

**STATEMENT FROM THE  
AMERICAN GERIATRICS SOCIETY**



**FOR THE SUBCOMMITTEE ON LABOR, HEALTH AND HUMAN SERVICES,  
EDUCATION AND RELATED AGENCIES**

**HOUSE APPROPRIATIONS COMMITTEE  
UNITED STATES HOUSE OF REPRESENTATIVES**

**ON TITLE VII GERIATRICS HEALTH PROFESSIONS PROGRAMS,  
TITLE VIII COMPREHENSIVE GERIATRIC EDUCATION NURSING PROGRAM & THE  
NATIONAL INSTITUTE ON AGING**

**APRIL 15, 2011**

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Mr. Chairman and Members of the Subcommittee:

We are writing on behalf of the American Geriatrics Society (AGS), a non-profit organization of over 6,000 geriatrics healthcare professionals dedicated to improving the health, independence and quality of life of all older Americans. As the Subcommittee begins to work on its fiscal year (FY) 2012 Labor-HHS-Education 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 Act and for research funding within the National Institute on Aging.**

Continued Federal investments are needed to support the training of the health care workforce and to foster groundbreaking medical research so that our nation is prepared to meet the unique health care needs of the rapidly growing population of seniors. While we fully recognize the fiscal challenges facing our nation, we also recognize that sustained and enhanced federal investments in these initiatives are essential to delivering higher quality and better coordinated care to our nation's seniors.

**We ask that the subcommittee consider the following recommended funding levels for these programs in FY 2012:**

- **\$46.5 million for Title VII Geriatrics Health Professions Programs**
- **\$5 million for Title VIII Comprehensive Geriatric Education Nursing Program**
- **\$1.4 billion for the National Institute on Aging**

Summarized and broken down below are the American Geriatrics Society's funding priorities in these areas for FY 2012.

#### **PROGRAMS TO TRAIN GERIATRICS HEALTH CARE PROFESSIONALS**

This year, the first wave of baby boomers turn 65, signaling the start of a significant demographic shift in America's population. According to the Institute of Medicine's (IOM) ground-breaking 2008 report, *Retooling for an Aging America: Building the Healthcare Workforce*, America's health care workforce is woefully ill-prepared to care for the growing and unprecedented number of seniors, especially those with multiple chronic and complex medical conditions.

Our nation is facing a critical shortage of geriatrics faculty and health care professionals across disciplines. At the same time, the Title VII and VIII geriatrics programs under the Public Health Service Act have remained essentially level-funded since FY 2007 and in each subsequent year the geriatrics programs have received an even smaller percentage of funding provided to Title VII and VIII programs.

This trend must be reversed if we are to provide our seniors with the quality care they need and deserve. AGS believes it is critical that Congress increase the percentage of Title VII and VIII funding that is devoted to supporting increasing the capacity of America's health care workforce to care for older adults. Care provided by geriatric health care professionals, who understand the most complex cases and the most frail elderly, has shown to reduce those common and costly conditions that are often preventable with appropriate care, such as falls, polypharmacy, and delirium.

#### **Title VII Geriatrics Health Professions Programs (\$46.5 million)**

Funding for Title VII Geriatrics Health Professions Programs is a proven investment in ensuring that older adults receive high quality health care now and in the future. These programs support three initiatives: the Geriatric Academic Career Awards (GACAs), the Geriatric Education Center (GEC) program, and

geriatric faculty fellowships, the only programs specifically designed to address the evident shortage of geriatrics health care professionals in the U.S. Strong and sustained investments are important to reversing the chronic under-funding of these essential programs at a time when our nation is facing a critical shortage of geriatrics health care professionals across disciplines. **We ask the subcommittee to provide a FY 2012 appropriation of \$46.5 million for Title VII Geriatrics Health Professions Programs.**

Our funding request of \$46.5 million breaks down as follows:

▪ **Geriatric Academic Career Awards (GACAs) (\$5.3 million)**

GACAs support the development of newly trained geriatric physicians in academic medicine who are committed to teaching geriatrics in medical schools across the country. GACA recipients are required to provide training in clinical geriatrics, including the training of interdisciplinary teams of health care professionals. Under ACA, GACAs have been expanded to a variety of new disciplines beyond physicians, including those in nursing, social work, psychology, dentistry, and pharmacy. AGS has long advocated for this change. We must now ensure that there is adequate funding to meet the increased demand given the greater number of disciplines eligible for the award. A budget of \$5.3 million would support 68 awardees at \$78,000 per award.

*Program Accomplishments:* In Academic Year 2009-2010, there were 84 non-competing continuation awards. GACA awardees provided interdisciplinary training in geriatrics training to about 60,000 health professionals. These awardees provided culturally competent quality health care to over 525,000 underserved and uninsured patients in acute care services, geriatric ambulatory care, long-term care, and geriatric consultation services settings.

