

**AMERICAN GERIATRICS SOCIETY**  
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**Outside Witness Testimony– Fiscal Year (FY) 2027 Appropriations**  
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies  
United States Senate Committee on Appropriations

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**Department of Health and Human Services, Geriatrics Education and Training Programs**

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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 dedicated to improving the health, independence, and quality of life of all older people. AGS is an anti-discriminatory organization. We believe in a society where we all are supported by and able to contribute to our communities and the important role that the healthcare workforce has in improving the health outcomes and quality of life for older Americans. 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> We believe that understanding disease across the lifespan<sup>7</sup> is important to extending healthspan—the time someone lives in generally good health—for all of us as we age. As the Subcommittee works on its FY 2027 Labor, Health and Human Services, Education, and Related Agencies appropriations bill, **we respectfully request \$58.245 million for the geriatrics education and training programs – the Geriatrics Workforce Enhancement Program (GWEP) and the Geriatrics Academic Career Award (GACA) Program.**

Our members are on the frontlines of caring for older Americans, many of whom are living with multiple chronic conditions, serious illness, and/or with complicated biopsychosocial issues. The Geriatrics 5Ms informed the development of the 4Ms of age-friendly care (What Matters,

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<sup>1</sup> Advancing Geriatrics Research: AGS/NIA Conference Series. American Geriatrics Society. Accessed April 9, 2026.

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

<sup>2</sup> The AGS/AGING Learning Collaborative. AGS CoCare. Accessed April 9, 2026.

<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](https://doi.org/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):1960–1972. doi:[10.1111/jgs.17811](https://doi.org/10.1111/jgs.17811)

<sup>5</sup> American Geriatrics Society. Letters to House and Senate Appropriations Leadership on FY 2026 Funding for Geriatrics Workforce Training Programs. July 14, 2025. Accessed April 9, 2026.

<https://www.americangeriatrics.org/sites/default/files/Letters%20to%20House%20and%20Senate%20Appropriations%20Leadership%20on%20FY%202026%20Funding%20for%20Geriatrics%20Workforce%20Training%20Programs%20%287%2014%2025%29.pdf>

<sup>6</sup> AGS Advancing Geriatrics in Surgical & Medical Specialties. Special Collection. *J Am Geriatr Soc.* Accessed April 9, 2026.

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

<sup>7</sup> Inclusion Across the Lifespan in Human Subjects Research. National Institutes of Health. Updated February 27, 2025. Accessed April 9, 2026. <https://grants.nih.gov/policy-and-compliance/policy-topics/inclusion/lifespan>

Medications, Mentation, and Mobility)<sup>8</sup> 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>

### **Requested Appropriation: \$58.245 million**

As Americans live longer, our healthspans can vary significantly as we live into our 70s, 80s, and beyond. More than 60% of individuals with Medicare have four or more chronic conditions and account for almost 83% of Medicare expenditures.<sup>10</sup> Access to a well-trained workforce equipped with cutting-edge care techniques and expertise in care for medically complex older adults is essential to maintaining health, quality of life, and independence for all of us as we age. Geriatrics health professionals—geriatric nurses, physician associates, pharmacists, social workers, and other specialists (e.g., occupational therapists, physical therapists, mental health professionals)—are experts in preventing, delaying, and managing the chronic diseases that impact Americans 65 and older and supporting medically complex older adults through interdisciplinary, person-centered, and efficient care.

### **Geriatrics Education and Training Programs**

The **GWEP** and **GACA** Program are the *only* federal programs designed to address the geriatrics workforce gap<sup>11,12</sup> through geriatrics training at the community-level and increase the number of faculty with geriatrics expertise across disciplines. Administered by the Health Resources and Services Administration (HRSA), the **GWEP** and **GACA** programs are building the geriatrics expertise we need in the primary care, paid caregiver, and family caregiver workforce.<sup>13</sup> As the Subcommittee works on its FY 2027 Labor, Health and Human Services, Education, and Related Agencies appropriations bill, we ask that you consider a funding level of **\$58.245 million** to support these essential workforce training programs.

