

**AMERICAN GERIATRICS SOCIETY**  
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**Written Testimony for the Record – Fiscal Year (FY) 2026 Appropriations**  
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies  
Committee on Appropriations  
United States House of Representatives

April 9, 2025

**Testimony for FY 2026 Appropriations for the Department of Health and Human Services**

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

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The American Geriatrics Society (AGS) appreciates the opportunity to submit this testimony. 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 people. We believe in a society where we all are supported by and able to contribute to communities 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. The Society leads efforts to incorporate attention to older adults living with multiple chronic conditions into research<sup>1,2</sup> and clinical care<sup>3,4</sup> and is a champion for improving attention to the unique health care needs of older adults in workforce training.<sup>5,6</sup> As the Subcommittee works on its FY 2026 Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill, **we ask that you consider the following funding levels for these programs:**

- **\$58.245 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 \$4.75 billion for the National Institute on Aging (NIA) specifically**

Sustained and enhanced federal investment in these initiatives is essential to delivering high-quality, better coordinated, efficient, and cost-effective care for all of us as we age. The number of people 65 and older is estimated to climb from 63.3 million today to more than 88.8 million

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<sup>1</sup> Advancing Geriatrics Research: AGS/NIA Conference Series. American Geriatrics Society. Accessed April 2, 2025.

<https://www.americangeriatrics.org/programs/advancing-geriatrics-research-agsnia-conference-series>

<sup>2</sup> The AGS/AGING Learning Collaborative. AGS CoCare. Accessed April 2, 2025.

<https://mccresearch.agscocare.org/what-is-the-ags-aging-learning-collaborative>

<sup>3</sup> American Geriatrics Society Expert Panel on the Care of Older Adults with Multimorbidity. Guiding principles for the care of older adults with multimorbidity: an approach for clinicians. *J Am Geriatr Soc.* 2012;60(10):e1-e25. doi:10.1111/j.1532-5415.2012.04188.x

<sup>4</sup> McNabney MK, Green AR, Burke M, et al. Complexities of care: common components of models of care in geriatrics. *J Am Geriatr Soc.* 2022;70(7):1960–72. doi:10.1111/jgs.17811

<sup>5</sup> American Geriatrics Society. Letters to House and Senate Appropriations Leadership on FY 2025 Funding for Geriatrics Workforce Training Programs. June 5, 2024. Accessed April 2, 2025.

<https://www.americangeriatrics.org/sites/default/files/Letters%20to%20House%20and%20Senate%20Appropriations%20Leadership%20on%20FY%202025%20Funding%20for%20Geriatrics%20Workforce%20Training%20Programs.pdf>

<sup>6</sup> AGS Advancing Health Care in Surgical and Related Medical Specialties. Special Collection. *J Am Geriatr Soc.* Accessed April 2, 2025.

<https://agsjournals.onlinelibrary.wiley.com/hub/journal/15325415/agsadvancinggeriatrics>

by 2060, while those 85 and older is projected to more than double from 7.05 million today to 17.5 million by 2060.<sup>7</sup> As the number of Americans over the age of 65 grows, the prevalence of diseases disproportionately affecting older people and economic burden associated with these diseases will increase. To ensure that our nation is prepared to meet the unique healthcare needs of all Americans as we age, we request that Congress provide the 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.

An important framework for how geriatrics health professionals care for older adults is the 5Ms of geriatrics health care (see table below).<sup>8</sup> Our members are on the frontlines of caring for older Americans, many of whom are living with multiple chronic conditions, advanced illness, and/or with complicated biopsychosocial issues. The Geriatrics 5Ms informed the development of the 4Ms of age-friendly care (What Matters, Medications, Mentation, and Mobility) of the Age-Friendly Health Systems movement which seeks to reimagine the 21<sup>st</sup> century health system so as to provide care that is age-friendly, respects the goals and preferences of the older adult, and meaningfully and substantially includes the family caregiver in the plan of care.<sup>9</sup>

