

American Geriatrics Society
ON THE GROUND IN WASHINGTON, DC: ADVOCACY IN ACTION

April 2025 Update

OPPORTUNITIES FOR AGS MEMBERS TO TAKE ACTION

Visit our Health in Aging Advocacy Center where you can [quickly and easily take action on a variety of issues impacting geriatrics healthcare professionals and the patients you care for](#). Here we have a highlighted a few:

- [Prevent implementation of indirect cost cuts of NIH grants](#)
- [Speak out about the freezing of federal grants](#)
- [Address cuts to Medicare payments for clinicians](#)

Via [Last Week in Washington](#) we have been encouraging members to engage in daily advocacy that is responsive to current policy announcements and focused on the impact of those policies on older Americans (see [Issue 8](#) and [Issue 9](#)). Currently, our messaging is organized around our priorities related to the federal government's important role in supporting research, workforce development, and clinical care of older Americans. We are simplifying these points further to focus more on the impact of federal policy on older Americans and less on the specific agencies and programs that we champion. For the week of the AGS Annual Meeting, we again will devote LWiW to encouraging member advocacy with three talking points related to research, clinical care, and education.

OUR ADVOCACY FOCUS

AGS is an anti-discriminatory organization. We believe in a just society where all people are full members of our communities and entitled to equal protection and treatment, and advocate for federal policies that will improve the health and well-being of all older adults. We look for opportunities to draw attention to discrimination— with a focus on the intersection of structural racism and ageism—across AGS statements, recommendations, and in comment letters as appropriate. We leverage our relatively modest resources by working in coalition with other organizations and leading on the issues central to our mission and support our members. We are supported by Arnold & Porter (a DC-based firm), Kristine Blackwood LLC, and Paul Rudolf LLC, for our regulatory and advocacy work. Below we highlight several key updates and efforts from November 2024 through April 2025.

KEEPING UP WITH CHANGES IN FEDERAL POLICY

In January, AGS launched its first issue of [Last Week in Washington: News of Interest to AGS Members \(LWiW\)](#). The purpose of this weekly policy update newsletter is to help our members keep up with news from the Administration, Congress, and the courts. Our goal is to provide members with a breakdown of specific policies that potentially impact our shared commitment to improving the health and well-being of all of us as we age and, when available, links to additional coverage. The *LWiW* archive of past issues can be found over on [MyAGSOnline](#) (you'll be asked to sign in to access it). We also launched [AGS Court Watch](#), which is intended to complement *LWiW* and update our members weekly on the status of the various court challenges to executive orders and directives issued by the Executive branch of interest to AGS members.

Workforce

GWEP and GACA Related Efforts

AGS continues to engage in ongoing conversations, both individually and in coalition, around bolstering the work and reach of the Geriatrics Workforce Enhancement Programs (GWEPs) and Geriatrics Academic Career Awards (GACAs). AGS has been collaborating with the Eldercare Workforce Alliance (EWA), the National Association for Geriatric Education (NAGE), and the Gerontological Society of America to increase annual appropriations while looking for other opportunities to support the GWEPs and GACAs. We are currently prioritizing increased funding for these programs in the Fiscal Year (FY) 2026 budget and reauthorization of the programs which are set to expire September 30, 2025. AGS is working with congressional sponsors on the introduction of legislation that would increase the authorized funding levels for these programs. The congressional authorization process creates, continues, or modifies programs, sets policies, and authorizes funding levels for appropriations. The failure to authorize or reauthorize a program limits Congress' ability to hold the Executive branch accountable for implementation of the program consistent with congressional direction. In the House, our lead sponsors for the GWEP/GACA reauthorization bill are Representatives Jan Schakowsky (D-IL) and Buddy Carter (R-GA). In the Senate, we have Senator Susan Collins (R-ME) and are currently seeking a Democratic lead. As we reported in [Issue 13](#) of LWiW, we are aware that the programs were identified for elimination on the leaked Office of Management and Budget (OMB) "pushback" budget. With Congress just getting started on appropriations, we do not have a sense of where they will land on these programs but, with our partner organizations will continue our advocacy for reauthorization and increased funding.

