

Neurological Disease Working Group

2026 MEETING SUMMARY

The Alliance for Patient Access hosted its annual Neurological Disease Working Group meeting on September 18-19, 2026, in Washington, DC. Clinicians and advocates convened to discuss policies affecting people living with neurological diseases, including Alzheimer's disease, dementia and movement disorders.

UTILIZATION MANAGEMENT

Prior Authorization and Reauthorization

Prior authorization continues to delay treatment and place a heavy burden on clinicians and their staff. Participants described spending significant time challenging coverage denials and appealing insurer decisions. "The only reason my patients get approved is because I'm diligent," one clinician said.

Reauthorization requirements also raised concerns for patients receiving treatments for movement disorders. One clinician questioned whether patients would need to repeat assessments to maintain coverage, even when treatment remains necessary. These requirements can disrupt ongoing care and create uncertainty for patients.

Step Therapy

For patients with progressive neurological diseases, step therapy can lead to worsening symptoms and poorer health outcomes. "Step therapy can be directly counterintuitive for patients," one participant said. Clinicians also expressed frustration with insurers favoring lower-cost generic medications over prescribed treatments, even when those alternatives may not meet a patient's needs.

Nonmedical Switching

Nonmedical switching occurs when insurers require patients to change medications for reasons unrelated to their health. Clinicians expressed concern that these changes can disrupt care for stable patients and put their health at risk. Participants emphasized that treatment decisions should remain between patients and their clinicians rather than be driven by insurance policies or costs.



ADVANCEMENTS IN LONG-TERM CARE TREATMENT

Working group members discussed advancements in treating dementia-related agitation and psychosis, noting that these conditions can persist for years and worsen as dementia progresses. Clinicians emphasized the importance of ongoing treatment to manage symptoms and prevent relapse. Participants also reviewed updated federal guidance on psychotropic medication use in nursing homes, which aims to prevent inappropriate prescribing while protecting patients.

One clinician raised concerns about stigma surrounding antipsychotic and other psychotropic medications. Participants emphasized that policies should prevent unnecessary medication use without limiting appropriate treatment for patients with chronic symptoms.

NEW TREATMENT OPTIONS AWARENESS

New treatments for neurological diseases offer hope for patients, but insurance restrictions and high costs continue to limit their use. Clinicians expressed concern that even when medications are covered, patients may still struggle to afford them. One participant described patients being "bait and switched" after learning their Parkinson's medication was covered by insurance but remained too expensive to obtain. Another clinician highlighted coverage challenges involving a subcutaneous pump that delivers Parkinson's medication.

ACCESS TO TELEHEALTH AND COMPREHENSIVE CARE

Working group members recognized telehealth as a way to connect patients with specialists, particularly in rural communities. Clinicians emphasized the need for permanent telehealth flexibilities in the Medicare program. Clinicians also cautioned against insurers requiring virtual appointments to reduce costs. Poor internet service and state licensing restrictions were also identified as barriers to care.

Participants also raised concerns about limited mental health services, including access to social workers and their resources, emphasizing the need for policies that give patients more options for receiving comprehensive care.

NEXT STEPS

Meeting participants identified new opportunities to create a more patient-centered approach to care for neurological disease patients. These next steps include new educational resources, legislative engagement and using their voice as clinician-advocates.

GET INVOLVED

To learn more about AfPA's Neurological Disease Working Group, contact Payton Marvin
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