

# A National Alzheimer's Disease Plan

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**Abstract:** *The National Alzheimer's Project Act has been signed into law. However, implementation may be challenging.*

**Keywords:** Alzheimer's Disease; treatment; national policy

### Introduction

Under the National Alzheimer's Project Act (NAPA), the Department of Health and Human Services (HHS) directs the first national Plan, currently being drafted and titled The Draft National Plan ("Plan"). The Plan's goal is to eradicate Alzheimer's Disease by focusing on the following five main categories: (1) prevention and treatment, (2) health and long term care, (3) social resources for family and caregivers, (4) public awareness and (5) disease tracking mechanisms.<sup>1</sup> The Plan has evolved during quarterly conferences held by the Advisory Council of NAPA.<sup>2</sup> In addition to the quarterly conferences, NAPA's website has opened a forum for public comments regarding suggestions for draft revisions.<sup>3</sup>

As the number of AD cases continues to grow, caregivers are demanding more aggressive actions from the government to assist with care costs.<sup>4</sup> HHS has teamed up with various federal agencies to form an Interagency Group (Group).<sup>5</sup> The Group will be gathering and coordinating information for submission to NAPA's Advisory Council for review.<sup>6</sup> Through the use of conferences and public forums, the Advisory Council will make recommendations as to the priorities HHS should take to fully implement NAPA.<sup>7</sup> Through these means, NAPA intends the Plan to act as a platform to coordinate a comprehensive approach to diminish the burden of AD for the entire nation.<sup>8</sup>

### Issue: The Funding and Timeline Allocated Do Not Concord with Plan Goals Time Constraints

January 4, 2011, when NAPA was signed, marks the government's first step to nationally address AD on a national scale.<sup>9</sup> Organizations dedicated to research and treatment of AD are encouraged about this initiative to create a platform for AD research and caregiver needs.<sup>10</sup> However, the community sees the draft as a "good first step", although there is concern more detail is required.<sup>11</sup> Many supporters view the proposal of a solution by 2025 as too ambitious due to the slow progress in the development of improved medications.<sup>12</sup> In the meantime, the cost of care is skyrocketing, increasing the burden on Medicare, Medicaid, and those affected by the disease.<sup>13</sup>

### Costs

Disease research comes at a cost. For instance, the Salk Institute is developing a new drug, J147, which may be the first medication used to prevent AD progression.<sup>14</sup> The cost to develop J147 over the last 10 years has totaled \$7 million.<sup>15</sup> If this drug goes to clinical trials, the cost over the next 10 years is expected to reach \$230 million.<sup>16</sup> However, by 2050, the Alzheimer's Association estimates the medical costs of AD will be over \$1 trillion.<sup>17</sup> The emphasis on current investment costs versus future care costs is a crucial point made by commentators to draw the conclusion that although the costs currently seem high, if better treatment is implemented through increased funding there will be a greater chance in cutting the long-term costs of AD.<sup>18</sup>

### The Need for Budget Expansion

There is unanimous sentiment in the AD community that AD care and treatment is underfunded. As compared to diseases such as HIV and cancer that receive a \$3 and \$6 billion annual budget, AD receives under \$480 million.<sup>19</sup> As AD is the sixth leading cause of death in the U.S., stakeholders urge the need for funding in order to make that correlation a reality in the search for a cure for AD.<sup>20</sup> The government is increasing the AD budget by \$156 million over the 2012-2013 fiscal year periods: \$50 million more for 2012, \$80 million

in new AD research and \$26 million “to support the goals of the National Plan.”<sup>21</sup> However, it remains to be seen whether this investment is adequate to address the increasing costs and burdens upon society and AD patients and their families.

### Conclusion

A national AD plan has been announced. However, details on budgeting and investment in implementation may create challenges to effective impact upon AD in the future.

