American Geriatrics Society

ON THE GROUND IN WASHINGTON, DC: ADVOCACY IN ACTION

November 2026 Update

MEMBER ENGAGEMENT

We continue to encourage you, our members, to 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. 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
- Support AHRQ Research

There are over 100 new members of Congress following the midterms and our attending town halls primer provides a great guide for members who plan to set up meetings with new and returning members of Congress. The primer covers a range of topics to you and the older adults you serve. In addition to suggested topics and questions, the primer includes information on how to find local events.

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 that 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 May 2026 through October 2026.

KEEPING UP WITH CHANGES IN FEDERAL POLICY

We encourage you to check out AGS' *Last Week in Washington: News of Interest to AGS Members (LWIW),* our weekly newsletter that is focused on helping 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. 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, the Senate Health, Education, Labor, and Pensions (HELP) Committee held a markup of 13 health-related bills, including S. 4110, the Educating Medical Professionals and Optimizing Workforce Efficiency and Readiness (EMPOWER) for Health Act, which would reauthorize the GWEP and GACA Program through 2030 at $48,245,000 each fiscal year. The House companion to the EMPOWER for Health Act (H.R. 4262) has been approved by the Health Subcommittee of the House Energy and Commerce Committee and awaits a full committee vote. As the bills move its way through Congress, AGS has been urging members to reach out to their members of Congress and support reauthorization of the GWEPs and GACAs through the AGS Health in Aging Advocacy Center. 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 during the upcoming lame duck session of the 119th Congress.

Appropriations

Every year, AGS plays an active role in the appropriations process, engaging with appropriators through meetings, grass tops and grassroots advocacy with members, and written testimony and letters to appropriators. In April and May, AGS submitted written testimonies to the House and Senate Appropriations Labor-Health and Human Services (HHS)-Education Subcommittees requesting increased funding in FY 2027 for the geriatrics workforce training programs, the GWEP and the GACA Program (House letter, Senate letter), as well as aging research at the National Institutes of Health (NIH) and the National Institute on Aging (NIA) (House letter, Senate letter). While Congress has yet to pass its annual appropriations bills, a continuing resolution (CR) is keeping the government level funded, including these programs/agencies, through December 11th. Congress will need to agree on and pass its appropriations bills or approve another CR by December 11th to avoid a government shutdown. Included in the CR that expires on December 11th is a temporary hold on implementing the OMB regulation and AGS is working to ensure that that provision is included in any continuing CR.

Payment and Coding

Medicare Physician Fee Schedule: In September, AGS submitted comments on the Calendar Year (CY) 2027 Medicare Physician Fee Schedule (MPFS) proposed rule. Overall, AGS is appreciative of efforts by the Centers for Medicare and Medicaid Services (CMS) to improve patient care, particularly care for chronic conditions, and for its continued support of primary care. In our letter, AGS supported and asked that CMS finalize several proposals including expansion of teaching physician virtual presence policies, establishing new codes for shared medical visits, increased valuation of preventative and mental health services, valuation for codes that support health coaching, and allowing all levels of outpatient/office (O/O) E/M visits to be furnished under the primary care exception for teaching physicians. As this update was being finalized, CMS released the final rule, which AGS staff and consultants are reviewing (see final rule and HHS press release here and here).

As part of the physician fee schedule, AGS also responded to two requests for information (RFIs):

- AGS submitted comments in response to a CMS RFI on Redesigning Primary Care to Make America

Healthy Again. In our letter, AGS expressed support of CMS' efforts to strengthen primary care but urged CMS to prioritize reforms that reduce complexity and administrative burden, which affect both patients and practitioners. In our comments, we urged CMS to focus on improvements that support building robust patient-clinician relationships.

- AGS submitted comments on an RFI on Intensive Lifestyle Interventions to slow the progression of Alzheimer's disease. In our comment letter, we shared our support for multimodal lifestyle programs that combine exercise, healthy diet, management of cardiovascular risk factors, cognitive stimulation, and social engagement. We strongly recommend that lifestyle changes begin earlier in life and not depend on access to specialized testing, such as biomarker testing for participation, which may worsen health disparities.

