e: 4160-90-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

AGENCY: U.S. Department of Health and Human Services (HHS or the Department)

ACTION: Notice of Request for Information (RFI) to inform a comprehensive update to the National Plan to Address Alzheimer's Disease.

SUMMARY: HHS released the first National Plan to Address Alzheimer's Disease in 2012, establishing a comprehensive framework to accelerate scientific progress and improve support for individuals living with Alzheimer's disease and Alzheimer's disease-related dementias (AD/ADRD) and their families. Since then, the National Plan has been updated annually and has guided federal efforts across research, care delivery, public health, and data infrastructure. HHS is now updating the overall National Plan to lead federal efforts through 2035. HHS would like input from the public to inform the future direction of federal efforts. Through this RFI, HHS invites public comment on approaches to advancing AD/ADRD research and development of new interventions to prevent and treat dementia, risk reduction strategies, early detection and diagnostic tools, and/or enhanced care, services, and supports for people living with dementia and their families, caregivers, and care partners. The Department also seeks input on gaps, emerging priorities, and opportunities to strengthen coordination across federal, state, Tribal, local, private sector, and community partners.

The purpose of this RFI is to solicit public input to inform the development of a comprehensive update to the National Plan to Address Alzheimer's Disease, including future goals and priorities.

DATES: Comments on this notice must be received by August 15, 2026.

ADDRESSES:

RFI Docket: You may examine the RFI docket at *regulations.gov* under HHS-ASPE-2026-0298. The docket contains this RFI and all comments received to date. To submit a response, click the "Comment" button inside Docket: HHS-ASPE-2026-0298 and follow all instructions.

FOR FURTHER INFORMATION CONTACT:

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SUPPLEMENTARY INFORMATION:

The National Alzheimer's Project Act (NAPA) (Public Law 111-375) was passed by Congress in 2010 and signed into law on January 4, 2011, in recognition of the growing impact of AD/ADRD on the American public. NAPA requires the Secretary of HHS to create and maintain a coordinated national strategy to address AD/ADRD, including advancing research, improving care and services, and enhancing public awareness. The National Plan to Address Alzheimer's Disease serves as the nation's blueprint for achieving the vision of a nation free of AD/ADRD. Congress and federal partners have supported significant advancements in Alzheimer's disease research, care models, and public health infrastructure. These efforts have contributed to meaningful progress in scientific discovery, increased public awareness, and expanded supports for people living with dementia and their caregivers. To sustain and build on this progress, Congress enacted the NAPA Reauthorization Act (Public Law 118-92) on October 1, 2024, extending the federal commitment to addressing AD/ADRD over the next decade. HHS will undertake a comprehensive update of the National Plan in 2026 to identify emerging priorities and future goals with a focus on AD/ADRD research and development of new interventions to prevent and treat dementia, risk reduction strategies, early detection and diagnostic tools and pathways to treatment, and enhanced long-term services and supports for people living with AD/ADRD and their caregivers and care partners.

REQUEST FOR INFORMATION

For this RFI, HHS is seeking input from the public, including individuals living with AD/ADRD,

caregivers, researchers, clinicians, service providers, advocates, faith- and community- based organizations, state, Tribal, and local officials, policymakers and other interested stakeholders. Respondents are encouraged to include supporting facts, research, and evidence in their comments, including citations to the published materials referenced, and active hyperlinks, where available. The questions below are of particular interest.

This RFI should not be construed as a policy, solicitation for applications, or as an obligation on the part of the government to provide support for any ideas in response to it. HHS will use the information submitted in response to this RFI at its discretion and will not provide comments on any respondent's submission. However, responses to this RFI may be reflected in future solicitation(s) or policies. The information provided will be analyzed and may appear in reports.

Instructions

Responses submitted at *regulations.gov/deregulation* should follow the format provided there. You may respond to one or more of the questions listed below and please include question numbers provided in the response. Each responding entity (person or organization) is requested to submit only one response. Unless submitted anonymously, responses should include the name(s) of the person(s) or organization(s) submitting the comment. If a comment is submitted on behalf of an organization, the individual respondent's role in the organization may also be provided.

This RFI is voluntary, and responses may be submitted anonymously. Comments submitted in response to this RFI may be posted on HHS websites or otherwise released publicly. Please do not submit proprietary, classified, confidential, or sensitive information, to include personally identifiable (PII) or personal health information (PHI), in response to this RFI.

This RFI is for information and planning purposes only and should not be construed as a policy, solicitation for applications, or as an obligation on the part of the government to provide support for any ideas in response to it. HHS will use the information submitted at its discretion and will not comment on any respondent's submission. However, responses to this RFI may be reflected

in future solicitation(s) or policies. The information provided will be analyzed and may appear in reports. Respondents are advised that the government is not obligated to acknowledge receipt of submissions. Those submitting responses are solely responsible for all expenses associated with response preparation.

QUESTIONS

1. 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?
2. What opportunities or challenges exist in improving risk reduction and promoting brain health across the lifespan?
3. What barriers or challenges affect early detection and timely diagnosis of AD/ADRD?
4. 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?
5. 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 (e.g., effectiveness, scalability, or applicability across settings)?
6. What health outcomes and care goals are most meaningful to people living with AD/ADRD and their families, caregivers, and care partners, and how should these be measured and incorporated into care over time?
7. What barriers exist to accessing timely, high-quality, person-centered care across different community settings and stages of disease progression?
8. What workforce or infrastructure challenges most affect:
    a. AD/ADRD research and intervention development
    b. risk reduction activities

c. public health AD/ADRD initiatives

d. delivery of healthcare and long-term care

e. support for families, caregivers, and care partners?

Robert F. Kennedy, Jr.

Secretary,

Department of Health and Human Services

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