

AMERICAN GERIATRICS SOCIETY
40 Fulton St., Suite 809, New York, NY 10038
Written Testimony for the Record – Fiscal Year 2025 Appropriations
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
Committee on Appropriations
United States House of Representatives

May 3, 2024

Testimony for FY 2025 Appropriations for the Department of Health and Human Services

- **Geriatrics Education and Training Programs**
- **National Institutes of Health / National Institute on Aging**

Contact: Anna Kim, Senior Manager of Public Affairs and Advocacy,
akim@americangeriatrics.org, 212-308-1414

The American Geriatrics Society (AGS) greatly appreciates the opportunity to submit this testimony. The AGS is a nationwide not-for-profit organization of 6,000+ geriatrics healthcare professionals and basic and clinical researchers dedicated to improving the health, independence, and quality of life of all older Americans. The AGS believes in a just society – one where we all are supported by and able to contribute to communities and where ageism, ableism, classism, homophobia, racism, sexism, xenophobia, and other forms of bias and discrimination no longer impact healthcare access, quality, and outcomes for older adults and their caregivers. As the Subcommittee works on its fiscal year (FY) 2025 Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill, **we ask that you consider the following funding levels for these programs in FY 2025:**

- **\$82 million to support the Geriatrics Workforce Enhancement Program (GWEP) and Geriatrics Academic Career Award (GACA) program.**
- **\$51.303 billion for the National Institutes for Health’s (NIH) foundational work and a minimum increase of \$318 million for research on Alzheimer’s disease and related dementias (ADRD) over the enacted FY 2024 level.**

Sustained and enhanced federal investment in these initiatives is essential to delivering high-quality, better coordinated, efficient, and cost-effective care to our older Americans whose numbers are projected to increase dramatically in the coming years. The number of people 65 and older is estimated to climb from 63.4 million today to more than 94.7 million by 2060, while those 85 and older is projected more than double from 7.3 million today to 19 million by 2060.¹ As our aging population grows, the prevalence of diseases disproportionately affecting older people and economic burden associated with these diseases will increase.

¹U.S. Census Bureau International Programs Center. International Database (IDB). Accessed May 1, 2024. https://www.census.gov/data-tools/demo/idb/#/pop?COUNTRY_YEAR=2023&COUNTRY_YR_ANIM=2023&FIPS_SINGLE=US&FIPS=US&popPages=BYAGE&POP_YEARS=2024,2060&menu=popViz&ageGroup=O&CCODE=US&CCODE_SINGLE=US

To ensure that our nation is prepared to meet the unique healthcare needs of this rapidly growing population, we request that Congress provide additional investments necessary to expand and enhance the geriatrics workforce, an integral component of the primary care workforce, and foster groundbreaking medical research on aging.

PROGRAMS TO TRAIN GERIATRICS HEALTHCARE PROFESSIONALS

GWEPs and GACA Program (\$82 million)

We urge the Subcommittee to provide a FY 2025 appropriation of \$82 million for the GWEP and GACA program. Our healthcare workforce receives little, if any, training in geriatrics principles,² leaving us ill-prepared to care for older adults as health needs evolve. With the severe shortage of geriatrics healthcare providers and academics with the expertise to train these providers, the AGS believes it is urgent that we increase the number of educational and training opportunities in geriatrics and gerontology. By 2036, there will be a shortage of 1,740 geriatricians, leaving thousands without access to these services.³ There are similar shortages of health professionals specializing in geriatrics across other disciplines. Additionally, rural populations have more limited access to primary care than residents of urban areas, and are generally older, have a higher incidence of poor health, and face greater barriers to receiving care such as transportation and internet access. The requested increase in funding levels would help to expand the critically important GWEPs and GACAs commensurate with the increasing need.

