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Testimony

Relating to

L.D. 2212, An Act Making Supplemental Appropriations and Allocations from the General Fund and Other Funds for the Expenditures of State Government and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2026 and June 30, 2027

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Director of Maine Public Policy
Alzheimer's Association, Maine Chapter

Before the Joint Standing Committee on Appropriations and Financial Affairs and the Joint Standing Committee on Health and Human Services

February 17, 2026

Senator Rotundo, Senator Ingwersen, Representative Gattine, Representative Meyer, members of the Joint Standing Committee on Appropriations, and members of the Joint Standing Committee on Health and Human Services:

My name is Jill Carney, Director of Maine Public Policy for the Alzheimer's Association, and a resident of Cumberland. The Alzheimer's Association is testifying neither for nor against L.D. 2212, but urges the Committee to consider inclusion of measures that would help promote diagnosis and treatment of Alzheimer's disease.

First, we urge the Committee to include a provision and funding to prohibit MaineCare from utilizing step therapy for certain Alzheimer's treatments.

We've reached a historic milestone in the fight against Alzheimer's, as there are now two-FDA-approved treatments that address the underlying biological process of the disease and slow cognitive decline in the earliest stages. MaineCare's coverage policy for these new treatments, however, is one of the most restrictive Medicaid policies in the nation as it first requires failure on drugs that only manage symptoms of Alzheimer's before it covers treatment that slows its progression (known as step therapy).

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Alzheimer's patients on MaineCare don't have time to wait. It gives patients more time to live independently, make memories with their loved ones, and plan for the future. Furthermore, Alzheimer's patients can "progress out" of eligibility while they await treatment (and for those that can still access it, clinical benefit is reduced). It can already take up to two years to even receive a diagnosis in Maine.

MaineCare's policy is out of step with most other government insurance programs:

- It is one of only seven Medicaid programs to use step therapy for disease-modifying Alzheimer's treatment.
- Medicare, TRICARE, and the VA all provide coverage without step therapy, and Attorney General Aaron Frey signed a letter to the Centers for Medicare and Medicaid Services in 2023 supporting "full and unrestricted Medicare coverage for FDA-approved Alzheimer's treatments."

This policy is simply wrong, and MaineCare should not be in the business of delaying or denying access to disease-modifying treatment. Again, we urge the Committee to include language prohibiting MaineCare from requiring failure on treatments that temporarily manage some symptoms of Alzheimer's disease before it will cover a treatment that slows the progression of the disease.

Second, we urge the Committee to consider inclusion of L.D. 107, which would require insurance coverage of biomarker testing.

L.D. 107 would help promote early and accurate diagnosis of Alzheimer's disease. Early diagnosis leads to cost savings, improved health and wellness outcomes, and permits eligible individuals to pursue FDA-approved treatments that slow the progression of Alzheimer's disease.

In Maine, 29,600 people are living with Alzheimer's, but as many as half of them are not formally diagnosed. Early detection and diagnosis of Alzheimer's, which L.D. 107 would promote, leads to lower costs of care. In a 2018 analysis, early diagnosis led to projected cost savings of \$63,000 per person, of which \$30,000 was in Medicare savings, \$20,000 was in Medicaid savings, and \$13,000 was in other savings.

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Biomarkers offer one of the most promising paths to improve dementia detection, diagnosis, and treatment. Yet these critical tests remain out of reach for many as insurance coverage is failing to keep pace with innovations and advancements in treatment.

For example, continued progress around blood-based amyloid biomarkers is likely to lead to new Alzheimer's diagnostic tools coming to market within the next couple of years. Blood tests that accurately and reliably detect Alzheimer's hallmark brain changes signal a shift to simpler, more accurate and earlier detection and diagnosis and could improve diagnosis in primary care settings. This development would have positive implications for states like Maine that are neurology deserts. It is not uncommon to hear of patients waiting close to one year or longer for an initial appointment with a neurologist. This barrier is especially pronounced in the many rural areas of our state.

Finally, with the historic FDA approval of treatments that slow the progression of Alzheimer's in the early stages, early detection and diagnosis is even more critical to ensure individuals receive the most benefit at the earliest point possible.

Thank you for your consideration of these policies as the Committees continue their work on L.D. 2212.

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