Appropriations

With the passage of a [year-long continuing resolution](#) (CR) in March to fund the federal government for the remainder of FY 2025, Congress is now focused on appropriations for FY 2026, which begins October 1. AGS has also turned its attention to advocating in support of additional funding for initiatives that increase the educational and training opportunities in geriatrics and gerontology and foster groundbreaking medical research on aging. In April 2025, AGS submitted [written testimony](#) for the record to the House Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies (LHHS) requesting increased funding in FY 2026 for the geriatrics education and training programs, the GWEP and GACA Program, and aging research within the National Institutes of Health (NIH) and National Institute on Aging (NIA). While the Senate Committee on Appropriations has not yet released deadlines for outside witness testimony submissions, we plan to submit testimony to the Senate Subcommittee on LHHS as we do annually. AGS will also send letters to both chambers in support of increased funding for geriatrics research within the Department of Veterans Affairs.

Payment and Coding

Medicare Physician Fee Schedule

AGS continues to update members on new policies stemming from the updated 2025 fee schedule, which took effect on January 1. In January, AGS hosted a live webinar ([now available on demand](#)), which reviewed changes finalized for 2025 including implementation of the advanced primary care management services codes, telemedicine updates, codes for caregiver training services, and an update to billing the add-on visit complexity code with a preventive service. Also in January, AGS met with the Centers for Medicare and Medicaid Services (CMS) to discuss policy changes that AGS would like to see included in the Calendar Year 2026 Medicare Physician Fee Schedule, including the complexity add-on code for home visits, updates indirect practice expense, continuation of telemedicine, and taxonomy codes for identification of nonphysician practitioners.

AGS also continues to advocate for both short and long-term solutions to the Medicare payment system that would end the annual cycle of Medicare cuts to clinicians that bill under the Medicare Physician Fee Schedule Rule. We continue to advocate for and encourage our members to support [H.R. 879](#), the Medicare Patient Access and Practice Stabilization Act. This bipartisan bill would prospectively cancel the 2.83 percent cut to Medicare payments that took effect on January 1 and provide a 2.0 percent payment update. This legislation is a helpful first step toward ensuring financial stability for clinicians and continued access to needed medical services for older Americans, particularly in rural and underserved areas. [Click here](#) to take action.

AGS Recommendations to CMS around Coverage of Anti-Obesity Medications

In January, AGS [submitted comments](#) to CMS on the Contract Year 2026 Medicare Advantage and Part D Proposed Rule specifically the proposal around coverage of anti-obesity medications (AOMs). AGS appreciates CMS' efforts to address and manage obesity in the Medicare population. However, in our letter, we outlined some areas for consideration including lack of research in people over age 65 and in diverse populations, the importance of balancing lifestyle modifications with pharmaceutical interventions, and accessibility to lifestyle modifications.

Quality Metrics and Initiatives

AGS Comments to AHRQ Regarding Ageism in Healthcare

In March, AGS [submitted comments](#) in response to the Agency for Healthcare Research and Quality (AHRQ) regarding the impact of ageism in health care. In our letter, we commended AHRQ's efforts to better understand and quantify the impacts of ageism on health care quality and to identify innovative strategies and programs that address and mitigate ageism to optimize older adults' health.

AGS Comments to AHRQ on Diagnostic Excellence Measurement

In February, AGS [submitted comments](#) in response to the AHRQ Request for Information (RFI) on the development of measures of diagnostic excellence. As a part of efforts to identify potential opportunities to improve the diagnostic process at a health system or geographic level, AHRQ is considering measures that rely on administrative claims data and electronic health record data to address gaps with a population health lens. In our letter, AGS offered feedback to ensure the proposed measures reflect what is most relevant and appropriate for older adults and best addresses their unique healthcare needs.

