

AMERICAN GERIATRICS SOCIETY
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Outside Witness Testimony – Fiscal Year 2023 Appropriations
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
Committee on Appropriations
United States Senate

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Outside Witness Testimony for FY 2023 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 national non-profit organization of nearly 6,000 geriatrics healthcare professionals and basic and clinical researchers dedicated to improving the health, independence, and quality of life of all older Americans. The AGS believes in a just society – one where we all are supported by and able to contribute to communities and where ageism, ableism, classism, homophobia, racism, sexism, xenophobia, and other forms of bias and discrimination no longer impact healthcare access, quality, and outcomes for older adults and their caregivers. As the Subcommittee works on its fiscal year (FY) 2023 Labor, Health and Human Services, and Related Agencies Appropriations Bill, **we ask that you prioritize funding for the geriatrics education and training programs under Title VII of the Public Health Service (PHS) Act, and for aging research within the National Institutes of Health (NIH) and National Institute on Aging (NIA).**

We are appreciative of your ongoing support of the Title VII Geriatrics Health Professions Programs at the Health Resources and Services Agency (HRSA), which includes the Geriatrics Workforce Enhancement Program (GWEP) and Geriatrics Academic Career Award (GACA) program. However, the AGS believes it is urgent that we increase the educational and training opportunities in geriatrics and gerontology and ensure that HRSA receives the funding expansion necessary for these critically important programs for the care and health of older adults.

We ask that the Subcommittee consider the following funding levels for these programs in FY 2023:

- **At least \$82 million to support the GWEP and GACA program (PHS Act Title VII, Sections 750 and 753(a))**
- **At least \$49 billion, an increase of no less than \$4.1 billion over the enacted FY 2022 level, in the FY 2023 budget for total spending at NIH for current institutes and operations; a minimum increase of \$60 million for the Brain Research Through Advancing Innovative Neurotechnologies (BRAIN) Initiative; and a minimum increase of \$226 million for research on Alzheimer’s disease and related dementias over the enacted FY 2022 level in the FY 2023 budget**

Sustained and enhanced federal investment in these initiatives is essential to delivering high-quality, better coordinated, efficient, and cost-effective care to our 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 is projected to nearly double from 52.4 million today¹ to more than 94 million by 2060, while those 85 and older is projected to almost triple from 6.6 million today to 19 million by 2060.² 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.

To ensure 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 and Geriatrics Academic Career Award Program (at least \$82 million)

Our healthcare workforce receives little, if any, training in geriatric principles,³ which leaves us ill-prepared to care for older Americans as health needs evolve. With our nation continuing to face a severe shortage of geriatrics healthcare providers and academics with the expertise to train these providers, the AGS believes it is urgent that we increase the number of educational and training opportunities in geriatrics and gerontology. The requested increase in funding over FY 2022 levels would help ensure that HRSA receives the funding necessary to expand these critically important programs commensurate with the increasing need.

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. The GWEP awardees educate and engage the broader frontline workforce, including the caregiving workforce and family caregivers, and focus on opportunities to improve the quality of care delivered to older adults, particularly in underserved and rural areas. Due to GWEPs’ partnerships with primary care and community-based organizations, GWEPs are uniquely positioned to rapidly address the needs of older adults and their caregivers. The GWEP was launched in 2015 by HRSA with 44 three-year grants provided to awardees in 29 states. In 2019, HRSA funded a second cohort of 48 GWEPs across 35 states and two territories (Guam and Puerto Rico) and provided extension grants to 15 former GWEP

¹ U.S. Census Bureau. 2020 American Community Survey 5-Year Estimates Subject Tables. Published 2020. Accessed April 25, 2022.

<https://data.census.gov/cedsci/table?t=Populations%20and%20People&tid=ACSST5Y2020.S0101>.

² U.S. Census Bureau. An Aging Nation: Projected Number of Children and Older Adults. Updated October 8, 2019. Accessed April 25, 2022. <https://www.census.gov/library/visualizations/2018/comm/historic-first.html>.

³ Only 3 percent of medical students take even one class in geriatric medicine and fewer than 1 percent of RNs, pharmacists, physician assistances and physical therapists are certified in geriatrics or gerontology. Yet estimates are that by 2030, 3.5 million additional health care professionals and direct-care workers will be needed to care for older adults. 2018 Issue Brief, Eldercare Workforce Alliance, Available at https://eldercareworkforce.org/wp-content/uploads/2018/03/GWEP_OnePager_v2.pdf.

awardees. Additional funding would allow 80 GWEPs at \$950,000 per program, enabling every state to have a GWEP and ensure that more rural and underserved areas of the country can have access to geriatrics training and expertise.

