

AMERICAN GERIATRICS SOCIETY
Outside Witness Testimony – Fiscal Year 2018 Appropriations
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
Committee on Appropriations
United States Senate

April 27, 2017

Outside Witness Testimony for FY 2018 Appropriations for the Department of Health and Human Services

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

Submitted on behalf of the American Geriatrics Society
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Dear Chairman Blunt, Ranking Member Murray, and members of the Subcommittee,

The American Geriatrics Society (AGS) greatly appreciates the opportunity to submit this testimony. The AGS is a non-profit organization of nearly 6,000 geriatrics healthcare professionals dedicated to improving the health, independence, and quality of life of all older Americans. As the Subcommittee works on its fiscal year (FY) 2018 Labor-HHS Appropriations Bill, we ask that you prioritize funding for the geriatrics education and training programs under Title VII and Title VIII of the Public Health Service (PHS) Act, and for aging research within the National Institutes of Health (NIH)/National Institute on Aging (NIA).

We are deeply disappointed with proposed cuts to geriatrics training and healthcare research outlined by President Trump in his “skinny budget” for FY 2018, and are concerned about what these cuts will mean for the care and health of older adults. Specifically, the proposal calls for the health professions programs within HRSA to receive a \$403 million cut which would likely zero out funding for the Geriatrics Workforce Enhancement Program (GWEP). The proposal would also reduce essential funding for the NIH by nearly \$6 billion.

We urge you to reject this outline, and ask that the Subcommittee consider the following funding levels for these programs in FY 2018:

- **\$51 million for the Geriatrics Workforce Enhancement Program (PHS Act Title VII, Sections 750 and 753(a) and PHS Act Title VIII, Section 865)**
- **An increase of \$500 million over the anticipated FY 2017 funding level for aging research across the NIH, in addition to the funding allocated for Alzheimer's disease and related dementias**

Sustained and enhanced federal investments in these initiatives are essential to delivering high quality, better coordinated, and more cost effective care to our nation’s seniors, whose

numbers are projected to increase dramatically in the coming years. According to the U.S. Census Bureau, the number of people age 65 and older will more than double between 2010 and 2050 to 88.5 million or 20 percent of the population; and those 85 and older will increase threefold to 19 million. 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, which is an integral component of the primary care workforce, and to foster groundbreaking medical research.

PROGRAMS TO TRAIN GERIATRICS HEALTHCARE PROFESSIONALS

Geriatrics Workforce Enhancement Program (\$51 million)

Our nation is facing a critical shortage of geriatrics faculty and healthcare professionals across disciplines. This trend must be reversed if we are to provide our seniors with the quality care they need and deserve. Care provided by geriatrics healthcare professionals, who are trained to care for the most complex and frail individuals who account for 80 percent of our Medicare expenditures, has been shown to reduce common and costly conditions—such as falls, polypharmacy, and delirium—that are often preventable with appropriate care.

The Geriatrics Workforce Enhancement Program (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. GWEP seeks to improve high-quality, interprofessional geriatrics education and training to the health professions workforce, including geriatrics specialists, as well as increase geriatrics competencies of primary care providers and other health professionals to improve care in medically underserved areas. It supports the development of a healthcare workforce that improves health outcomes for older adults by integrating geriatrics with primary care, maximizing patient and family engagement and transforming the healthcare system.

In July 2015, HRSA announced 44 three-year grant funded programs located in 29 states that consolidated the Title VIII Comprehensive Geriatric Education Program and the Title VII Geriatric Academic Career Award, Geriatric Education Centers, and Geriatric Training for Physicians, Dentists and Behavioral and Mental Health Providers programs into the GWEP.

This consolidation—a change made by HRSA in December 2014—provides greater flexibility to grant awardees by allowing applicants to develop programs that are responsive to the specific interprofessional geriatrics and training needs of their communities. While the AGS is encouraged by elements of this new approach, we are concerned that there is no longer a sufficient focus on the training and education of health professionals who wish to pursue academic careers in geriatrics or gerontology. The Geriatric Academic Career Award (GACA) program is the only federal program that is intended to increase the number of faculty with geriatrics expertise in a variety of disciplines. In the past, the number of GACA awardees has ranged from 52 to 88 in a given grant cycle; in the most recent round of GWEP grants, it appears that only a small number of the grantees will be dedicating resources to train faculty in geriatrics and gerontology.

At a time when our nation is facing a severe shortage of both geriatrics healthcare providers and academics with the expertise to train these providers, the AGS believes the number of educational and training opportunities in geriatrics and gerontology should be expanded, not reduced.

To address this issue, we ask the subcommittee to provide a FY 2018 appropriation of \$51 million for the Geriatrics Workforce Enhancement Program. Specifically, increased funding could launch eight new GWEP centers, targeted to underserved and rural communities, and provides \$100,000 to each of the 44 existing and eight new GWEP centers to reestablish the GACA program.

RESEARCH FUNDING INITIATIVES

National Institutes of Health (additional \$500 million over FY 2017)

The institutes that make up the NIH and specifically the NIA lead the national scientific effort to understand the nature of aging and to extend the healthy, active years of life. As a member of the Friends of the NIA, a broad-based coalition of aging, disease, research, and patient groups committed to the advancement of medical research that affects millions of older Americans—the AGS urges a minimum increase of \$500 million over the anticipated FY 2017 funding level in the FY 2018 budget for biomedical, behavioral, and social sciences aging research efforts across the NIH. The AGS also supports an additional \$400 million for NIH-funded Alzheimer's disease and related dementias research over the anticipated FY 2017 funding level.

The federal government spends a significant and increasing amount of funds on healthcare costs associated with age-related diseases. By 2050, for example, the number of people age 65 and older with Alzheimer's disease and related dementias is estimated to reach 13.8 million—nearly triple the number in 2016—and is projected to cost more than \$1 trillion. Further, chronic diseases related to aging, such as diabetes, heart disease, and cancer continue to afflict 80 percent of people age 65 and older and account for more than 75 percent of Medicare and other federal health expenditures. Continued and increased federal investments in scientific research will ensure that the NIH and NIA have the resources to conduct groundbreaking research related to the aging process, foster the development of research and clinical scientists in aging, provide research resources, and communicate information about aging and advances in research on aging.

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