The GWEP is currently the only federal program designed to increase the number of providers, in a variety of disciplines, with the skills and training to care for older adults. The GWEP awardees educate and engage the broader frontline workforce, including the caregiving workforce and family caregivers, and focus on opportunities to improve the quality of care delivered to older adults, particularly in underserved and rural areas. Due to GWEPs' partnerships with primary care and community-based organizations, they are uniquely positioned to rapidly address the needs of older adults and their caregivers. Additional funding would allow 80 GWEPs at \$950,000 per program, enabling every state to have a GWEP and more rural and underserved areas of the country to have access to geriatrics training and expertise.

The GACA program is an essential complement to the GWEP. GACAs ensure we can equip early-career clinician educators to become leaders in geriatrics education and research. It is the only federal program designed to increase the number of faculty with geriatrics expertise in a variety of disciplines. Additional funding would allow 60 GACAs at \$100,000 per award, ensuring we have a larger and more geographically diverse pipeline of geriatrics research and training expertise with the incentives and resources needed to grow the field.

Furthermore, as demonstrated during the COVID-19 public health emergency, GWEPs and GACAs are critical in providing assistance for proactive public health planning with their

² Only 3 percent of medical students take even one class in geriatric medicine and fewer than 1 percent of RNs, pharmacists, physician assistances and physical therapists are certified in geriatrics or gerontology. Yet estimates are that by 2030, 3.5 million additional health care professionals and direct-care workers will be needed to care for older adults. 2018 Issue Brief, Eldercare Workforce Alliance. https://eldercareworkforce.org/wp-content/uploads/2018/03/GWEP_OnePager_v2.pdf

³ U.S. Department of Health and Human Services, Health Resources and Services Administration. Health Workforce Projections. Updated May 2024. Accessed May 1, 2024. <https://data.hrsa.gov/topics/health-workforce/workforce-projections>

geriatrics expertise and knowledge of long-term care and can help ensure states and local governments have improved plans for older adults in disaster preparedness for future pandemics and natural disasters. As the U.S. population rapidly ages, access to a well-trained workforce and appropriate care for medically complex older adults is imperative to maintaining the health and quality of life for this growing segment of the nation’s population. Additionally, given the increasing diversity among older people and rapid growth of the older population,⁴ the need for a diverse workforce as well as training in geriatrics and gerontology will continue to increase. Our infrastructure of care needs substantial investments so that access to long-term services and supports is expanded while the healthcare workforce is adequately supported and prepared to care for us all as we age.

RESEARCH FUNDING INITIATIVES

NIH / NIA (\$51.303 billion for base spending and a minimum increase of \$318 million for ADRD research)

The NIH institutes, specifically the National Institute on Aging (NIA), lead the national scientific effort to understand the nature of aging and extend the healthy, active years of life. As a member of the Friends of the NIA (FoNIA)—a broad-based coalition of aging, disease, research, and patient groups committed to advancing medical research that affects millions of older Americans—the AGS urges you to include at least \$51.303 billion for base funding and a minimum increase of \$318 million for research on ADRD over the enacted FY 2024 level.

Healthcare costs associated with age-related diseases are significant and rising. By 2060, for example, the number of people age 65 and older affected by Alzheimer’s disease is estimated to reach 13.85 million cases⁵—nearly double the estimated 6.9 million in 2024—and is projected to cost \$1 trillion in 2050 which does not include the current \$346.6 billion in unpaid caregiving by family and friends.⁶ Further, chronic diseases related to aging, such as diabetes, heart disease, and cancer continue to afflict 80 percent of people age 65 and older.⁷ Nearly 45 percent of Medicare beneficiaries have four or more chronic conditions⁸ and account for more than 75 percent of Medicare expenditures.⁹ Continued and increased federal investments in scientific research will ensure that the NIH and NIA have the resources to conduct groundbreaking research, foster the development of research and clinical scientists, provide research resources, and communicate information about aging and advances in research on aging.