The Geriatrics 5Ms <sup>8</sup>	Geriatrics health professionals focus on these 4Ms...	
MULTICOMPLEXITY ...describes the whole person, typically an older adult, living with multiple chronic conditions, advanced illness, and/or with complicated biopsychosocial needs	MIND	<ul style="list-style-type: none"> <li>• Mentation</li> <li>• Dementia</li> <li>• Delirium</li> <li>• Depression</li> </ul>
	MOBILITY	<ul style="list-style-type: none"> <li>• Amount of mobility; function</li> <li>• Impaired gait and balance</li> <li>• Fall injury prevention</li> </ul>
	MEDICATIONS	<ul style="list-style-type: none"> <li>• Polypharmacy, deprescribing</li> <li>• Optimal prescribing</li> <li>• Adverse medication effects and medication burden</li> </ul>
	WHAT MATTERS MOST	<ul style="list-style-type: none"> <li>• Each individual’s own meaningful health outcome goals and care preferences</li> </ul>

## PROGRAMS TO TRAIN GERIATRICS HEALTHCARE PROFESSIONALS

### **GWEPs and GACA Program (\$58.245 million)**

We urge the Subcommittee to provide an FY 2026 appropriation of \$58.245 million for the GWEP and GACA program. Our healthcare workforce receives little, if any, training in geriatrics principles,<sup>10</sup> leaving us ill-prepared to care for older adults as their health needs evolve. Given the shortage of geriatrics healthcare providers and academics with the expertise to train

<sup>7</sup> U.S. Census Bureau International Programs Center. International Database (IDB). Accessed March 31, 2025. [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=2060.2025&menu=popViz&ageGroup=O&CCODE=US&CCODE\\_SINGLE=US](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=2060.2025&menu=popViz&ageGroup=O&CCODE=US&CCODE_SINGLE=US)

<sup>8</sup> Tinetti M, Huang A, Molnar F. The Geriatrics 5M's: A new way of communicating what we do. *J Am Geriatr Soc.* 2017;65(9):2115. doi:[10.1111/jgs.14979](https://doi.org/10.1111/jgs.14979)

<sup>9</sup> Mate KS, Berman A, Laderman M, Kabcenell A, Fulmer T. Creating age-friendly health systems - a vision for better care of older adults. *Healthc.* 2018;6(1):4-6. doi:[10.1016/j.hjdsi.2017.05.005](https://doi.org/10.1016/j.hjdsi.2017.05.005)

<sup>10</sup> 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](https://eldercareworkforce.org/wp-content/uploads/2018/03/GWEP_OnePager_v2.pdf)

these providers as well as the increasing diversity and growth of the older population,<sup>11</sup> AGS believes it is urgent that we increase the number of educational and training opportunities in geriatrics and gerontology. By 2037, there will be a shortage of 2,110 geriatricians, leaving thousands without access to these services,<sup>12</sup> and similar shortages of health professionals specializing in geriatrics across other disciplines. The requested increase in funding levels would allow funding more GWEPs and GACAs to meet this increasing need.

GWEPs are currently the only federal program focused on increasing the number of clinicians, across disciplines, with the skills and training to care for older adults. The GWEPs educate and engage the broader frontline workforce, including paid and family caregivers, and focus on opportunities to improve the quality of care delivered to older adults, particularly in underserved and rural areas. GWEPs are also uniquely positioned to rapidly address the needs of older adults given their partnerships with primary care and community-based organizations. Additional funding would enable 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, an essential complement to the GWEP, ensures we can equip early-career clinician educators to become leaders in geriatrics education and research. As the only federal program designed to increase the number of faculty with geriatrics expertise in a variety of disciplines, additional funding would allow a larger, more geographically diverse pipeline of geriatrics research and training expertise and create the workforce needed to train others and provide hands on care to older people.

Furthermore, GWEPs and GACAs are critical for proactive public health planning with their 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 equipped with cutting edge care techniques and appropriate care for medically complex older adults is imperative to maintaining health and quality of life for all of us as we age.

## **RESEARCH FUNDING INITIATIVES**

### **NIH / NIA (\$51.303 billion for base spending at NIH and \$4.75 billion for NIA specifically)**

The NIH institutes, specifically the NIA, lead the national scientific effort to understand the nature of aging throughout our life course and extend the healthy, active years of life. AGS urges you to protect your previous investments in NIH and NIA and include at least \$51.303 billion for base funding at the NIH and \$4.75 billion for NIA specifically.

