

*American Geriatrics Society*  
**UPDATED ADVOCACY MESSAGING**

*May 2025*

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## **ABOUT THIS DOCUMENT**

This document is focused on providing members with messaging and tools for educating Congress about the important role of the federal government in supporting all of us as we age.

## **EDUCATE YOUR MEMBERS OF CONGRESS**

**AGS members are experts in caring for older people and managing chronic disease** and can speak with authority on a host of issues, including:

1. The **workforce** that is needed by older adults living with multiple chronic conditions
2. How **federally funded research and programs** are extending our healthspan – the time that we can remain independent and contributing to our communities
3. The **importance of understanding the social determinants of health** in person-centered planning
4. How **Medicaid and Medicare** support older Americans receiving the right care, at the right time, in the right place

There are many ways in which our members can educate their elected officials about specific topics related to supporting all of us as we age. This document provides our updated top-level framing for your use when making calls or writing to members of Congress about AGS policy priorities:

- Ensuring the **healthcare workforce** has the skills and knowledge to care for older adults (via Geriatrics Workforce Enhancement Program (GWEP) and Geriatrics Academic Career Award (GACA) Program).
- Supporting **aging research** that is critical to increasing healthspan and improving clinical care for all of us as we age (via the National Institute on Aging and other National Institutes of Health institutes).
- Supporting **older veterans** through high-quality clinical care, well-trained workforce, and scientific contributions (via the Veterans Affairs).
- Building on enhancements to **Medicare payment** for care of people living with chronic disease as implemented by the Centers for Medicare and Medicaid Services in 2025.
- Protecting **Social Security, Medicare, and Medicaid** given critical importance to the health and well-being of all Americans as we age.
- Improving **healthcare delivery** for older Americans (via the Agency for Healthcare Research and Quality and other agencies).

These updated AGS messages place older adults at the center of our advocacy and frame the messaging within chronic disease. This messaging can be shortened to make daily calls to Congress or used as an introduction when meeting with congressional staff or educating our friends and colleagues about the importance of federal programs and funding in helping all of us to remain independent and active in our communities for as long as possible. The messages are meant to be examples with a focus on demonstrating how **you** can weave a story about an older adult or people in your care who would be impacted by a specific policy change.

Most importantly, they are not meant to be read verbatim – we each have our own language and way of conveying information. Rather, they are meant as a short guide to the types of information you might include when calling about a particular issue. If you are already making—or thinking about making—daily calls. Below the messages is a quick start guide for members who are moved to take action. For ease of review, we have grouped the messages but the intent here is to select one point for each call you make to Congress.

## Chronic Disease Framing

There is intense interest in preventing or delaying chronic disease in the Administration and Congress. Because of this interest, we have woven variations of this core messaging about chronic disease into each of our messages and are recommending that members refer to Medicare and Medicaid beneficiaries when speaking about federal programs and policies. As an example:

- Many of us will be diagnosed with **chronic diseases** as we age. Chronic diseases, such as diabetes, heart disease, and cancer, affect 80 percent of people 65 and older. Nearly 45 percent of **Medicare** beneficiaries have four or more chronic conditions and account for more than 75 percent of Medicare expenditures. Both Medicare and Medicaid are essential to our communities because it helps people who manage multiple chronic diseases to live more meaningful lives.

Before getting to our new messaging, some answers to questions members have asked us about these shifts in messaging and the focus on making calls to all members of Congress regardless of party:

