

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

*April 2026 Update*

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### MEMBER ENGAGEMENT

Last year, AGS worked to revamp our advocacy center campaigns to encourage phone calls rather than blanket email messages. Although it may sometimes not feel like it, elected officials care about what their constituents have to say and the more of us who call about specific topics related to care of older adults, the more powerful we are. That's why we have now made calling easier than ever. The benefit of using the [AGS Health in Aging Advocacy Center](#) is that it will walk you through making calls – from finding your members of Congress to the phone numbers you should call to sample talking points. We strongly encourage you to check it out and phone your members of Congress TODAY! Here we have highlighted a few of our active call alerts:

- [Support Reauthorization of the GWEPs and GACAs](#)
- [Increase Funding for the GWEPs and GACAs in Fiscal Year 2027](#)
- [Increase Funding for Research at NIH and NIA in Fiscal Year 2027](#)
- [Increase Funding for VA Research in Fiscal Year 2027](#)

### 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 also seek to impact policy by nominating AGS members to serve on workgroups, taskforces, advisory committees, etc. across the federal and private sector. We are supported by JD Lymon (Amanda Cassidy), Kristine Blackwood LLC, and Paul Rudolf LLC, for our regulatory and advocacy work. Below we highlight several key updates and efforts from October 2025 through April 2026.

### KEEPING UP WITH CHANGES IN FEDERAL POLICY

Over a year ago, AGS launched [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. Most weeks we also highlight an advocacy alert where we encourage you to take action. Our goal is to provide members with an overview of the policy news of the week with a focus on those that potentially impact our shared commitment to improving the health and well-being of all of us as we age. The *LWIW* archive of past issues can be found on [MyAGSOnline](#) (you'll be asked to sign in to access it).

## **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, for which AGS serves as the fiscal home), the National Association for Geriatric Education (NAGE), and the Gerontological Society of America to increase annual appropriations for fiscal year (FY) 2027 and on legislation that would reauthorize the GWEPs and GACAs. In July, Congresswoman Jan Schakowsky (D-IL) introduced the Educating Medical Professionals and Optimizing Workforce Efficiency and Readiness (EMPOWER) for Health Act (H.R. 4262). The Senate version of this bill was followed more recently in March with the introduction of the EMPOWER for Health Act (S. 4110) by Senators Jack Reed (D-RI) and Lisa Murkowski (R-AK). Both bills would reauthorize these critical 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. With our partner organizations, we will continue our advocacy for reauthorization and increased funding.

### *AGS Comments on Postsecondary Education Proposed Rule*

In March, AGS [submitted comments](#) on a proposed rule from the Office of Postsecondary Education within the Department of Education that would change the definition of "professional degree" that excludes entire swaths of health disciplines and limits borrowing amounts under federal loan programs for these students. The proposed rule also restricts eligibility for the Public Service Loan Forgiveness program. If finalized, young people would be deterred from pursuing careers in health care, resulting in an exacerbation of existing health professional shortages, particularly in primary care and geriatrics. In our letter, we expressed concern about the impact this will have on the future workforce as well as access to essential health care for millions of Americans with a disproportionate impact on rural and underserved communities.

### *AGS Comments to NASEM on Primary Care Policy*

In March, AGS was invited to sponsor and participate in the National Academies of Sciences, Engineering, and Medicine (NASEM) Standing Committee on Primary Care March 2026 Open Meeting. On behalf of AGS, Dr. Alison Moore, AGS President-elect, delivered oral comments on our primary care-related priorities and the implications these priorities have on the work of the Standing Committee, which advises the federal government on primary care policy. We commented on ensuring the healthcare workforce has the skills and knowledge to care for older adults, reinstating the Medicare primary care bonus payment indefinitely, aligning payment incentives with the care needs of complex older adults, requiring all health professionals who treat older adults to receive post-graduate training in geriatrics, and supporting age-friendly care through the Geriatrics 5Ms.

## **Appropriations**

In April, AGS submitted written testimony to the House Appropriations leadership outlining our support for increased funding for the [geriatrics workforce training programs](#), the GWEPs and the GACAs, and for aging research at the [National Institutes of Health \(NIH\) and the National Institute on Aging \(NIA\)](#). We continue to advocate in support of these programs, emphasizing the geriatrics expertise we need in the health workforce and the importance of ensuring that federal investments in research continues to support improving health and well-being for all of us as we age. We are also in the process of submitting testimonies to the Senate Appropriations leadership due in mid-May.

## Payment and Coding

### Medicare Physician Fee Schedule

On October 31<sup>st</sup>, the Centers for Medicare and Medicaid Services (CMS) released the Calendar Year (CY) 2026 Medicare Physician Fee Schedule (MPFS) final rule finalizing several proposals that AGS advocated for, such as allowing for G2211, the visit complexity add-on code, to be billed with the home and residence evaluation and management (E/M) visit codes and removing frequency limitations on Medicare telehealth subsequent care services in inpatient and nursing facility settings. AGS previously [submitted comments](#) on the proposed rule in September 2025. AGS continues to update members on new policies stemming from the updated 2026 fee schedule, which took effect on January 1. In January, AGS hosted a live webinar ([now available on demand](#)), which reviewed changes finalized for 2026 including updates to telehealth, changes in valuations, and a recap of and additions to the advanced primary care management (APCM) codes. Also in January, AGS met with CMS leadership to discuss policy changes that AGS would like to see included in the CY 2027 Medicare Physician Fee Schedule, including recommendations for specific improvements related to the APCM services codes, site of service differential adjustment for certain evaluation and management services, and indirect practice expense allocation.

