

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
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Department of Health and Human Services, National Institutes of Health and 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. 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 research has in improving the healthcare outcomes and quality of life for older Americans and those who care for them. The Society leads efforts to incorporate attention to older adults living with multiple chronic conditions into research^{1,2} and clinical care^{3,4} and is a champion for improving attention to the unique health care needs of older adults in workforce training.^{5,6} We believe that understanding disease across the lifespan⁷ 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 \$51.303 billion for the National Institutes for Health’s (NIH) foundational work and \$4.911 billion for the National Institute on Aging (NIA) specifically.**

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,

¹ 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>

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

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

³ 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)

⁴ 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)

⁵ 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%20Aging%20Research%20at%20NIH%20and%20NIH%20%287%2014%2025%28.pdf>

⁶ 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>

⁷ 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)⁸ of the Age-Friendly Health Systems movement which seeks to reimagine the 21st 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.⁹

AGS appreciates the Subcommittee's support of the NIH and NIA. The NIH institutes, specifically the NIA, lead the national scientific effort to understand the nature of aging throughout our life course and extend healthspan. Since NIA was established in 1974, the Institute has supported groundbreaking intramural and extramural research on the diseases and disorders of aging which has improved the health and quality of life of all Americans as we age. As the nation's demographics shift and our lifespans lengthen, we are living longer and healthier lives, and NIA has played a pivotal role in these advances. That progress has been thanks, in large part, to the foresight of Congress in establishing an Institute that would take a whole person perspective and work towards a healthier future for all of us as we age. We urge you to ensure that NIA has the resources it needs to continue its leadership in advancing aging research that recognizes the critical importance of a multidisciplinary approach across the portfolio that it stewards – a portfolio that spans research focused on basic biology to research that is identifying the most effective interventions and treatments that are foundational to slow aging and prevent or delay disease and disability. Furthermore, NIA's mission aligns well with Congress' and the administration's priority in making all Americans healthier.

The number of people 65 and older is estimated to climb from 64.6 million today¹⁰ to nearly 88.8 million by 2060,¹¹ while those 85 and older is projected to more than double from 7 million today¹⁰ to 17.5 million by 2060.¹¹ As the population of older adults grows, so too will the prevalence of chronic diseases given these conditions disproportionately affect older people. To ensure that our nation is prepared to meet the unique health care needs of all Americans as we age and reduce the economic burden associated with these diseases, we request that Congress provide the additional investments necessary at NIH and NIA to foster cutting-edge medical research on aging and chronic diseases.

The Institute's mission is not just the study of decline, loss, disability and chronic disease, which can indeed accompany aging. Most importantly, the Institute's work is also the study of the normal processes of development which are fundamental to life – about which we know all too little, including creativity, life experience, perspective, and judgment.

Despite the substantial progress NIA has made, age-related chronic diseases, such as diabetes, heart disease, and cancer continue to afflict 80% of people who are 65 and older¹² and healthcare

⁸ 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)

⁹ 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)

¹⁰ 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>

¹¹ 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>

¹² National Prevention Council. Healthy Aging in Action: Advancing the National Prevention Strategy. Published November 2016. Accessed April 10, 2026. <https://www.hhs.gov/sites/default/files/healthy-aging-in-action-final.pdf>

costs associated with these diseases are significant and rising. For example, the number of people affected by Alzheimer's dementia is estimated to double from 7.2 million as of 2025, and the annual cost for related health care and long-term care is projected to be \$1 trillion in 2050, which does not include the current \$413.5 billion in unpaid caregiving.¹³ Further, more than 60% of Medicare beneficiaries have four or more chronic conditions and account for nearly 83% of Medicare expenditures.¹⁴ As more Americans live longer, access to innovative and appropriate care techniques for medically complex older adults informed by robust evidence is imperative.

The mission of the NIA has never been brighter or more vitally important. Recent technical advances enable new aging research, including better molecular tools, data science to model the complexity and systems science inherent to aging, and real-world data opportunities to ensure access to older people that were previously difficult to study in trials. Congress' strong support will help ensure that we are able to receive high-quality, better coordinated, and more cost-effective clinical care as we age.

NIA funds research into all aspects of aging, extending far beyond Alzheimer's disease and related dementias (ADRD) to include geroscience (the study of the biological mechanisms that drive aging and disease), multiple chronic conditions, polypharmacy, delirium, resilience, chronic wounds, social and economic aspects of aging, and more. NIA-funded research has established a robust evidence base for addressing root causes, interventions, and including longitudinal studies of how we age. Moreover, NIA's groundbreaking work in mobility and falls prevention, cancer survivorship, cardiovascular health, caregiving, and the biology of aging has revolutionized what it now means to age in the United States. The Institute is continuing to work to better understand this process in order to have all of us age as healthily as possible. 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. With respect to ADRD research, NIA has been an effective steward of ADRD funding, including working to ensure that brain health is not siloed under a single portfolio but considered across the research that NIA and other NIH Institutes and Centers support. NIA's holistic approach to its portfolio is crucial to effectively address the multifaceted issues related to aging, given that more than 95% of Medicare beneficiaries who have ADRD also have other chronic conditions.¹⁵ Without integrating these other key facets of health into the research enterprise, we do a disservice to older Americans living with ADRD.

Our understanding of aging and chronic diseases is made possible because of the steadfast commitment and leadership of this Subcommittee and Congress in ensuring that NIH and NIA have the available resources to invest in novel research. Increased federal investments in scientific research will ensure that both NIH and NIA are appropriately supported to allow the United States to remain a global leader in innovation and scientific discovery, foster the development of research and clinical scientists, provide research resources, and communicate

¹³ Alzheimer's Association. 2025 Alzheimer's disease facts and figures. *Alzheimers Dement.* 2025;21(4):e70235. doi:[10.1002/alz.70235](https://doi.org/10.1002/alz.70235)

¹⁴ 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

¹⁵ Alzheimer's Association. Alzheimer's and multiple chronic conditions fact sheet. March 2022. Accessed April 10, 2026. <https://www.alz.org/getmedia/4102d0c5-51a8-4de0-8771-a044b715690e/alzheimers-and-multiple-chronic-conditions.pdf>

information about aging and advances in research on aging. As the Subcommittee continues its appropriations process for FY 2027, **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 \$4.911 billion for NIA specifically.**

Additionally, **we urge Congress to exercise its oversight authority on the substantial changes being made across the Department of Health and Human Services (HHS) and NIH to the workforce, grants, and budget without adequate input from Congress or the American public.** For example, AGS is concerned that NIH's current shift towards a forward funding model for grants may disproportionately impact early-stage investigators and undermine our ability to maintain a strong domestic pipeline of biomedical researchers. The ongoing changes significantly impact NIH and NIA's efficacy, putting at risk decades of bipartisan progress in preventing chronic disease and improving our collective healthspan.

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.