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### References (Bluebook)

<sup>1</sup> See *Draft National Plan to Address Alzheimer’s Disease*, aspe.hhs.gov 1-6 (Feb. 22, 2012), <http://aspe.hhs.gov/daltcp/napa/NatlPlan.shtml>.

<sup>2</sup> See *Advisory Council on Alzheimer’s Research, Care, and Services*, aspe.hhs.gov, <http://aspe.hhs.gov/daltcp/napa/#Council> (last visited Mar. 9, 2012).

<sup>3</sup> See *Public Comments on the National Plan for Alzheimer’s Disease and the National Alzheimer’s Project Act*, aspe.hhs.gov, <http://aspe.hhs.gov/daltcp/napa/Comments/PubCom.shtml> (last visited Feb. 9, 2012).

<sup>4</sup> Lauren Neergaard, *Families Urge Action as US Drafts Alzheimer’s Plan*, *kypost* (Sep. 13, 2011), [http://www.kypost.com/dpps/news/national/families-urge-action-as-us-drafts-alzheimer%27s-plan\\_6729210](http://www.kypost.com/dpps/news/national/families-urge-action-as-us-drafts-alzheimer%27s-plan_6729210).

<sup>5</sup> *Advisory Council on Alzheimer’s Research, Care, and Services*, *supra* note 2.

<sup>6</sup> *Id.*

<sup>7</sup> See *Draft National Plan to Address Alzheimer’s Disease*, *supra* note 1.

<sup>8</sup> *Id.*

<sup>9</sup> *National Alzheimer’s Project Chronology*, Alzheimer’s ass’n, [http://www.alz.org/join\\_the\\_cause\\_21243.asp](http://www.alz.org/join_the_cause_21243.asp) (last visited Mar. 3, 2012).

<sup>10</sup> Toni Williams, *ALZ Commends the Obama Administration for Recognizing Alzheimer’s Risk*, Alzheimer’s ass’n (Feb. 14, 2012),

[http://www.alz.org/documents\\_custom/statements/Alzheimers\\_Association\\_Commends.pdf](http://www.alz.org/documents_custom/statements/Alzheimers_Association_Commends.pdf).

<sup>11</sup> Associated Press, *US Alzheimer’s Strategy*, *Washington Post* (Feb. 22, 2012),

[http://www.washingtonpost.com/national/health-science/us-alzheimers-strategy-better-treatment-by-2025-earlier-diagnosis-and-caregiver-help-sooner/2012/02/22/gIQAYhBITR\\_story.html](http://www.washingtonpost.com/national/health-science/us-alzheimers-strategy-better-treatment-by-2025-earlier-diagnosis-and-caregiver-help-sooner/2012/02/22/gIQAYhBITR_story.html).

<sup>12</sup> *Id.*

<sup>13</sup> Neergaard, *supra* note 4.

<sup>14</sup> Qi Chen et al., *Alzheimer’s Drug Candidate May be First to Prevent Disease Progression*, *salk institute* (Dec. 14, 2011),

[http://salk.edu/news/pressrelease\\_details.php?press\\_id=532](http://salk.edu/news/pressrelease_details.php?press_id=532).

<sup>15</sup> E-mail from Dr. Dave Schubert, Prof. and Laboratory Head, Cellular Neurobiology Laboratory, Salk Institute to Erika Orjales, Juris Doctor Candidate 2014, California Western School of Law (Feb. 7, 2012, 12:15 PST) (on file with author).

<sup>16</sup> *Id.*

<sup>17</sup> Qi, *supra* note 15.

<sup>18</sup> *Alzheimer’s Research Finding Difficult to Come By*, *Pub. radio Int’l* (Dec. 29, 2011, 4:08 AM), <http://www.pri.org/stories/health/alzheimer-s-research-funding-difficult-to-come-by-7706.html>.

<sup>19</sup> *Id.*

<sup>20</sup> *Id.*

<sup>21</sup> *Draft National Plan to Address Alzheimer’s Disease*, *supra* note 1, at 2.

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