AGS Recommendations to CMS on the Geriatrics Specialty Measure Set for MIPS in 2026

In January, AGS [submitted comments](#) to CMS on revising the existing geriatrics specialty measure set for the 2026 Performance Year (PY) of the Merit-based Incentive Payment System (MIPS) to ensure that the proposed geriatrics measure set for PY 2026 best addresses the unique healthcare needs of older adults and reflects the quality metrics that that we believe are most important for measuring care for all of us as we age.

AGS Comments to HHS on Proposed Healthy People 2030 Objectives

In October 2024, AGS [submitted comments](#) to the Office of Disease Prevention and Health Promotion (ODPHP) within the Department of Health and Human Services (HHS) on proposed objectives to be added to [Healthy People 2030](#). Healthy People 2030 provides a comprehensive set of national health promotion and disease prevention objectives aimed at improving health and well-being nationwide. As part of our letter, AGS supported the steps HHS is taking to address inequities and highlighted the importance of expanding the geriatrics and gerontological workforce as well as increasing the expertise of healthcare professionals in geriatrics to support both individual older adults' health and population health.

Upcoming Comments

Tariffs and Access to Pharmaceuticals

In April 2025, the U.S. Department of Commerce Bureau of Industry and Security (BIS) [announced](#) the initiation of investigations into the effects on U.S. national security of imports of pharmaceuticals and pharmaceutical ingredients. BIS is conducting the investigations under Section 232 of the Trade Expansion Act of 1962, a law that allows the President to restrict imports of products that are found to threaten national security. AGS is currently reviewing and planning to comment on the impact of tariffs on access to pharmaceuticals and possible disruptions to patient care. AGS plans to submit comments by the May 7th deadline.

Changes to Social Determinants of Health Requirements

In April 2025, CMS released two proposed rules that rollback several social determinants of health (SDOH) requirements across the [Inpatient Prospective Payment System \(IPPS\) and Long-Term Care Hospital \(LTCH\)](#), [Inpatient Rehabilitation Facility \(IRF\)](#), and [Skilled Nursing Facility \(SNF\)](#) settings. Among the changes that CMS is proposing is to remove 4 data elements related to SDOH from the patient assessment tools for SNFs, LTCHs, and IRFs. The elements were finalized in rulemaking last year for data collection commencing on October 1st, 2025 or October 1st, 2026, depending on the type of facility. The rationale for the removals is the burden on facilities associated with collecting the elements which are related to the patient's living situation and access to food and utilities. CMS is also proposing to delete 2 measures about screening for SDOH from the hospital inpatient quality reporting program. AGS plans to submit comments by the June 10th deadline.

SUPPORTING OTHER ORGANIZATIONS

AGS participates in multiple coalitions through sign-on letters, campaigns, and other relevant public policy efforts to support key legislation affecting older adults. The 119th Congress legislation that we support can be found on the [AGS Health in Aging Advocacy Center](#) webpage. Additionally, AGS has signed on to 28 letters since our last report on a wide range of issues, including Medicare payment system reform, telehealth flexibilities, protecting Medicaid, caregiver support, and FY 2026 funding recommendations.

MEMBERS TAKING ACTION

AGS frequently updates our [Health in Aging Advocacy Center](#) allowing members to take action on key issues as they arise, including funding for key workforce and research programs in FY 2026 and advocating for a more stable Medicare payment system.

COMMUNICATING WITH MEMBERS

We have worked with the communications team to continue promoting AGS policy briefs, position statements, and comment letters to our members and the geriatrics community at large via the AGS [Week in Review listserv](#), the [MyAGSOnline member forum](#), the "[Where We Stand](#)" section of the AGS website, and social media. Over the past year, we have highlighted AGS' concerns around the healthcare workforce and our support for such ongoing policy priorities as the need for increased funding for the Title VII Geriatrics Health Professions Programs. We have achieved this by showcasing existing AGS resources—like video interviews, data sets, and infographics—and coordinating with congressional champions on press releases, editorials, and other updates.

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