- **Why are we shifting to a focus on chronic disease in our education and advocacy?** Geriatrics health professionals have long advocated for a health care system that supports older adults who are living with multiple chronic diseases to maintain their health and independence for as long as possible (see this [representative bill](#) introduced by Senator Blanche Lincoln in the 108th Congress (2003-2004)). The focus in the new Administration and Congress is on improving the overall health of Americans and eliminating chronic disease. Although the initial focus is on children, which will be conducted under the auspices of the Make America Healthy Again (MAHA) Commission, our members have a depth of expertise that is invaluable to prevention and delay of chronic disease. Thus, in our own framing of issues, AGS is transitioning to using framing that anchors our work in the expertise of our members when it comes to caring for people who are living with chronic disease.
- **Why do we hope AGS members are calling their members of Congress?** We know that making calls on a single issue can feel a bit like the Little Dutch Boy holding his finger in the leaking dike. Calling does—and is—making a difference with Congress and it's important for us to ensure that geriatrics health professionals are among the people that Congress hears from on a regular basis. **You are the authorities in caring for older adults and managing chronic disease.** Making calls is a way of reminding your members of Congress of the expertise that geriatrics health professionals have and the importance of federally funded programs and initiatives to the health and well-being of all of us as we age. This is why we continue to encourage members to take action as a part of their daily routine.

## Updated Messaging

### [Social Security, Medicare, and Medicaid](#)

- **Social Security, Medicare, and Medicaid** support all of us to remain independent and active in our communities longer. Americans contribute to these programs throughout their working lives through

taxes. As we grow older, we may need additional supports due to **chronic diseases** related to aging, such as diabetes, heart disease, and cancer, which affect 80 percent of people 65 and older. Nearly 45 percent of **Medicare** beneficiaries have four or more chronic conditions and account for more than 75 percent of Medicare expenditures. As we age, **Medicaid** becomes increasingly important in our lives. It is the primary payer for home and community-based services and nursing home care, covering 57 percent of spending on these services in the US for more than 6 million beneficiaries, including older Americans and those living with disabilities. *I am calling today because I am extremely concerned that Congress is considering deep cuts to Medicaid as it develops legislation for the budget framework that aligns with the Administration's priorities. This would be disastrous to our state, and I'd like to tell you a story about how Medicaid supports the people I care for in my own practice, many of whom are older, frailer, and living with multiple chronic conditions.* **TELL ILLUSTRATIVE STORY (ANONYMIZED)**. *I would like **Senator/Representative NAME** to vote "no" on any cuts to Medicaid funding.*

- **Social Security, Medicare, and Medicaid** support all of us to remain independent and active in our communities longer. Americans contribute to these programs throughout their working lives through taxes. **Medicare** is the primary payer for health care for Americans age 65+ and it supports the health and well-being of people like **NAME (ANONYMIZED)** who is someone I care for. **(TELL STORY)**. Many of us will be diagnosed with **chronic diseases** as we age. Chronic diseases, such as diabetes, heart disease, and cancer affect 80 percent of people 65 and older. Nearly 45 percent of **Medicare** beneficiaries have four or more chronic conditions and account for more than 75 percent of Medicare expenditures. Medicare is essential to our communities because it helps people who manage multiple chronic diseases to live more meaningful lives. Yet, there is a shortage of geriatricians and other primary care clinicians in the United States with the knowledge and skills to care for complex older adults. Lower reimbursements for primary care services under Medicare are contributing to the existing shortage of primary care clinicians, including geriatricians, in the US as they choose careers with higher reimbursement. Recently, the Centers for Medicare and Medicaid Services (CMS) implemented new codes that cover advanced primary care management (APCM) services, which recognize vital components of primary care, including team-based care and an ongoing, longitudinal relationship with the patient. This new payment bundle is critically important when caring for older people living with chronic disease and is a significant step forward in recognizing the need to immediately improve primary care reimbursement and reduce administrative burden for clinicians. *I am calling today because I want you to know that these changes to Medicare payment are positively impacting people in my care and to urge **Senator/Representative NAME** to continue to build on and support these enhancements to Medicare payment through legislation.* **WHEN CALLING YOUR REPRESENTATIVE (there is no Senate bill at this time):** *A short-term step towards meaningful payment reform that supports primary care would be to ask **Representative NAME** to support the Medicare Patient Access and Practice Stabilization Act ([H.R. 879](#)) if they have not already done so. If enacted, this legislation would cancel the cuts that took effect January 1st and provide a meaningful payment increase for primary care clinicians who care for older Americans.*
- **Social Security, Medicare, and Medicaid** support all of us to remain independent and active in our communities longer. Americans contribute to these programs throughout their working lives through taxes. *I care for people in our state whose only source of support is **Social Security**.* **PEOPLE LIKE, TELL STORY (ANONYMIZED)**. *I am worried about the changes that the Administration is making to how people access Social Security benefits given these changes create additional barriers for older Americans who have paid into this program throughout their working lives. Many of the patients in my practice are*