Additionally, the AGS urges you to ensure that any funding for the Advanced Research Projects Agency for Health (ARPA-H) does not come at the cost of the existing NIH institutes and centers. We believe that a meaningful increase in NIH-wide funding, in combination with

⁴ Administration for Community Living. 2021 Profile of Older Americans. Published November 2022. Accessed May 1, 2024. https://acl.gov/sites/default/files/Profile%20of%20OA/2021%20Profile%20of%20OA/2021ProfileOlderAmericans_508.pdf

⁵ Rajan KB, Weuve J, Barnes LL, McAninch EA, Wilson RS, Evans DA. Population estimate of people with clinical AD and mild cognitive impairment in the United States (2020-2060). *Alzheimers Dement.* 2021;17(12):1966-1975. doi:10.1002/alz.12362

⁶ Alzheimer’s Association. 2024 Alzheimer’s disease facts and figures. *Alzheimers Dement.* 2024;20(5):1-98. doi:10.1002/alz.13809

⁷ National Prevention Council. Healthy Aging in Action: Advancing the National Prevention Strategy. Published November 2016. Accessed May 1, 2024. <https://www.cdc.gov/aging/pdf/healthy-aging-in-action508.pdf>.

⁸ Centers for Medicare and Medicaid Services. Medicare Current Beneficiary Survey 2018 Chartbook. Published December 8, 2020. Accessed May 1, 2024. <https://www.cms.gov/files/zip/2018-medicare-current-beneficiary-survey-annual-chartbook-and-slides.zip>

⁹ Aspen Health Strategy Council. Reducing the Burden of Chronic Disease: A Report of the Aspen Health Strategy Group. Published 2019. Accessed May 1, 2024. <https://www.aspeninstitute.org/wp-content/uploads/2019/02/AHSG-Chronic-Disease-Report-2019.pdf>

aging and increase in prevalence of diseases, will be vital to sustain the research needed to make progress in addressing chronic disease and ADRD that disproportionately affect older people.

Strong support such as yours will help ensure that every older American is able to receive high-quality care. We greatly appreciate the Subcommittee for the opportunity to submit this testimony.

AMERICAN GERIATRICS SOCIETY
40 Fulton St., Suite 809, New York, NY 10038
Outside Witness Testimony – Fiscal Year 2025 Appropriations
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
Committee on Appropriations
United States Senate

May 13, 2024

Testimony for FY 2025 Appropriations for the Department of Health and Human Services

- **Geriatrics Education and Training Programs**
- **National Institutes of Health / National Institute on Aging**

Contact: Anna Kim, Senior Manager of Public Affairs and Advocacy,
akim@americangeriatrics.org, 212-308-1414

The American Geriatrics Society (AGS) greatly appreciates the opportunity to submit this testimony. The AGS is a nationwide not-for-profit organization of 6,000+ geriatrics healthcare professionals and basic and clinical researchers dedicated to improving the health, independence, and quality of life of all older Americans. The AGS believes in a just society – one where we all are supported by and able to contribute to communities and where ageism, ableism, classism, homophobia, racism, sexism, xenophobia, and other forms of bias and discrimination no longer impact healthcare access, quality, and outcomes for older adults and their caregivers. As the Subcommittee works on its fiscal year (FY) 2025 Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill, **we ask that you consider the following funding levels for these programs in FY 2025:**

- **\$82 million to support the Geriatrics Workforce Enhancement Program (GWEP) and Geriatrics Academic Career Award (GACA) program.**
- **\$51.303 billion for the National Institutes for Health’s (NIH) foundational work and a minimum increase of \$318 million for research on Alzheimer’s disease and related dementias (ADRD) over the enacted FY 2024 level.**

Sustained and enhanced federal investment in these initiatives is essential to delivering high-quality, better coordinated, efficient, and cost-effective care to our older Americans whose numbers are projected to increase dramatically in the coming years. The number of people 65 and older is estimated to climb from 63.4 million today to more than 94.7 million by 2060, while those 85 and older is projected more than double from 7.3 million today to 19 million by 2060.¹ As our aging population grows, the prevalence of diseases disproportionately affecting older people and economic burden associated with these diseases will increase.