Research

AGS Response to RFI on NIH-Wide Strategic Plan for Fiscal Years 2027-2031
In May, AGS submitted comments in response to a RFI on the Framework for the National Institutes of Health (NIH)-Wide Strategic Plan for Fiscal Years 2027-2031. In our comments, we highlighted the importance of building on our scientific understanding across the lifespan and enhancing translational research to strengthen care delivery and systems in the real world for all of us as we age.

AGS Response to OMB on New Rules Governing Federal Assistance
In July, AGS submitted comments on a proposed rule from the Office of Management and Budget (OMB) that would codify the Uniform Guidance into a regulation with extensive revisions to the management and administration of federal assistance programs (including grants) across all agencies. In our letter, AGS urged OMB to not finalize this rule. We noted that if it were to be finalized, the regulation would pose a substantial barrier to maintaining health and quality of life for all Americans as we age and threaten the United States' leadership in innovation and discovery, particularly in health-oriented research. OMB proposed an implementation date of October 1st but as noted above under Appropriations, the current CR includes a provision to temporarily block OMB from issuing or finalizing the rule until the expiration of the CR, December 11th. AGS is urging Congress to include an extension of the temporary block on this rule in any CR that extends funding and to consider including an extension in any appropriations legislation that is passed so that Congress has sufficient time to understand the implications of the proposal for management of federally appropriated funds in alignment with Congressional intent.

AGS Response to Proposed Changes to Reporting Outcomes from NIH Peer Review RFI
In October, AGS submitted comments in response to the NIH RFI on the proposal to remove application scores and percentiles from NIH's peer review process and replace them with three categories: (1) "most competitive"; (2) "competitive"; and (3) "not discussed." AGS expressed concern that the change would introduce more opacity into federal funding decisions across NIH and highlighted the importance of providing standardized quantitative metrics that are informative for applicants, their institutions, and NIH program officers, directors, and advisory councils to ensure transparency and accountability in the review process for effective allocation of federal funds. We also commented on the impact on patients, including older adults, given sudden and unpredictable funding shifts would threaten research across the lifespan and risk the loss of older patient cohorts and long-term data.

Quality and Patient Safety

AGS Comments on Home and Community-Based Services Quality Measure Set
In May, AGS submitted comments to the Centers for Medicare and Medicaid Services (CMS) on proposals for the 2028 Medicaid Home and Community-Based Services (HCBS) Quality Measure Set in which we provided feedback on the participant-reported experience of care measures and data collection for comprehensive assessments and management of long-term services and supports to ensure alignment with what matters most to patients and ultimately enhance patient care.

Upcoming Comments

Core Quality Measures Collaborative Measure Set: In November, AGS plans to submit feedback to the Core Quality Measures Collaborative (CQMC) on the Accountable Care Organizations, Patient-Centered Medical Homes, and Primary Care core measure set which is undergoing a maintenance review.

RFI to Reduce Administrative Burden in NIH Research: In December, AGS plans to submit comments on the RFI, Opportunities to Reduce Administrative Burden in NIH Extramural Research, which requests actionable recommendations for making the grants process more efficient and effective while maintaining accountability and oversight of research funds.

Senate Committee RFI on Reforming Long-Term Care: In December, AGS plans to respond to the Senate Finance Committee RFI on reforming the long-term care (LTC) system to make home care affordable and accessible, improve nursing home quality, and strengthen the LTC workforce.

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 119th Congress legislation that we support can be found on the AGS Health in Aging Advocacy Center webpage. Additionally, AGS has signed on to 17 letters since our last report on a wide range of issues, including vaccine policy, telehealth flexibilities, and FY 2027 funding recommendations.

COMMUNICATING WITH MEMBERS

We work with our communications team to share AGS policy briefs, position statements, and comment letters with our members and the geriatrics community at large via the AGS Week in Review listserv and *Last Week in Washington*, MyAGSOnline member forum, 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 or Anna Kim at akim@americangeriatrics.org