

AMERICAN GERIATRICS SOCIETY
Outside Witness Testimony – Fiscal Year 2019 Appropriations
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
Committee on Appropriations
United States Senate

April 24, 2018

Outside Witness Testimony for FY 2019 Appropriations for the Department of Health and Human Services

- **Geriatrics Education and Training Programs**
- **National Institutes of Health/National Institute on Aging**

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The American Geriatrics Society (AGS) greatly appreciates the opportunity to submit this testimony. The AGS is a non-profit organization of nearly 6,000 geriatrics healthcare professionals dedicated to improving the health, independence, and quality of life of all older Americans. As the Subcommittee works on its fiscal year (FY) 2019 Labor-HHS Appropriations Bill, we ask that you prioritize funding for the geriatrics education and training programs under Title VII and Title VIII of the Public Health Service (PHS) Act, and for aging research within the National Institutes of Health (NIH)/National Institute on Aging (NIA).

We are deeply disappointed with proposed cuts to geriatrics training outlined by President Trump in his budget plan for FY 2019, and are concerned about what these cuts will mean for the care and health of older adults. Specifically, the President's budget calls for the health professions programs within HRSA to receive a \$451 million cut which would likely zero out funding for the Geriatrics Workforce Enhancement Program (GWEP).

We urge you to reject this proposal, and ask that the Subcommittee consider the following funding levels for these programs in FY 2019:

- **\$51 million for the Geriatrics Workforce Enhancement Program (PHS Act Title VII, Sections 750 and 753(a) and PHS Act Title VIII, Section 865)**
- **An increase of \$500 million over the enacted FY 2018 level for aging research across the NIH, in addition to the funding allocated for Alzheimer's disease and related dementias**

Sustained and enhanced federal investments in these initiatives are essential to delivering high quality, better coordinated, and more cost effective care to older Americans, whose numbers are projected to increase dramatically in the coming years. According to the U.S. Census Bureau, the number of people age 65 and older will more than double between 2014 and 2060 to 98.2 million or 23.5 percent of the population; and those 85 and older will increase threefold to 19.7 million.¹ To ensure

¹ Colby SL, Ortman JM. Projections of the Size and Composition of the U.S. Population: 2014 to 2060, Current Population Reports, P25-1143, U.S. Census Bureau, Washington, DC, 2014.

that our nation is prepared to meet the unique healthcare needs of this rapidly growing population, we request that Congress provide additional investments necessary to expand and enhance the geriatrics workforce, which is an integral component of the primary care workforce, and to foster groundbreaking medical research.

PROGRAMS TO TRAIN GERIATRICS HEALTHCARE PROFESSIONALS

Geriatrics Workforce Enhancement Program (\$51 million)

Our nation is facing a critical shortage of geriatrics faculty and healthcare professionals across disciplines. This trend must be reversed if we are to provide our seniors with the quality care they need and deserve. Care provided by geriatrics healthcare professionals, who are trained to care for the most complex and frail individuals, has been shown to reduce common and costly conditions—such as falls, polypharmacy, and delirium—that are often preventable with appropriate care.

The GWEP is currently the only federal program designed to increase the number of providers, in a variety of disciplines, with the skills and training to care for older adults. GWEP seeks to improve high-quality, interprofessional geriatrics education and training to the health professions workforce, including geriatrics specialists, as well as increase geriatrics competencies of primary care providers and other health professionals to improve care in medically underserved areas. It supports the development of a healthcare workforce that improves health outcomes for older adults by integrating geriatrics with primary care, maximizing patient and family engagement and transforming the healthcare system.

In July 2015, HRSA announced 44 three-year grant funded programs located in 29 states that consolidated the Title VIII Comprehensive Geriatric Education Program and the Title VII Geriatric Academic Career Award, Geriatric Education Centers, and Geriatric Training for Physicians, Dentists and Behavioral and Mental Health Providers programs into the GWEP.

This consolidation—a change made by HRSA in December 2014—provides greater flexibility to grant awardees by allowing applicants to develop programs that are responsive to the specific interprofessional geriatrics and training needs of their communities. While the AGS has been encouraged by elements of this new approach, we remain concerned that there is no longer a sufficient focus on the training and education of health professionals who wish to pursue academic careers in geriatrics or gerontology. The Geriatric Academic Career Award (GACA) program is the only federal program that is intended to increase the number of faculty with geriatrics expertise in a variety of disciplines. In the past, the number of GACA awardees has ranged from 52 to 88 in a given grant cycle; in the most recent round of GWEP grants, it appears that only a small number of the grantees have dedicated resources to train faculty in geriatrics and gerontology.

At a time when our nation is facing a severe shortage of both geriatrics healthcare providers and academics with the expertise to train these providers, the AGS believes the number of educational and training opportunities in geriatrics and gerontology should be expanded, not reduced.

To address this issue, we ask the subcommittee to provide a FY 2019 appropriation of \$51 million for the GWEP. This small increase would restore GACAs and expand GWEP programs to close current geographic and demographic gaps in geriatrics workforce training.

RESEARCH FUNDING INITIATIVES

National Institutes of Health (additional \$500 million over FY 2018)

The institutes that make up the NIH and specifically the NIA lead the national scientific effort to understand the nature of aging and to extend the healthy, active years of life. As a member of the Friends of the NIA (FoNIA), a broad-based coalition of aging, disease, research, and patient groups committed to the advancement of medical research that affects millions of older Americans—the AGS urges a minimum increase of \$500 million over the enacted FY 2018 level in the FY 2019 budget for biomedical, behavioral, and social sciences aging research efforts across the NIH. The AGS also supports an additional \$425 million specific to research on Alzheimer's disease and related dementias (ADRD), resulting in an NIH-wide dementia research budget of at least \$2.253 billion in FY 2019.

The federal government spends a significant and increasing amount of funds on healthcare costs associated with age-related diseases. By 2050, for example, the number of people age 65 and older with ADRD is estimated to reach 13.8 million—more than double the number in 2018—and is projected to cost more than \$1 trillion (in 2018 dollars).² Further, chronic diseases related to aging, such as diabetes, heart disease, and cancer continue to afflict 80 percent of people age 65 and older and account for more than 75 percent of Medicare and other federal health expenditures.³ Continued and increased federal investments in scientific research will ensure that the NIH and NIA have the resources to conduct groundbreaking research related to the aging process, foster the development of research and clinical scientists in aging, provide research resources, and communicate information about aging and advances in research on aging.

Additionally, the AGS supports the Ad Hoc Group on Medical Research recommendation to appropriate at least \$39.3 billion in FY 2019 for the NIH, including funds provided through the 21st Century Cures Act for targeted initiatives. We believe that a meaningful increase in NIH-wide funding, in combination with aging and ADRD specific increases, will be essential to sustain the research needed to make progress in addressing chronic disease, ADRD, and other diseases that disproportionately affect older people.

Strong support such as yours will help ensure that every older American is able to receive high-quality care. We thank the Subcommittee for the opportunity to submit this testimony.

² Alzheimer's Association. 2018 Alzheimer's Disease Facts and Figures. *Alzheimers Dement* 2018;14(3):367-429.

³ National Council on Aging. Chronic Disease Self-Management Facts. <https://www.ncoa.org/news/resources-for-reporters/get-the-facts/chronic-disease-facts/>. Accessed April 18, 2018.