¹U.S. Census Bureau International Programs Center. International Database (IDB). Updated August 2023. Accessed May 1, 2024.
https://www.census.gov/data-tools/demo/idb/#/pop?COUNTRY_YEAR=2023&COUNTRY_YR_ANIM=2023&FIPS_SINGLE=US&FIPS=US&popPages=BYAGE&POP_YEARS=2024,2060&menu=popViz&ageGroup=O&CCODE=US&CCODE_SINGLE=US

To ensure that our nation is prepared to meet the unique healthcare needs of this rapidly growing population, we request that Congress provide additional investments necessary to expand and enhance the geriatrics workforce, an integral component of the primary care workforce, and foster groundbreaking medical research on aging.

PROGRAMS TO TRAIN GERIATRICS HEALTHCARE PROFESSIONALS

GWEPs and GACA Program (\$82 million)

We urge the Subcommittee to provide a FY 2025 appropriation of \$82 million for the GWEP and GACA program. Our healthcare workforce receives little, if any, training in geriatrics principles,² leaving us ill-prepared to care for older adults as health needs evolve. With the severe shortage of geriatrics healthcare providers and academics with the expertise to train these providers, the AGS believes it is urgent that we increase the number of educational and training opportunities in geriatrics and gerontology. By 2036, there will be a shortage of 1,740 geriatricians, leaving thousands without access to these services.³ There are similar shortages of health professionals specializing in geriatrics across other disciplines. Additionally, rural populations have more limited access to primary care than residents of urban areas, and are generally older, have a higher incidence of poor health, and face greater barriers to receiving care such as transportation and internet access. The requested increase in funding levels would help to expand the critically important GWEPs and GACAs commensurate with the increasing need.

The GWEP is currently the only federal program designed to increase the number of providers, in a variety of disciplines, with the skills and training to care for older adults. The GWEP awardees educate and engage the broader frontline workforce, including the caregiving workforce and family caregivers, and focus on opportunities to improve the quality of care delivered to older adults, particularly in underserved and rural areas. Due to GWEPs' partnerships with primary care and community-based organizations, they are uniquely positioned to rapidly address the needs of older adults and their caregivers. Additional funding would allow 80 GWEPs at \$950,000 per program, enabling every state to have a GWEP and more rural and underserved areas of the country to have access to geriatrics training and expertise.

The GACA program is an essential complement to the GWEP. GACAs ensure we can equip early-career clinician educators to become leaders in geriatrics education and research. It is the only federal program designed to increase the number of faculty with geriatrics expertise in a variety of disciplines. Additional funding would allow 60 GACAs at \$100,000 per award, ensuring we have a larger and more geographically diverse pipeline of geriatrics research and training expertise with the incentives and resources needed to grow the field.

Furthermore, as demonstrated during the COVID-19 public health emergency, GWEPs and GACAs are critical in providing assistance for proactive public health planning with their

² Only 3 percent of medical students take even one class in geriatric medicine and fewer than 1 percent of RNs, pharmacists, physician assistances and physical therapists are certified in geriatrics or gerontology. Yet estimates are that by 2030, 3.5 million additional health care professionals and direct-care workers will be needed to care for older adults. 2018 Issue Brief, Eldercare Workforce Alliance. https://eldercareworkforce.org/wp-content/uploads/2018/03/GWEP_OnePager_v2.pdf

³ U.S. Department of Health and Human Services, Health Resources and Services Administration. Health Workforce Projections. Updated May 2024. Accessed May 1, 2024. <https://data.hrsa.gov/topics/health-workforce/workforce-projections>

geriatrics expertise and knowledge of long-term care and can help ensure states and local governments have improved plans for older adults in disaster preparedness for future pandemics and natural disasters. As the U.S. population rapidly ages, access to a well-trained workforce and appropriate care for medically complex older adults is imperative to maintaining the health and quality of life for this growing segment of the nation’s population. Additionally, given the increasing diversity among older people and rapid growth of the older population,⁴ the need for a diverse workforce as well as training in geriatrics and gerontology will continue to increase. Our infrastructure of care needs substantial investments so that access to long-term services and supports is expanded while the healthcare workforce is adequately supported and prepared to care for us all as we age.