▪ **Geriatric Education Centers (GECs) (\$22.7 million)**

GECs provide grants to support collaborative arrangements involving several health professions, schools and health care facilities to provide multidisciplinary training in geriatrics, including assessment, chronic disease syndromes, care planning, emergency preparedness, and cultural competence unique to older Americans. Under ACA, Congress authorized \$10.8 million over three years for a supplemental grant award program that will train additional faculty through an intensive short-term fellowship program and also requires faculty to provide training to family caregivers and direct-care workers. Our funding request of \$22.7 million includes continued support for the core work of 45 GECs and for up to 24 GECs to be funded to undertake the work through the supplemental grant program.

*Program Accomplishments:* In Academic Year 2009-2010, the GEC grantees provided clinical training to 54,167 health professional students and to 20,791 interdisciplinary teams in multiple settings.

▪ **Geriatric Training Program for Physicians, Dentists, and Behavioral and Mental Health Professions (\$8.5 million)**

This program is designed to train physicians, dentists, and behavioral and mental health professionals who choose to teach geriatric medicine, dentistry or psychiatry. The program provides fellows with exposure to older adult patients in various levels of wellness and functioning, and from a range of socioeconomic and racial/ethnic backgrounds. Our funding request of \$8.5 million will allow 13 institutions to continue this important faculty development program.

*Program Accomplishments:* In Academic Year 2009-2010, 11 non-competing continuation grants were supported. Forty-nine physicians, dentists, and psychiatric fellows provided geriatric care to

20,078 older adults across the care continuum. Geriatric physician fellows provided health care to 12,254 older adults. Geriatric dental fellows provided health care to 4,073 older adults. Geriatric psychiatry fellows provided health care to 3,751 older adults.

▪ **Geriatric Career Incentive Awards Program (\$10 million)**

This is a new grant award program created under ACA to foster greater interest among a variety of health professionals in entering the field of geriatrics, long-term care, and chronic care management. AGS supports the President's FY 2012 request of \$10 million to implement this new program.

**Title VIII Comprehensive Geriatric Education Nursing Program (\$5 million)**

The American health care delivery system for older adults will be further strengthened by federal investments in Title VIII Nursing Workforce Development Programs, specifically the comprehensive geriatric education grants, as nurses provide cost-effective, quality care. Increasing funding for the nursing comprehensive geriatric education program would be highly cost-effective. This program supports additional training for nurses who care for the elderly, development and dissemination of curricula relating to geriatric care, and training of faculty in geriatrics. It also provides continuing education for nurses practicing in geriatrics.

Under the new health reform law, this program is being expanded to include advanced practice nurses who are pursuing long-term care, geropsychiatric nursing or other nursing areas that specialize in the care of older adults. Our funding request of \$5 million includes funds to continue the training of nurses caring for older Americans and offers 200 traineeships to nurses under this newly expanded program.

*Program Accomplishments:* In Academic Year 2009-2010, 27 CGEP grantees provided education and training to 3,030 Registered Nurses/Registered Nursing Students; 260 Advanced Practice Nurses; 221 Faculty; 110 Home Health Aides; 483 Licensed Practical/Vocational Nurses & LPN students; 730 Nurse Assistants/Patient Care Associates; 810 Allied Health Professionals and 929 lay persons, guardians, activity directors. The CGEP grantees provided 459 educational course offerings in the care of the elderly on a variety of topics to 6,846 participants.

**RESEARCH FUNDING INITIATIVES**

**National Institute on Aging (\$1.4 billion)**

The NIA leads a broad scientific effort to understand the nature of aging and to extend the healthy, active years of life. Robust medical research in aging is critical to the development of medical advances which will ultimately lead to higher quality and more efficient health care. Continued federal investments in scientific research, including comparative effectiveness initiatives, will ensure that the NIA has the resources to succeed in its mission to establish research networks, assess clinical interventions and disseminate credible research findings to patients, providers and payers of health care.

As a member of the Friends of the NIA, a broad-based coalition of more than 45 aging, disease, research, and patient groups committed to the advancement of medical research that affects millions of older Americans, **AGS asks that NIA receive \$1.4 billion in FY 2012.** Alternatively, in light of our nation's immediate budget constraints, we request that the NIA be funded at no less than \$ 1.29 billion, as requested in the President's FY 2012 budget.

According to the Congressional Research Service, in FY 2003, NIH reached the peak of its purchasing power from regular appropriations when Congress completed a five-year doubling of the NIH budget. In each year since then, NIH's buying power has declined because its annual appropriations have grown at a lower rate than the inflation rate for medical research.

Essentially flat funding of NIH since 2003 has additionally led to declining numbers of young investigators choosing research careers, given the scarcity of funding to support their career development. We must provide the resources and tools to support the next generation of investigators and expand the pool of clinical researchers focused on advancing aging research.

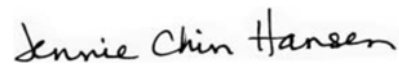
The ongoing Federal commitment to investments in science, research, and technology lead to cutting-edge breakthroughs in medicine and improved patient care. AGS urges Congress to maintain this commitment in FY 2012 and beyond, so that we may continue to advance medicine to improve the quality of care of our nation's older adults and the long-term goals of health reform can be fully achieved.

In closing, geriatrics is at a critical juncture, with our nation facing an unprecedented increase in the number of older patients with complex health needs. Strong support such as yours will help ensure that every older American is able to receive high-quality health care.

Thank you for your consideration.



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