## Quality and Patient Safety

### AGS Response to March 2026 ACIP Meeting

In March, AGS [commented](#) on the upcoming meeting of the Advisory Committee on Immunization Practices (ACIP) within the Centers for Disease Control and Prevention (CDC). In our letter, we reiterated earlier comments on the need for engagement of individuals for all of us as we age. We also commented on COVID-19 vaccine policy and the importance of maintaining an evidence-based methodology that ensures vaccine recommendations in the US are informed by scientific and clinical expertise.

### AGS Comments to FAS on 2026 State and Local Heat Policy Agenda

In March, AGS commented on the Federation of American Scientists' (FAS) 2026 State and Local Heat Policy Agenda which is a blueprint for polycentric action towards a Heat Ready Nation, seeking alignment among the heat community around a set of objectives and equipping decision-makers with the strategies they can deploy to be heat-ready. Our comments focused on ensuring that the policies serve all older adults across communities and facilities and incorporating into strategies key considerations for older adults (e.g., chronic conditions, medications, cognition, mobility, powered medical devices), given the older population is at increased risk of heat illness and disproportionately affected by extreme heat.

### AGS Response to HHS on Adoption and Use of AI in Clinical Care RFI

In February, AGS [submitted comments](#) to the Department of Health and Human Services (HHS) in response to its [request for information](#) (RFI) on accelerating the adoption and use of artificial intelligence (AI) as a part of clinical care to inform HHS-wide use of regulation, reimbursement, and research & development in the application of AI. In our response, we highlighted the most relevant and appropriate considerations for older adults in the adoption and use of AI to address the multifaceted issues related to aging. We recommended promoting hybrid AI-human systems for transparent decision-making guided by clinician and patient values and preferences, creating aging-specific ethical frameworks and governance models, and building regulatory frameworks to help mitigate age-related algorithmic bias and promote equitable AI performance across populations, among other items.

### *AGS Comments to CMS on the Geriatrics Specialty Measure Set for MIPS in PY 2027*

In February, AGS [submitted comments](#) to CMS on revising the existing geriatrics specialty measure set for the 2027 Performance Year (PY) of the Merit-based Incentive Payment System (MIPS). Our recommendations focused on ensuring that the proposed geriatrics measure set best addresses the unique healthcare needs of older adults and reflects the quality metrics that we believe are most important for measuring care for all of us as we age.

### *AGS Comments to GAO on National Alzheimer's Project*

In December, AGS was invited to participate in an interview regarding the National Alzheimer's Project with the Government Accountability Office (GAO), a nonpartisan agency that provides auditing and research services to Congress. Several AGS members provided input on the Project and its impact on addressing Alzheimer's disease and Alzheimer's disease-related dementias (AD/ADRD) to inform GAO's report to Congress. Our comments focused on the Project producing cross-cutting collaborations in federal agencies and across the fields of science, health care, and public health; monitoring and tracking progress; ensuring there are safeguards in place to continue pursuing the Project's goals; and investing in supporting all populations impacted by AD/ADRD.

### *AGS Response to December 2025 ACIP Meeting*

In November, AGS [submitted comments](#) in advance of the December ACIP meeting urging CDC and ACIP to provide guidelines for nominations to workgroups, given that organizational liaisons are no longer eligible to serve, and ensure vaccine policy is informed by scientific and clinical expertise, is evidence-based, and focused on our collective health and well-being.

## **Upcoming Comments**

### *2027-2031 NIH-Wide Strategic Plan*

In March 2026, NIH released an RFI inviting feedback from the research community, stakeholders, and the public as it begins developing its next agency-wide Strategic Plan, which will guide NIH's priorities and work over the next five years. The purpose of the NIH-Wide Strategic Plan is to communicate how NIH will advance its mission to support research in pursuit of fundamental knowledge about the nature and behavior of living systems, and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability. AGS plans to submit comments by the May 26<sup>th</sup> deadline.

## **SUPPORTING OTHER ORGANIZATIONS**

In addition to our work outlined above, AGS participates in multiple coalitions that are focused on the health and quality of life for all of us as we age. We work collaboratively with other organizations through these coalitions and activities can include joint meetings with the staff of federal agencies, sign on letters, amicus briefs, sharing of information, and other activities as identified by the lead coalition. The 119<sup>th</sup> Congress legislation that we support can be found on the [AGS Health in Aging Advocacy Center](#) webpage. Additionally, AGS has signed on to 34 letters since our last report on a wide range of issues, including vaccine policy, caregiver support, and FY 2027 funding recommendations.

## 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](#) and [Last Week in Washington](#), the [MyAGSOnline member forum](#), the [Where We Stand](#) section of the AGS website, and social media. We continue to highlight AGS' priorities by showcasing existing AGS resources—like video interviews, data sets, and infographics—and coordinating with congressional champions on press releases, editorials, and other updates.

**QUESTIONS?** Contact Alanna Goldstein at [agoldstein@americangeriatrics.org](mailto:agoldstein@americangeriatrics.org) or Anna Kim at [akim@americangeriatrics.org](mailto:akim@americangeriatrics.org)