RESEARCH FUNDING INITIATIVES

NIH / NIA (\$51.303 billion for base spending and a minimum increase of \$318 million for ADRD research)

The NIH institutes, specifically the National Institute on Aging (NIA), lead the national scientific effort to understand the nature of aging and extend the healthy, active years of life. As a member of the Friends of the NIA (FoNIA)—a broad-based coalition of aging, disease, research, and patient groups committed to advancing medical research that affects millions of older Americans—the AGS urges you to include at least \$51.303 billion for base funding and a minimum increase of \$318 million for research on ADRD over the enacted FY 2024 level.

Healthcare costs associated with age-related diseases are significant and rising. By 2060, for example, the number of people age 65 and older affected by Alzheimer’s disease is estimated to reach 13.85 million cases⁵—nearly double the estimated 6.9 million in 2024—and is projected to cost \$1 trillion in 2050 which does not include the current \$346.6 billion in unpaid caregiving by family and friends.⁶ Further, chronic diseases related to aging, such as diabetes, heart disease, and cancer continue to afflict 80 percent of people age 65 and older.⁷ Nearly 45 percent of Medicare beneficiaries have four or more chronic conditions⁸ and account for more than 75 percent of Medicare expenditures.⁹ Continued and increased federal investments in scientific research will ensure that the NIH and NIA have the resources to conduct groundbreaking research, foster the development of research and clinical scientists, provide research resources, and communicate information about aging and advances in research on aging.

Additionally, the AGS urges you to ensure that any funding for the Advanced Research Projects Agency for Health (ARPA-H) does not come at the cost of the existing NIH institutes and centers. We believe that a meaningful increase in NIH-wide funding, in combination with

⁴ Administration for Community Living. 2021 Profile of Older Americans. Published November 2022. Accessed May 1, 2024. https://acl.gov/sites/default/files/Profile%20of%20OA/2021%20Profile%20of%20OA/2021ProfileOlderAmericans_508.pdf

⁵ Rajan KB, Weuve J, Barnes LL, McAninch EA, Wilson RS, Evans DA. Population estimate of people with clinical AD and mild cognitive impairment in the United States (2020-2060). *Alzheimers Dement.* 2021;17(12):1966-1975. doi:10.1002/alz.12362

⁶ Alzheimer’s Association. 2024 Alzheimer’s disease facts and figures. *Alzheimers Dement.* 2024;20(5):1-98. doi:10.1002/alz.13809

⁷ National Prevention Council. Healthy Aging in Action: Advancing the National Prevention Strategy. Published November 2016. Accessed May 1, 2024. <https://www.cdc.gov/aging/pdf/healthy-aging-in-action508.pdf>.

⁸ Centers for Medicare and Medicaid Services. Medicare Current Beneficiary Survey 2018 Chartbook. Published December 8, 2020. Accessed May 1, 2024. <https://www.cms.gov/files/zip/2018-medicare-current-beneficiary-survey-annual-chartbook-and-slides.zip>

⁹ Aspen Health Strategy Group. Reducing the Burden of Chronic Disease: A Report of the Aspen Health Strategy Group. Published 2019. Accessed May 1, 2024. <https://www.aspeninstitute.org/wp-content/uploads/2019/02/AHSG-Chronic-Disease-Report-2019.pdf>

aging and increase in prevalence of diseases, will be vital to sustain the research needed to make progress in addressing chronic disease and ADRD that disproportionately affect older people.

Strong support such as yours will help ensure that every older American is able to receive high-quality care. We greatly appreciate the Subcommittee for the opportunity to submit this testimony.