*frailer due to having **multiple chronic diseases and conditions** related to aging, such as diabetes, heart disease, and cancer, which affect 80 percent of people 65 and older. Nearly 45 percent of **Medicare** beneficiaries have four or more chronic conditions and account for more than 75 percent of Medicare expenditures. They will have difficulty if offices are shut down and the workforce is cut so much that they cannot reach a representative by phone. I would like **Senator/Representative NAME** to exercise congressional oversight of the Social Security Administration and ensure that benefits are not touched and that residents of **STATE** are able to access people with expertise in Social Security by phone or, if in person is needed, at a Social Security office that is not too far away.*

#### Geriatrics Health Professions Workforce Programs

- **Chronic diseases** related to aging, such as diabetes, heart disease, and cancer, affect 80 percent of people 65 and older. Nearly 45 percent of **Medicare** beneficiaries have four or more chronic conditions and account for more than 75 percent of Medicare expenditures. Yet, our healthcare workforce receives little, if any, training in the age-friendly 4Ms. Based on the 5Ms of geriatrics, the 4Ms are: What **M**atters, **M**edication, **M**entation, and **M**obility. This means that our healthcare workforce is ill-prepared to care for us as we age. The age-friendly 4Ms are rooted in how geriatrics health professionals approach caring for older Americans. In my practice, I focus on what matters to older people and support them to be independent and active in the community for as long as possible. **TELL STORY ABOUT PATIENT WITH MULTICOMPLEXITY, THE 5th M (ANONYMIZED)**. Today, I am calling about two critically important Title VII programs that address this knowledge gap for primary care clinicians – the **Geriatrics Workforce Enhancement Program and the Geriatrics Academic Career Awards**. I understand these are on the chopping block as Congress is beginning to consider fiscal year 2026 appropriations and I am calling today to ask that **Senator/Representative NAME** ensure these essential geriatrics training programs which are offered through the Health Resources and Services Administration are reauthorized and that appropriations are increased.

#### Prevention of Serious Illness

- **Chronic diseases** related to aging, such as diabetes, heart disease, and cancer affect 80 percent of people 65 and older. Medicare is essential to our communities because it helps people who manage multiple chronic diseases to live more meaningful lives. Nearly 45 percent of **Medicare** beneficiaries have four or more chronic conditions and account for more than 75 percent of Medicare expenditures. In my practice, I care for older Americans who are more vulnerable to serious outcomes from infectious diseases like the flu, pneumonia, and RSV. I'd like to tell you a story about one of those patients. **TELL STORY (ANONYMIZED)**. The federal government has an important role in disease prevention, ensuring that our drugs, food, and water are safe, supporting people living with chronic conditions and age-related disabilities, ensuring disaster preparedness, including for pandemics, and protecting the health of the public. *I have been reading about the Administration's plans to reorganize the Department of Health and Human Services (HHS), and I am concerned about how the Department has already downplayed the role of vaccines and Meals on Wheels in maintaining the health of all Americans. I am calling today to urge **Senator/Representative NAME** to ensure that the proposed reorganization of HHS does not eliminate important programs that support all of us as we age and exercise congressional oversight of the sweeping changes that are being proposed by the Administration.*