With its whole person approach, NIA, which celebrated its 50<sup>th</sup> anniversary last year,<sup>13</sup> has been at the forefront of the progress made in improving our collective healthspan and informing our understanding of the complex interplay of a multitude of factors across our lifespan that together

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<sup>11</sup> Administration for Community Living. 2023 Profile of Older Americans. Published May 2024. Accessed March 30, 2025. [https://acl.gov/sites/default/files/Profile%20of%20OA/2021%20Profile%20of%20OA/2021ProfileOlderAmericans\\_508.pdf](https://acl.gov/sites/default/files/Profile%20of%20OA/2021%20Profile%20of%20OA/2021ProfileOlderAmericans_508.pdf) (page 5).

<sup>12</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration. Health Workforce Projections. Updated March 2025. Accessed March 31, 2025. <https://data.hrsa.gov/topics/health-workforce/workforce-projections>

<sup>13</sup> Kuchel GA, Smith AK, eds. Celebrating the 50<sup>th</sup> anniversary of the National Institute on Aging. *J Am Geriatr Soc.* 2024;72(5, special collection):1313-1642.

drive aging and age-related diseases. Through its intramural and extramural research programs which provide the foundation for our understanding of aging, the Institute has contributed significantly to the healthspan and longevity of Americans. Despite the progress that has been made, age-related chronic diseases, such as diabetes, heart disease, and cancer continue to afflict 80 percent of people who are 65 and older<sup>14</sup> and healthcare costs associated with these diseases are significant and rising. For example, the annual cost for health care and long-term care for Alzheimer's disease and related dementias (ADRD) is projected to be \$1 trillion in 2050, which does not include the current \$346.6 billion in unpaid caregiving.<sup>15</sup> Further, nearly 45 percent of Medicare beneficiaries have four or more chronic conditions<sup>16</sup> and account for more than 75 percent of Medicare expenditures.<sup>17</sup> NIA-funded research has established a robust evidence base addressing root causes, interventions, and including longitudinal studies of how we age. In turn, this new knowledge is helping to reduce declines in function and susceptibility to disease or frailty and delaying the onset of costly age-related diseases. We believe that continued increases in NIH-wide and NIA funding are vital to sustaining the research needed to make progress in addressing chronic diseases and ADRD that disproportionately affect older people. We believe that, ultimately, such investments will lead to decreases in healthcare spending.

Our understanding of aging and chronic diseases is made possible because of the commitment and leadership of this Subcommittee and Congress to ensuring that NIH and NIA have the available resources to invest in novel research. Continued and increased federal investments in scientific research will ensure that both NIH and NIA are able to conduct groundbreaking research that allows the U.S. to remain a global leader in innovation and scientific discovery, foster the development of research and clinical scientists, provide research resources, and communicate information about aging and advances in research on aging.

Additionally, we urge Congress to exercise its oversight authority on the changes being made across the Department of Health and Human Services (HHS) to the workforce, grants, and budget without adequate input from Congress or the American public and the impact of these actions on NIH and NIA's efficacy. These changes put at risk decades of bipartisan progress in understanding aging, preventing chronic disease, and extending the healthspan of millions of Americans, and undermines the U.S. leadership in science and the future of biomedical research.

Strong support such as yours will help ensure that all of us as we age are able to receive high-quality care. We greatly appreciate the Subcommittee for the opportunity to submit this testimony.

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<sup>14</sup> National Prevention Council. Healthy Aging in Action: Advancing the National Prevention Strategy. Published November 2016. Accessed March 30, 2025. <https://www.hhs.gov/sites/default/files/healthy-aging-in-action-final.pdf>

<sup>15</sup> Alzheimer's Association. 2024 Alzheimer's disease facts and figures. *Alzheimers Dement.* 2024;20(5):1-98. doi:[10.1002/alz.13809](https://doi.org/10.1002/alz.13809)

<sup>16</sup> Centers for Medicare and Medicaid Services. Medicare Current Beneficiary Survey 2018 Chartbook. Published December 8, 2020. Accessed March 30, 2025. <https://www.cms.gov/files/zip/2018-medicare-current-beneficiary-survey-annual-chartbook-and-slides.zip>

<sup>17</sup> Aspen Health Strategy Group. Reducing the Burden of Chronic Disease: A Report of the Aspen Health Strategy Group. Published 2019. Accessed March 30, 2025. <https://www.aspeninstitute.org/wp-content/uploads/2019/02/AHSG-Chronic-Disease-Report-2019.pdf>