



April 6, 2016

The Honorable Tom Cole  
Chairman, Appropriations Subcommittee  
on Labor, HHS and Education  
U.S. House of Representatives  
Washington, D.C. 20515

The Honorable Rosa DeLauro  
Ranking Member, Appropriations Subcommittee  
on Labor, HHS and Education  
U.S. House of Representatives  
Washington, D.C. 20515

Dear Chairman Cole and Ranking Member DeLauro:

The American Geriatrics Society (AGS), an organization of nearly 6,000 geriatrics healthcare professionals and basic, translational, and clinical researchers specializing in aging, respectfully requests your strong support for increased funding for aging research efforts at the National Institutes of Health (NIH) and the National Institute on Aging (NIA) in FY 2017.

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 you to include a minimum increase of \$500 million over the enacted FY 2016 level in the FY 2017 budget for biomedical, behavioral, and social sciences aging research efforts across the NIH. The AGS also supports a 7.4 percent increase for the NIA and a minimum increase of an additional \$400 million for NIH-funded Alzheimer's disease and related dementias research over the enacted FY 2016 level.**

The institutes that comprise 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 for all Americans. Robust medical research in aging is critical to the development of medical advances which will ultimately lead to higher quality and more efficient health care. Continued federal investments in scientific research will ensure that the NIH has the resources to succeed in establishing research networks, assessing clinical interventions, and disseminating credible research findings to healthcare patients, providers, and payers.

The AGS believes that sustained and enhanced federal investments in aging research are absolutely essential to delivering high-quality, coordinated, and efficient care to our older adults, whose numbers across the U.S. 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 2010 and 2050 to 88.5 million or 20 percent of the population; and the population of those 85 and older will increase threefold to 19 million. As our aging population increases, so too will the prevalence of diseases disproportionately affecting older people—most notably Alzheimer's disease and related dementias (including vascular, Lewy body, and frontotemporal dementia)—and the economic burden associated with these diseases. By 2050, for example, the number of people age 65 and older with Alzheimer's disease and related dementias is estimated to reach 13.8 million—nearly triple the number in 2016—and is projected to cost more than \$1 trillion. 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.

As America's aging population continues to grow at an unprecedented rate, we are concerned that our nation will face a devastating decline in funding for aging research without appropriate action. We appreciate that the President's FY 2017 budget request for the NIH is higher overall than the enacted FY 2016 level. However, considering the significant amount of funds the federal government spends on healthcare costs associated with age-related diseases, increasing federal resources for aging research makes sound economic sense.

Our medical researcher members note time and again the particular challenges that new investigators face because of a lack of, or uncertainty regarding sustained funding for their scholarship. Of note, the percentage of grant applications funded by the NIA has drastically dropped over the years. Last year, for example, the NIA announced the lowest pay line—the score needed for a grant to be funded—in the Institute's history at the 7<sup>th</sup> percentile for under-500k applications and a line at the 4<sup>th</sup> percentile for over-500k applications. We believe that increasing NIH support to improve the pay line and success rates is critically important for investigators with innovative and creative ideas to meet the needs of older adults. These individuals are the future leaders of our healthcare system and must be equipped with the resources required to conduct new research initiatives, and to ultimately enhance health and quality of life for all of us as we age.

The ongoing federal commitment to investments in science, research, and technology leads to cutting-edge discoveries in medicine and improved patient care and reduced costs. Breakthroughs from NIH research can not only delay the onset of costly age-related diseases but also can save trillions of dollars by the middle of the current century. The AGS urges Congress to continue this commitment in FY 2017 and beyond so that we may advance medicine to improve care quality and fully achieve the long-term goals of health reform.

Thank you for your consideration of this funding request. If you have comments or questions about NIH funding or other issues related to the healthy aging of older Americans, please contact Anna Mikhailovich, Senior Coordinator of Public Affairs & Advocacy, at 212-308-1414 or [amikhailovich@americangeriatrics.org](mailto:amikhailovich@americangeriatrics.org).

Sincerely,



**Steven R. Counsell, MD, AGSF**  
President



**Nancy E. Lundebjerg, MPA**  
Chief Executive Officer



April 6, 2016

The Honorable Roy Blunt  
Chairman, Appropriations Subcommittee  
on Labor, HHS and Education  
U.S. Senate  
Washington, D.C. 20510

The Honorable Patty Murray  
Ranking Member, Appropriations Subcommittee  
on Labor, HHS and Education  
U.S. Senate  
Washington, D.C. 20510

Dear Chairman Blunt and Ranking Member Murray:

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