## Aging Research and Workforce

- **Chronic diseases** related to aging, such as diabetes, heart disease, and cancer affect 80 percent of people 65 and older. Aging research is essential to our communities because it helps to improve care for people who manage multiple chronic diseases and live more meaningful lives. Nearly 45 percent of Medicare beneficiaries have four or more chronic conditions and account for more than 75 percent of Medicare expenditures. In my practice, I care for older Americans who have benefited from federal investments in aging research by the **National Institute on Aging (NIA)** and **across the National Institutes of Health (NIH)**. Research supported by the federal government has led to advances in our understanding of the intersection of dementia with other diseases and informed how I care for people living with chronic disease. People like **NAME (ANONYMIZED), TELL STORY ABOUT DEPRESCRIBING**. In short, federally funded research is making meaningful difference in the lives of older people I care for. Further, through longitudinal studies of people and communities at NIA, the United States is leading the way on improving our understanding of health across the lifespan and delaying onset of serious disease. This research offers us opportunities to promote healthy aging and improve supports for family caregivers. The older individuals in **STATE** that I care for have benefited from these advances and I am appreciative of Congress' bipartisan support for the NIA. The research it conducts is contributing to a healthier future for all of us as we age. *I am deeply concerned about the cuts to the NIA and NIH workforce and freezes on grants. These changes are putting decades of bipartisan progress on improving health and quality of life of all Americans at risk. I am calling today to urge **Senator/Representative NAME** to ensure that America's scientific leadership is not jeopardized by arbitrary cuts to workforce and grant funding.*
- The **Department of Veterans Affairs (VA)** provides clinical care to millions of older veterans, has made vital scientific contributions, and is critically important to developing the next generation of investigators who are focused on improving care for older veterans given their discoveries often lead to improvements in how we care for all Americans. The VA has informed our understanding of **chronic diseases** related to aging, such as diabetes, heart disease, and cancer, which affect 80 percent of people 65 and older. More than one-third of VA patients 65 and older have 3 or more chronic conditions and account for 67 percent of healthcare costs within the VA. The VA manages and provides comprehensive services including health care, housing options, pensions, and stipends for education, to name a few. Cuts to the VA workforce, which is already plagued by staffing shortages, will undoubtedly impact care of veterans. Further, VA research has informed how we care for all older Americans, particularly those living with chronic disease. **CONSIDER TELLING A STORY (ANONYMIZED)\***. *I am calling today because I am extremely concerned about reports that the VA is planning for mass layoffs as early as June of this year – cutting its workforce by at least 76,000 employees. I would like **Senator/Representative NAME** to make our nation's veterans a priority and ensure they continue to have access to the benefits they've earned.*

\*Note: If you are VA adjacent or were trained at the VA, consider telling a story about patients cared for by your colleagues or your own training at the VA.

## **INTRODUCING YOURSELF**

- My name is **[YOUR NAME]** and I am a geriatrics health care professional and constituent. My zip code is **XXXXX**, and I can be reached at **XXX-XXX-XXXX**.
- **If your institution allows you to do so**, I work at **INSTITUTION NAME** as **TITLE**.

- In my clinical practice, I care for older, frail **STATE-ans** with a focus on whole person care. I'd like to start with a story about someone I care for. **TELL STORY.**
- I am also involved in **talk about specific work you are doing (e.g., if you have a NIA-funded grant, are involved with a GWEP, or work in a PACE organization).**

## INSTRUCTIONS FOR ADDING CONGRESSIONAL OFFICE NUMBERS TO YOUR CONTACTS

1. Visit our [Health in Aging Advocacy Center Election Center](#). Enter your address and click 'Continue.'
2. You should then see your address pop up in the same location. Scroll down and click on the solid blue box, 'View Officials.' This will return a list of your federal and state elected officials on the next page. Click on a name and you will get complete contact information for that official.
3. Add each official to your phone's contacts using a common word for company (e.g., Politician), with their name and both DC office and district office phone numbers, then hit save. Because AGS is in New York, here is an example for how our "pilot tester" entered Senator Schumer in their iPhone contacts:

First Name: Senator	Work: (202) 224-6542 (DC office)
Last Name: Schumer	Home: (212) 486-4430 (District office)
Company: Politician	

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:

- [Address cuts to Medicare payments for clinicians](#)
- [Write Congress to Support Increased Funding for GWEPs and GACAs in FY 2026](#)
- [Write Congress to Support Increased Funding for Aging Research at NIH and NIA in FY 2026](#)
- [Write Congress to Support Increased Funding for VA Research in FY 2026](#)