- **GWEPs** are community-based programs that train health professionals in geriatrics care. These programs focus on:
  - Educating and engaging primary care physicians, nurses, social workers, and other specialists to provide age-friendly and dementia-friendly care;
  - Engaging patients and their families and caregivers;
  - Providing continuing clinical education;

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<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> Thorpe KE, Joski PJ. The association of obesity and chronic conditions treated as it relates to the growth in health care spending by source of insurance, 2011-2022. December 2025. Accessed April 13, 2026. [https://12860544-bc49-4b5c-9d49-f592cc453792.usrfiles.com/ugd/128605\\_9bcc840c6346404cbc676008cb909e62.pdf](https://12860544-bc49-4b5c-9d49-f592cc453792.usrfiles.com/ugd/128605_9bcc840c6346404cbc676008cb909e62.pdf)

<sup>11</sup> Foley KT, Luz CC. Retooling the health care workforce for an aging America: a current perspective. *Gerontol.* 2021;61(4):487-496. doi:[10.1093/geront/gnaa163](https://doi.org/10.1093/geront/gnaa163)

<sup>12</sup> Farrell TW, Korniyenko A, Hu G, Fulmer T. Geriatric medicine is advancing, not declining: a proposal for new metrics to assess the health of the profession. *J Am Geriatr Soc.* 2025;73(1):323-328. doi:[10.1111/jgs.19143](https://doi.org/10.1111/jgs.19143)

<sup>13</sup> GWEP Coordinating Center. American Geriatrics Society. Accessed April 9, 2026. <https://www.americangeriatrics.org/programs/gwep-coordinating-center>

- Collaborating with primary care and community partners to address gaps in health care for older adults; and
  - Training in underserved and rural areas.
- **GACAs**, an essential complement to the GWEP, are career development awards that support junior faculty pursuing careers as clinician educators in a variety of clinical disciplines. GACAs create the pipeline needed to train the current and future workforce of geriatrics health professionals we need. Many GACA awardees also become leaders of GWEPs and in geriatrics education and research.

In addition to providing hands-on training and education, GWEPs and GACAs are leaders in state and local public health planning. With their expertise in geriatrics, including cognition, polypharmacy, and mobility challenges for older adults, as well as long-term care, GWEPs and GACAs help to ensure states and local governments are equipped with effective plans for older adults in disaster preparedness and incident response, and played an important role during the COVID-19 pandemic.

### **GWEPs and GACAs – Essential Solutions to Geriatrics Workforce Shortages**

Despite the well-documented large and growing number of US adults aged 65 and older who are likely to require the care of a geriatrician,<sup>14</sup> as of 2023, there were only 6,431 practicing geriatricians in the US – making up 1.9% of the primary care physician population.<sup>15</sup> Similar shortages persist with health professionals specializing in geriatrics across other disciplines and rural populations have particularly acute lack of access to primary care physicians compared to residents of urban areas. Moreover, rural populations generally are older, have a higher incidence of poor health, and face greater socioeconomic barriers to the care they need to live independently.<sup>16</sup> The landmark 2008 report of the Institute of Medicine, “Retooling for an Aging America: Building the Health Care Workforce,” identified the persistent barriers to recruitment and retention of health care providers for older patients, including the complexity of geriatrics cases, older patient stereotypes, lack of mentors, and financial disincentives, and highlighted the importance of Geriatrics Education Centers (the predecessor of GWEPs) and GACAs as important solutions.<sup>17</sup>

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<sup>14</sup> In 2025, people 65 and older represented 19% of the US population. By 2060, they are projected to comprise 24%. The 85 and older population is projected to more than double from 7 million in 2025 to 17.5 million in 2060 (a 150% increase). US Census Bureau. National Populations by Characteristics: 2020-2025. Annual Estimates of the Resident Population by Single Year of Age and Sex for the United States: April 1, 2020 to July 1, 2025. April 9, 2026. Accessed April 13, 2026. <https://www.census.gov/data/tables/time-series/demo/popest/2020s-national-detail.html>

US Census Bureau. 2023 National Population Projections Tables: Main Series. Table 2. Projected Population by Age Group and Sex. Updated February 12, 2025. Accessed April 13, 2026. <https://www.census.gov/data/tables/2023/demo/popproj/2023-summary-tables.html>

