



Testimony of Susan Peschin, President and CEO of the Alliance for Aging Research, on behalf of Project PAUSE

To the Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies

Concerning Fiscal Year 2027 Appropriations report language for the Centers for Medicare & Medicaid Services (CMS)

May 7, 2026

On behalf of Project PAUSE (Psychoactive Appropriate Use for Safety and Effectiveness), we respectfully request the inclusion of report language in the Senate Labor, Health and Human Services, Education, and Related Agencies Appropriations Subcommittee report for fiscal year (FY) 2027 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 regulatory and legislative changes to: reduce inappropriate use of antipsychotics in long-term care settings; advance accurate labeling and appropriate use of antipsychotic medications; and improve the diagnosis and management of neuropsychiatric symptoms among older adults living with Alzheimer's and related neurocognitive impairments. For the past five years, Project PAUSE has been working to educate regulators and Congress about how current federal policies are unintentionally interfering with the provision of patient-centered care for individuals living with neuropsychiatric symptoms and has suggested various changes to promulgate a more nuanced, common-sense, and patient-centered approach. We remain steadfast in our efforts and seek to continue working with both the Food and Drug Administration (FDA) and CMS on a coordinated solution for the benefit of residents of SNFs who live with neuropsychiatric symptoms, their families, and their health care providers.

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, 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. While medications are an important clinical tool, a range of evidence-based non-pharmacological interventions can also help manage neuropsychiatric symptoms and have been shown to reduce symptoms, particularly in the middle and later stages of dementia. Using these approaches as a first line of treatment—and alongside pharmacological options—is essential to developing a multidisciplinary, patient- and family-centered care plan.

More than thirteen years ago, CMS created a long-stay antipsychotic measure as part of a new effort to curb the inappropriate use of antipsychotics in long-term care facilities (e.g., nursing homes and SNFs). The measure is a formula of the “percent of residents who received an antipsychotic medication,” which is calculated by dividing the number of residents on an antipsychotic medication by the total number of residents in the SNF. There are only three diagnoses exempted from the measure: schizophrenia, Huntington’s disease, and Tourette’s syndrome. The results of this calculation are reported as part of the Nursing Home Care Compare Five-Star Rating System.

As noted in the American Psychiatric Association (APA) [clinical guidelines](#), 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 neuropsychiatric symptoms associated with Alzheimer’s disease or other neurodegenerative conditions such as Parkinson’s disease, as well as residents living with chronic mental illness. While individuals should not be improperly medicated, there is a legitimate, clinically appropriate use of antipsychotic medications, including recently FDA-approved medications specifically for neuropsychiatric symptoms associated with neurodegenerative diseases such as Alzheimer’s disease and Parkinson’s disease. We are pleased that the FDA is undertaking its own effort to review its approach to the current class-wide boxed warning on antipsychotics, recognizing that a more modernized and nuanced approach is needed to reflect individual therapies and to meet patient needs. The HHS-wide effort to update policies that pertain to the use of antipsychotics means that more patients living with neuropsychiatric symptoms will receive the treatment they need and get the relief they deserve.

We appreciated the inclusion of report language in the FY 2026 Labor-HHS-Education 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, our 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, we believe CMS should convene stakeholders and specifically address concerns from health professionals, patients, and family members about the unintended consequences of the current measure and how it discourages diagnosis-appropriate and guidelines-based treatment for Medicare beneficiaries in SNFs. Therefore, we urge the subcommittee to consider the inclusion of the following report language:

**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.

We believe the aforementioned actions will help modernize regulations and facilitate clinical practice that will better serve and protect nursing facility residents as well as their providers, caretakers, and loved ones.

Clinically necessary care must be accessible for older adults living with Alzheimer’s and other types of neurocognitive impairment to ensure not only their health but also their dignity as they navigate and live with such diseases while resident in SNFs. Again, we thank you for the opportunity to share our perspective and for your leadership in advancing high-quality care.

The report language request are supported by the following patient and provider organizations:

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