

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

October 2025 Update

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MEMBER ENGAGEMENT

This 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:

- [Protect Access to Food and Nutrition Benefits](#)
- [Extend Telehealth Flexibilities](#)
- Support Reauthorization of the GWEPs and GACAs in the [House](#) and [Senate](#)
- Increase Funding for the [GWEP/GACAs](#) and for [Aging Research Initiatives](#)

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 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 2025 through October 2025.

KEEPING UP WITH CHANGES IN FEDERAL POLICY

In early 2025, AGS launched [Last Week in Washington: News of Interest to AGS Members](#) (LWIIW). The purpose of this weekly policy update newsletter is to help our members keep up with news from the Administration, Congress, and the courts. Each week 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 day 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 LWIIW 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) 2026 and on legislation that would reauthorize the GWEPs and GACAs. In July, Congresswoman Jan Schakowsky (D-ILL) introduced the Educating Medical Professionals and Optimizing Workforce Efficiency and Readiness (EMPOWER) for Health Act (H.R. 4262). In September, Senators Susan Collins (R-ME) and Tim Kaine (D-VA) introduced the Geriatrics Workforce Improvement Act (S. 2699). Both bills 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 Rule Impacting International Physicians

In September, AGS [submitted comments](#) on the Department of Homeland Security proposed rule that would, if finalized, set a fixed-term admission period for F and J visa holders, including international academic students and physicians. This change would replace the current "duration of status" rule which lets F and J visa holders stay in the United States for the duration of their program. In our letter, we expressed concern about the impact this could have on international academic students and physicians and access to health care, especially for those in underserved areas.

AGS Comments on Minimum Wage and Overtime Protections for Home Care Workers

In September, AGS [submitted comments](#) on a Department of Labor proposed rule that would exempt home care workers from minimum wage and overtime protections on the federal level. In our letter, AGS expressed concern that this rule, if finalized, will return to an interpretation of the Fair Labor Standards Act 1975 regulation that essentially strips home care workers of minimum wage and overtime protections.

Appropriations

In June and July, AGS sent letters to House and Senate 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 \(NIA\)](#) as well as the [Department of Veterans Affairs \(VA\)](#). 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. As of this writing, the federal government was still under a shutdown as Congress has yet to agree on its appropriations bills for FY 2026, which began October 1.

Payment and Coding

Medicare Physician Fee Schedule

In September, AGS [submitted comments](#) on the Calendar Year (CY) 2026 Medicare Physician Fee Schedule (MPFS) proposed rule. Among the many issues addressed in our letter, AGS thanked CMS for maintaining the

Advanced Primary Care Management (APCM) codes and for the proposal to create new add-on codes that would facilitate providing behavioral health integration services as part of APCM. We also applauded CMS' proposal to expand use of the complexity adjustment add-on code G2211 to include evaluation and management (E/M) services furnished in the patient's home or residence. The final rule will be out in November, and we will update members on policies that have been finalized for January 1.

Request for Information on Chronic Disease

In September, AGS [submitted a letter](#) focused on the request for information on the prevention and management of chronic disease. Per the Trump Administration's Executive Order, "Establishing the President's Make America Healthy Again Commission," better receipt of recommended prevention services and effective management of chronic disease is a top priority for CMS. In our letter, we provide feedback on ways in which CMS can better support the prevention and management of chronic disease.

Hospital Outpatient Payment Rule

In September, AGS [submitted comments](#) on the Hospital Outpatient Prospective Payment System proposed rule in response to CMS' proposal to expand the method to control for unnecessary increases in the volume of covered hospital outpatient department services to on-campus clinic visits. In our letter, AGS expressed its strong opposition to any such expansion, which we believe could threaten the viability of multi-disciplinary hospital-based geriatric clinics that play a critical leadership role in the effort to improve geriatric care.

Quality and Patient Safety

AGS Statement on Vaccine Policy

In August, AGS released a [statement](#) calling on the Administration to ensure that vaccine policy remains informed by scientific and clinical expertise, is evidence-based, and focused on our collective health and well-being following an announcement that all Advisory Committee on Immunization Practices (ACIP) organizational liaisons "will be excluded from the process of reviewing scientific evidence and informing vaccine recommendations." AGS also joined an emergency resolution introduced at the June 2025 American Medical Association (AMA) House of Delegates in response to Secretary Kennedy's decision to fundamentally alter the structure and membership of ACIP without appropriate due process or rationale with resolutions for AMA to: initiate sustained public advocacy in support of the current ACIP structure, including the liaison representative program; send a letter to HHS Secretary calling for an immediate reversal of the recent changes to ACIP; send a letter to the Senate Committee on HELP and request an investigation into the actions of the Secretary regarding his administration of CDC and ACIP; and identify and evaluate alternative evidence-based vaccine advisory structures and invest resources in such initiatives, as necessary. In September, AGS and 75 organizations representing public health, patients, caregivers, and healthcare professionals [sent a letter](#) urging ACIP to uphold its gold-standard process and ensure vaccine access for vulnerable populations.

AGS Comments on Use of Cognitive Tests for Early Detection of Impairment

In July, AGS [submitted comments](#) in response to the Alzheimer's Association's (AA) public comment opportunity on its draft recommendations for an evidence-based clinical practice guideline (CPG), [Use of Cognitive Tests for the Early Detection of Cognitive Impairment in Older Adults in Primary Care](#).

AGS Comments on Use of Blood-based Biomarkers for Diagnosing Alzheimer's Disease

In May, AGS [submitted comments](#) in response to the Alzheimer's Association's (AA) request for input on the

recommendations and remarks for its Evidence-based Clinical Practice Guideline (CPG) on the [Use of Blood-based Biomarkers in the Diagnostic Workup of Alzheimer's Disease within Specialty Care](#).

Research

AGS Comments to NIH on Proposal to Limit Allowable Publishing Costs

In September, AGS [submitted comments](#) to the National Institutes of Health (NIH) in response to its Request for Information (RFI) on Maximizing Research Funds by Limiting Allowable Publishing Costs. In our response, AGS expressed concern about the unintended consequences and potential impacts of the approaches NIH proposed around publication costs on the broader scientific ecosystem.

AGS Comments to NIH on RFI on Artificial Intelligence

In July, AGS [submitted comments](#) to NIH in response to its [request for information](#) (RFI) on an artificial intelligence (AI) strategy which will be developed for an institute-wide AI structure that builds synergy across programs, improves transparency, and accelerates research and development of AI for the benefit of patients.

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. Through the end of October, AGS had signed on to 43 letters in 2025 on a wide range of issues, including the Medicare payment system reform, telehealth flexibilities, vaccine policy, protecting Medicaid, caregiver support, and FY 2026 funding recommendations. Also, over the past year, we signed 6 amicus briefs led by other organizations. Three of them covered the NIH Rate Change Notice and the remaining 3 covered the ACA and LGBTQ Rights.

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 or Anna Kim at akim@americangeriatrics.org