<sup>15</sup> Health Resources and Services Administration Bureau of Health Workforce. State of the Primary Care Workforce, 2025. December 2025. Accessed April 13, 2026. <https://bhwh.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/State-of-the-Primary-Care-Workforce-2025.pdf>

<sup>16</sup> Cohen SA, Greaney ML. Aging in rural communities. *Curr Epidemiol Rep.* 2022;10(1):1-16. doi:10.1007/s40471-022-00313-9

<sup>17</sup> Institute of Medicine Committee on the Future Health Care Workforce for Older Americans. The professional health care workforce. In: *Retooling for an Aging America: Building the Health Care Workforce*. National Academies Press; 2008:123-197. Accessed April 9, 2026. <https://www.ncbi.nlm.nih.gov/books/NBK215402/>

## Justification for \$58.245 million in appropriations in FY 2027

With current funding, 42 GWEPs are at work in 37 states under 5-year grants from HRSA through June 30, 2029.<sup>18,19</sup> Funding was unavailable to address the needs of the older populations in Alaska, Colorado, Idaho, Massachusetts, Mississippi, Montana, Nebraska, New Mexico, South Carolina, South Dakota, West Virginia, Utah, Vermont, the District of Columbia, and the territories. Twenty-five GACAs are currently working under 4-year awards through June 30, 2027, at institutions in 18 states.<sup>20,21</sup> Each of these grantees is invaluable in disseminating geriatrics expertise and skills and filling workforce gaps, without which communities would be ill-prepared to care for older adults as their health needs evolve.

In its preliminary budget for FY 2027, the administration appears to request a “zeroing out” of the Geriatrics Programs despite their proven value in the country’s capacity to deliver the high-quality, better coordinated, efficient, and cost-effective care we need to address age-associated chronic diseases. Our requested funding level, which aligns with the requests being submitted to the Subcommittee by our coalition partners, the Eldercare Workforce Alliance and the National Association for Geriatric Education, would:

1. Enable *every* state to have a GWEP, thus ensuring more rural and underserved areas of the country have access to geriatrics training and expertise; and
2. Build the larger and more geographically diverse pipeline of geriatrics research and training expertise we need to provide skilled, effective, and efficient hands-on care for older adults.

## Congressional Oversight

In addition to our appropriations request, we urge the Subcommittee to exercise its oversight authority on the changes being made across the Department of Health and Human Services (HHS) to the primary and community-based workforce programs at HRSA. Congress’ input on the ongoing changes is crucial to safeguard the decades of bipartisan progress and investment Congress has made to build the geriatrics workforce we all need.

## Conclusion

We greatly appreciate the opportunity to submit this testimony to the Subcommittee. We look forward to working with you to ensure that our nation is prepared to meet the unique health needs of all Americans as we age.

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<sup>18</sup>For the current funding cycle, HRSA increased the average GWEP grant award to a range of \$990,000 to \$1 million, resulting in fewer grantees overall (42 GWEPs compared to 48 in the prior grant cycle). Five states with large older adult populations received two grant awards (California, Florida, Pennsylvania, New York, and Texas). View grant opportunity: HRSA-24-018. Grants.gov. Updated January 11, 2024. Accessed April 13, 2026. <https://www.grants.gov/search-results-detail/349137>

<sup>19</sup> Geriatrics Workforce Enhancement Programs (GWEP) and Geriatrics Academic Career Awardees interactive map. American Geriatrics Society. Accessed April 13, 2026. <https://www.americangeriatrics.org/GWEP-GACA-Map>

<sup>20</sup> American Geriatrics Society. Current Geriatrics Academic Career Awards (GACAs). Accessed April 13, 2026. [https://www.americangeriatrics.org/sites/default/files/2023%20GACA%20Awardee%20List\\_FINAL\\_0.pdf](https://www.americangeriatrics.org/sites/default/files/2023%20GACA%20Awardee%20List_FINAL_0.pdf)

<sup>21</sup> 2024 GACA grant level: \$90,761. View grant opportunity: HRSA-23-007. Grants.gov. Updated August 5, 2022. Accessed April 13, 2026. <https://www.grants.gov/search-results-detail/341226>