The GACA program is an essential complement to the GWEP. GACAs ensure we can equip early-career clinician educators to become leaders in geriatrics education and research. It is the only federal program designed to increase the number of faculty with geriatrics expertise in a variety of disciplines. The program was eliminated in 2015 through a consolidation of several training programs. However, the program was reestablished in November 2018 when HRSA released a funding opportunity indicating their intention to fund 26 GACAs for four years starting September 1, 2019. Since 1998, original GACA recipients have trained as many as 65,000 colleagues in geriatrics expertise and have contributed to geriatrics education, research, and leadership across the U.S. Additional funding would allow 60 GACAs at \$100,000 per award, ensuring we have a larger and more geographically diverse pipeline of geriatrics research and training expertise with the incentives and resources needed to grow the field.

GWEPs and GACAs have been successfully leading and preparing the healthcare workforce, caregivers, and their communities, and most recently on the frontline throughout the COVID-19 pandemic, including working with health systems to participate in the outreach to vulnerable and hard-to-reach populations, preventing widening the health disparity gap exacerbated by the pandemic. These programs are critical in providing assistance for proactive public health planning with their geriatrics expertise and knowledge of long-term care and can help ensure states and local governments have improved plans for older adults in disaster preparedness for future pandemics and natural disasters. Furthermore, as the U.S. population rapidly ages, access to a well-trained workforce and appropriate care for medically complex older adults is imperative to maintaining the health and quality of life for this growing segment of the nation's population.

To address this issue, we ask the Subcommittee to provide a FY 2023 appropriation of at least \$82 million for the GWEP and GACA program. This increase in funding over FY 2022 levels would help ensure that HRSA receives the funding necessary to carry these critically important programs forward. Additional funding will also allow HRSA to expand the number of GWEPs and GACAs and move towards closing the current geographic and demographic gaps in geriatrics workforce training. Given the increasing diversity among older people⁴ and rapid growth of the older population,⁵ the need for a diverse workforce as well as training in geriatrics and gerontology will continue to increase. The infrastructure of care in the U.S. needs substantial investments so that access to long-term services and supports is expanded while the healthcare workforce is adequately supported and prepared to care for us all as we age.

RESEARCH FUNDING INITIATIVES

National Institutes of Health / National Institute on Aging (additional \$60 million for the Brain Research Through Advancing Innovative Neurotechnologies Initiative and a minimum increase of \$226 million for Alzheimer's disease and related dementias research)

⁴ Matthews KA, Xu W, Gaglioti AH, et al. Racial and Ethnic Estimates of Alzheimer's Disease and Related Dementias in the United States (2015-2060) in Adults Aged >=65 Years. *Alzheimers Dement*. 2019;15(1):17-24. [doi:10.1016/j.jalz.2018.06.3063](https://doi.org/10.1016/j.jalz.2018.06.3063)

⁵ U.S. Census Bureau. An Aging Nation: Projected Number of Children and Older Adults. Updated October 8, 2019. Accessed April 25, 2022. <https://www.census.gov/library/visualizations/2018/comm/historic-first.html>.

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 you to include an increase of at least \$60 million in the FY 2023 budget for the BRAIN Initiative and a minimum increase of \$226 million for research on Alzheimer’s disease and related dementias over the enacted FY 2022 level.

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 affected by dementia is estimated to reach 12.7 million cases—nearly double the number in 2021—and is projected to cost \$355 billion which does not include the \$256.7 billion in unpaid caregiving by family and friends.⁶ Further, chronic diseases related to aging, such as diabetes, heart disease, and cancer continue to afflict 80 percent of people age 65 and older.⁷ Forty percent of Medicare beneficiaries have four or more chronic conditions and account for 78 percent of Medicare expenditures.⁸ 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 at least \$49 billion, no less than a \$4.1 billion increase over the enacted FY 2022 level, in the FY 2023 budget for total spending at NIH for current institutes and operations. We also urge you to ensure that any funding for the Advanced Research Projects Agency for Health (ARPA-H) supplement, not supplant, the total \$49 billion base budget recommendation. We believe that a meaningful increase in NIH-wide funding, in combination with aging and increase in prevalence of diseases, will be essential to sustain the research needed to make progress in addressing chronic disease, Alzheimer’s disease, and related dementias 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 greatly appreciate the Subcommittee for the opportunity to submit this testimony.

⁶ Alzheimer’s Association. 2021 Alzheimer’s Disease Facts and Figures. *Alzheimers Dement.* 2021;17(3):327-406. [doi:10.1002/alz.12328](https://doi.org/10.1002/alz.12328).

⁷ National Prevention Council. Healthy Aging in Action: Advancing the National Prevention Strategy. Published November 2016. Accessed April 25, 2022. <https://www.cdc.gov/aging/pdf/healthy-aging-in-action508.pdf>.

⁸ Centers for Medicare and Medicaid Services. Chronic Conditions Charts: 2018. Published 2018. Accessed April 26, 2022. https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/Chartbook_Charts.