

of already fragile states in our hemisphere, and dangerous conditions abroad prompt many to leave everything behind to pursue a safer existence. As the Hispanic-American population has grown, racism, hatred, and naked xenophobia have unfortunately grown with it. Given these trying circumstances, we must recognize the obligations that arise from our shared humanity to assist those in need and to welcome and celebrate our differences.

Hispanic Americans have done so much to support and make the United States of America the exceptional nation that it is today. They have made groundbreaking discoveries and innovations in science and technology. They have shown us new ideas, art and music, and cuisine. They have created new products and jobs as entrepreneurs and business owners, and they have led our communities as dutiful elected representatives of the people. They have fought and are fighting today to protect our way of life and to promote our interests and ideals abroad. During National Hispanic Heritage Month, we celebrate this community's countless contributions, but not necessarily as something new. Hispanic Americans have played an important role in the American story since its very beginning.

PARKINSON'S DISEASE

Mr. VAN HOLLEN. Madam President, today I wish to discuss the impact of Parkinson's disease in the U.S. and across the world.

While significant progress has been made in managing certain symptoms and identifying potential risk factors, we still lack a clear understanding of the underlying causes of Parkinson's disease. To that end, I continue to support the strongest funding possible for biomedical research under the National Institutes of Health and its Brain Research through Advancing Innovative Neurotechnologies—BRAIN—Initiative, as well as the Parkinson's Research Program at the Department of Defense. These investments are necessary to sustain efforts by our Nation's scientists at the helm of innovative research and discovery, with the hope and resolve that we will one day find a cure.

I would like to highlight a recent study entitled "The Economic Burden of Parkinson's Disease," which was brought to my attention in a meeting with constituents led by Dan Lewis, a longtime advocate for Parkinson's research. Commissioned by the Michael J. Fox Foundation for Parkinson's Research, this study places the annual economic impact of Parkinson's at \$52 billion in 2017, nearly double the previous estimates. Approximately half of that total reflects the medical costs of Parkinson's patients, primarily paid by Medicare.

The other half reflects the real indirect costs shouldered by patients with Parkinson's, their caregivers, and our

society. The effects of living with Parkinson's disease permeate so many aspects of patients' lives, from personal finances to workforce participation to caregiver time and effort. With a rising aging population, the burden will only grow from here; the number of people with Parkinson's disease is projected to double by 2040.

By shedding light on the human and societal impact of Parkinson's, this study illustrates the critical need for sustained research toward better treatments and a cure. I ask unanimous consent that this study be printed in the CONGRESSIONAL RECORD and encourage all Senators and staff to review it. Thank you.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

[From the Lewin Group, July 5, 2019]
**ECONOMIC BURDEN AND FUTURE IMPACT OF
 PARKINSON'S DISEASE
 EXECUTIVE SUMMARY**

Parkinson's disease (PD) is a slowly progressive neurodegenerative disorder that affects approximately one million Americans. In addition to the debilitating symptoms of PD itself, patients also experience a number of comorbidities, such as anxiety, depression, increased rates of infection, cardiac and gastrointestinal diseases, and injuries from falls. As a result, individuals with PD have higher medical needs, often miss work, retire early, and require the assistance of a caregiver. As such, the direct and indirect economic burden of PD is likely to be significant.

As part of its initiative to understand the economic burden of PD, the Michael J. Fox Foundation commissioned The Lewin Group to estimate the economic impact of PD in the U.S. in 2017. This study aims to provide the most comprehensive assessment of the total burden of PD to date, including filling the knowledge gap in some of the less well-understood cost components, such as future earnings loss due to premature death, productivity loss in both the labor market as well as in social life, and caregiver burden.

STUDY HIGHLIGHTS

This study provides the most comprehensive assessment of the economic burden of PD in the U.S. in 2017. The estimated total economic burden of PD in 2017 was \$51.9 billion, including a direct medical cost of \$25.4 billion and an additional \$26.5 billion in indirect and non-medical cost. These findings show that the true impact of PD has been previously underestimated in the literature (see the Discussion section).

Another highlight of the study is the Social and Financial Impact of Parkinson's Disease Survey (i.e. the PD Impact Survey). This primary survey was specifically designed and administered for this study to deepen the understanding of the full spectrum of PD impact. The survey was able to collect detailed data on a broad set of indirect and non-medical costs of PD that were previously unavailable, especially the impact of PD on unpaid caregivers. This survey was one of the largest surveys conducted so far on relatively rare neurodegenerative diseases and received almost 5,000 responses from the PD community.

STUDY FINDINGS

PD prevalence estimated using nationally representative surveys for younger and elderly U.S. populations revealed a much higher prevalence than previous literature. Exhibit ES-1 shows the estimated PD prevalence:

An estimated 1.04 million individuals in the U.S. have PD in 2017.

PD is much more prevalent in the 65 population than in the younger population. More males than females have PD.

PD prevalence rate is more than double among non-Hispanic White compared to other groups, although this result is not risk-adjusted and is subjected to small sample size limitations.

Vast majority (89%) of the persons with PD are eligible for Medicare. Among the estimated 919,000 individuals eligible for Medicare coverage, 82,000 (9%) are younger than age 65.

PD is associated with significant amount of excess medical cost: \$25.4 billion in 2017, higher than the previous U.S. based estimates. Exhibit ES-2 shows the estimated direct medical cost of PD.

The vast majority of the medical cost of PD is borne by populations with Medicare coverage (90%), 7% by those with private insurance, and 3% by those with other insurance including Medicaid, other insurance, or no insurance). Note: the five-year combined MEPS data identified a total of 20 PWP's who are in the Other group, the small sample size prevented further breakdown.

On average, the excess medical cost of PD is \$24,439 above not having PD. Average per person excess cost is \$22,671 and \$19,489 for the privately insured and Other group of persons with PD who are younger than 65 years of age, respectively; and \$24,811 for the Medicare beneficiary population with PD.

Hospital inpatient care, non-acute institutional care (including SNF, nursing home, hospice, etc.), and outpatient (including ancillary care) are the three largest cost categories.

The estimated total indirect and non-medical cost of PD is \$26.5 billion in 2017, with near \$20 billion to persons with PD and another \$6.6 billion to unpaid care partners. Exhibit ES-3 shows the estimated indirect and non-medical cost of PD:

Average indirect and non-medical cost per PWP is \$19,242 for PWP only and \$25,558 for PWP combined with caregiver burden.

Total indirect cost is \$14.2 billion with the combined PWP and caregiver absenteeism cost being the largest share, followed by presenteeism cost and premature death related earnings loss. The cost of absenteeism and presenteeism for the care partners even surpass those for the PWP's.

Total non-medical cost is \$7.5 billion with the paid non-medical daily care being the largest share, followed by home modification cost.

Disability income, although considered transfer cost, is approximately \$4.8 billion.

The full report can be found at <https://www.michaeljfox.org>.

ADDITIONAL STATEMENTS

TRIBUTE TO DR. MICHAEL CHERINGTON

• Mr. GARDNER. Madam President, today I wish to honor and celebrate Dr. Michael Cherington of Castle Rock, CO. This fall, Dr. Cherington is reaching the age of 85. He has lived a full life and helped many others to do the same.

Born in Pittsburgh, PA in 1934, Michael, who often went by the nickname "Mickey" showed initial greatness at age 10 when his father arranged for him to play against the American chess champion, Arnold Denker. Arnold defeated all the adult opponents in the room. Mickey's game ended in a draw.