Objective

Increase funding for Alzheimer research at the National Institutes of Health (NIH) by $200 million in FY 2006 to keep Congress on track toward the overall goal of $1 billion annually for Alzheimer research.

Status

The National Institutes of Health (NIH) will spend an estimated $647 million on Alzheimer research in fiscal year 2005. Congress is now considering funding for fiscal year 2006. Funds for Alzheimer research will be contained in a Labor, Health and Human Services and Education (Labor-HHS) Appropriations bill (no bill number yet.) Hearings will take place during the spring in the Labor, HHS Appropriations Subcommittees in the House and Senate. Initial decisions on Alzheimer funding will be made in Subcommittee “markups” following the hearings. Action by the full House and Senate will take place in late summer or early fall.

Congress has completed its 5-year campaign to double funding at NIH, which has brought significant increases for Alzheimer research. Now, the President has proposed a minimal half percent (.70%) increase in NIH funding for Fiscal Year 2006. That will not be enough to keep pace with inflation, much less continue the momentum of Alzheimer research.

Key Messages

- The investment in Alzheimer research to date has brought us to a point where the goal of a world without Alzheimer’s is within reach.
- The scientific opportunities exist to find the answers in time, if we make the necessary investment now.
- There is a narrow window of time – 10 years at most – to prevent the devastating impact of Alzheimer’s on families, businesses, and the US economy.
- Alzheimer’s disease will destroy the health care system and bankrupt Medicare and Medicaid if left unchecked.

KEY MEMBERS OF CONGRESS

Members of the House and Senate Appropriations Committee, especially the Subcommittee on Labor Health and Human Services

Speaker of the House, Majority and Minority Leaders and Majority and Minority Whips of the House and Senate
Talking Points In Support Of An Additional $200 million Federal Investment In Alzheimer Research

✓ Alzheimer’s research is producing some groundbreaking discoveries that offer hope for the 4.5 million people suffering from the disease today. It is now possible to diagnose Alzheimer’s with more than 90 percent accuracy. New treatments are being introduced each year. Investments in research have set the stage for scientific and medical advances to prevent or slow the progression of Alzheimer's disease. For the first time, a “World Without Alzheimer’s” is within reach.

✓ We can treat Alzheimer’s and some day we will be able to prevent this disease, but not without more research and more help from Congress. National Institutes of Health researchers need additional funding in this fiscal year alone to carry out large scale, controlled, clinical trials that will identify therapies and treatments capable of slowing or halting the onset and progression of Alzheimer’s. Basic research has yielded positive discoveries, but we need to know whether the discoveries will actually work. A single large-scale clinical trial could cost as much as $25 million and take three to five years, but clinical trials are the only way to translate—and verify—the findings of basic research into real-world treatments. We must do more.

Alzheimer’s will bankrupt Medicare and Medicaid and impose unsustainable costs on families, state and federal governments, and American business.

- Medicare costs for a person with Alzheimer’s are almost 3 times higher than the average for all beneficiaries. Total Medicare spending for beneficiaries with Alzheimer’s is projected to skyrocket from $62 billion in 2000 to $189 billion in 2015.

- Nearly 60% of nursing home residents have Alzheimer’s or another dementia. By 2015, annual Medicaid costs just for those persons with Alzheimer’s in nursing homes will increase to $27 billion.

- Alzheimer’s costs American business $61 billion a year – twice the cost estimated just four years ago. $36.5 billion of that is in lost productivity of workers caring for someone with AD. $24.6 billion is the business share of health care costs for people with AD.

- Families provide nearly 70% of Alzheimer care themselves. The average annual cost of full-time care for an individual with AD is approximately $62,000, which families bear themselves as long as they can.

There is a very narrow window of time to prevent an epidemic of Alzheimer’s that will destroy the health care system.

- 4.5 million people in the U.S. have Alzheimer’s today. By the middle of the century, that number will increase to between 11.3 and 16 million.
The number of new Alzheimer cases each year will more than double, from a little over 400,000 a year in 2000 to nearly 1 million a year by 2050.

The changes in the brain that cause Alzheimer’s begin 10 to 20 years before symptoms appear. Babyboomers start entering the age of greatest risk in 2010. To prevent the looming epidemic, answers have to come before then.

Substantial Medicare and Medicaid cost savings are on the horizon if scientists can find ways to delay the onset of Alzheimer’s and slow its progression. If these breakthroughs can be achieved within the next five years, the return on investment in research would be enormous, both in savings to public health programs and in a dramatic reduction in the number of cases of Alzheimer’s disease.

- Annual Medicare savings could reach $51 billion by 2015, $126 billion by 2025 and $444 billion by 2050.

- Annual Medicaid savings on nursing home care could reach $10 billion in 2015, climbing to $23 billion in 2025 and $70 billion by 2050.

- The number of people age 65 and older with Alzheimer’s disease could be reduced to 3.7 million – nearly one million fewer than the current estimate of 4.5 million with Alzheimer’s and far less than the 5.3 million projected to have Alzheimer’s by 2015.

- A much larger proportion of people who would still have Alzheimer’s would be in the mild stage of the disease, when they can still live in and contribute to their community with far less need for expensive care. The proportion with moderate to severe disease would decline from 73% in 2000 to 66% in 2015 and to 53% in 2025.