April 2, 2026

The Honorable Shelley Moore Capito
Chair
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
Senate Appropriations Committee
Washington, DC 20510

The Honorable Tammy Baldwin
Ranking Member
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
Senate Appropriations Committee
Washington, DC 20510

Re: ***LHHS Report Language Request to Improve the Care and Treatment of Long-Term Care Residents with Neuropsychiatric Symptoms***

Dear Chair Capito and Ranking Member Baldwin:

The undersigned members of Project PAUSE (Psychoactive Appropriate Use for Safety and Effectiveness) and other partners are writing to strongly urge you to include language in the report accompanying the fiscal year (FY) 2027 House Labor, Health and Human Services, Education, and Related Agencies (LHHS) appropriations bill regarding steps that the Centers for Medicare and Medicaid Services (CMS) should take to address a barrier that is preventing patients in skilled nursing facilities (SNFs) from benefiting from neuropsychiatric medication that their physicians and family members deem necessary and appropriate. Project PAUSE is an ad hoc coalition of national organizations advocating improvements in clinical, regulatory, and legislative policies in long-term care so individuals with neuropsychiatric symptoms can have an improved quality-of-life.

Nursing home residents living with Alzheimer's disease and other types of neurocognitive impairment experience more than memory loss. Nearly all will also experience one or more neuropsychiatric symptoms (NPS), such as psychosis, wandering, sleep issues, agitation, depression, apathy, and aggression. Effectively managing or preventing behaviors that disturb and cause harm to self and others is of the utmost importance to residents, family caregivers, and providers.

More than thirteen years ago, the Centers for Medicare & Medicaid Services (CMS) created a long-stay antipsychotic measure as part of an effort to curb the use of antipsychotics in SNFs. The quality measure does not make the crucial distinction between appropriate and inappropriate use of antipsychotic medications. As a result, SNFs are penalized for prescribing these medications even when they are clinically necessary and beneficial for residents with NPS associated with Alzheimer's disease or other neurodegenerative conditions such as Parkinson's disease, as well as residents living with chronic mental illness. There is a legitimate, clinically appropriate use of antipsychotic medications, including medications specifically approved by the FDA to treat NPS associated with neurodegenerative diseases.

We appreciated the inclusion of report language in the FY 2026 measure that urged CMS to work with stakeholders to review and update the measure; the initial phase of this important work is underway including dialogue with Project PAUSE, for which we are grateful. As such, the FY 2027 report language request encourages CMS to continue its process of reexamining the long-stay quality metric and related reporting requirements to ensure that such reporting distinguishes between appropriate and inappropriate use of these medications. The language supports CMS in moving away from an exemptions-based measure to one that incorporates concordant documentation from the prescriber and consultant pharmacist to support the determination of appropriate use and confirm ongoing medication safety and effectiveness for the patient. As part of its process, CMS should convene stakeholders and address concerns about the unintended consequences of the current measure and how it discourages diagnosis-appropriate and guidelines-based treatment for beneficiaries in SNFs.

Recommended Report Language Request for FY 2027 Labor-HHS-Education Appropriations Bill

Centers for Medicare and Medicaid Services
Program Management

Long-Term Care Facility Metrics.—The Committee understands that CMS is reexamining the long-stay antipsychotic medication quality measure in the Skilled Nursing Facility (SNF) Five-Star Quality Rating System and is taking steps to ensure that such reporting distinguishes between appropriate and inappropriate use of these medications. The Committee supports these important efforts and encourages CMS to move away from an exemptions-based measure and incorporate concordant documentation from the prescriber and consultant pharmacist to support determination of appropriate use and confirmation of ongoing safety and effectiveness for the patient. To ensure the measure update meets the needs of beneficiaries with neuropsychiatric symptoms associated with Alzheimer's disease, neurodegenerative disorders, and serious mental illness, the Committee encourages CMS to bring together stakeholders to help inform this process and address concerns about the unintended consequences of the current measure and how it discourages diagnosis-appropriate and guidelines-based treatment for beneficiaries in this setting. The Committee directs CMS to suspend public reporting of the current measure until a new measure is tested, endorsed by a quality assurance organization, and launched. Further, the Committee asks CMS to provide an update on these activities in the fiscal year 2028 CJ and work to have a draft measure for public input on or before the start of FY 2028.

Clinically necessary care must be within reach for older adults living with Alzheimer's and related diseases, particularly those who are residing in SNFs and other long-term care settings. CMS must continue its efforts to reexamine this quality measure and related reporting, which together impede timely or continued access to diagnosis-appropriate treatment.

Thank you for your consideration of this request and for your leadership in advancing high-quality care for patients with Alzheimer's and related neurocognitive impairment and serious mental illness. If we can be of any assistance to you or your staff, please do not hesitate to contact Project PAUSE co-chairs Sue Peschin (speschin@agingresearch.org) and Chad Worz (cworz@ascp.com).

Sincerely,

Alliance for Aging Research
American Association for Geriatric Psychiatry
American Association of Post-Acute Care Nursing (AAPACN)
American Association of Psychiatric Pharmacists
American Society of Consultant Pharmacists (ASCP)
American Society of Health-System Pharmacists
Caregiver Action Network
HealthyWomen
Huntington's Disease Society of America
LeadingAge
National Community Pharmacists Association
The Balm In Gilead, Inc
Voices of Alzheimer's