



THE AMERICAN GERIATRICS SOCIETY
40 FULTON STREET, 18TH FLOOR
NEW YORK, NEW YORK 10038
212.308.1414 TEL 212.832.8646 FAX
www.americangeriatrics.org

December 11, 2019

The Honorable Lamar Alexander
Chair, Committee on Health, Education,
Labor and Pensions
United States Senate
Washington, DC 20510

The Honorable Patty Murray
Ranking Member, Committee on Health, Education,
Labor and Pensions
United States Senate
Washington, DC 20510

The Honorable Jack Reid
United States Senate
Washington, DC 20510

The Honorable Michael Enzi
United States Senate
Washington, DC 20510

The Honorable Martha McSally
United States Senate
Washington, DC 20510

Dear Senator Collins and Senator Casey:

The American Geriatrics Society (AGS), an organization devoted to improving the health, independence and quality of life of older adults, appreciates your ongoing efforts to reauthorize the Geriatrics Workforce Enhancement Program (GWEP) and the Geriatrics Academic Career Awards (GACAs) Program through the *Geriatrics Workforce Improvement Act* (S. 299).

We understand that there will be a mark-up on December 12th of S. 2997, the *Title VII Health Care Workforce Reauthorization Act of 2019*, which includes the language in S. 299, some of which has been modified. While we are pleased to see reauthorization of these programs moving forward, we are concerned that the overall Title VII reauthorization as written would compromise the future success of both the GWEP and GACA programs. We have briefly stated our concerns directly below and have provided additional detail in the attached document including our suggestions for revised bill language.

- The current authorization level of \$40.7 million is insufficient for the GWEP and GACA programs to succeed in their mission. We strongly urge you to consider a \$51 million authorizing level, which is consistent with the House-passed EMPOWER for Health Act (H.R. 2781) and S. 299 as introduced. This modest increase will allow HRSA to expand the number of GWEPs and GACAs and move towards closing the current geographic and demographic gaps in geriatrics workforce training.
- The current award amount of \$75,000 for the GACA is insufficient to support the needs of awardees and is also inconsistent with other career development awards. We urge you to consider a funding level of \$100,000, which is consistent with equivalent career development awards at the National Institutes of Health. We also urge you to remove the language on the

AGS Letter to Senators Collins and Casey

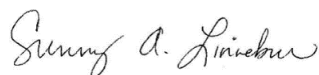
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Consumer Price Index (CPI), which has made the awards administratively hard to manage because appropriations have not, historically, been adjusted to reflect the CPI.

- The current language concerning individuals eligible for GACAs appropriately specifies that awardees must have a “junior, nontenured, faculty appointment...” While junior faculty are the target population for these awards, we would like to assure that any GACAs who are promoted to Associate Professor from Instructor or Assistant Professor remain eligible to hold the award and would not be required to surrender their GACA. For that reason, we have recommended additional language that would allow HRSA to continue to support GACAs in completing their award given that academic promotion is a goal of the GACA program and we want to ensure recipients are not penalized for their success.
- We also note that references to “gerontology” have been omitted from the current GWEP reauthorization section. We request this word be reinserted as suggested in the attachment. This is consistent with the GWEP program description in S. 299 which appropriately reflected the two training pathways for health professionals who are interested in careers caring for older adults, one in gerontology and one in geriatrics and the importance of including both in the multidisciplinary teams that GWEPs utilize.

Thank you in advance for your attention to these issues. We hope to have the opportunity to work with both of you, as well as Chairman Alexander and Ranking Member Murray, to address these concerns prior to floor consideration. We appreciate your leadership in support of the geriatrics workforce training programs and your commitment to ensure communities across the U.S. have access to health professionals and other critical supports improving care for us all as we age.

Sincerely,



Sunny Linnebur, PharmD, BCGP, BCPS, FCCP, FASC
President



Nancy E. Lundebjerg, MPA
Chief Executive Officer

Enclosure

cc: The Honorable Susan Collins, Chair, Special Committee on Aging
The Honorable Bob Casey, Ranking Member, Special Committee on Aging

Preparing the Healthcare Workforce to Care for All Americans as We Age AGS Recommendations for Strengthening S.2997

Strengthening the Education and Training relating to geriatrics in S.2997, the Title VII Health Care Workforce Reauthorization Act of 2019

Geriatrics Academic Career Awards

Amount of Award

Page 19, lines 2-7: Current Language

(A) AMOUNT.—The amount of an award under this subsection shall be at least \$75,000 for fiscal year 2020, adjusted for subsequent years in accordance with the consumer price index. The Secretary shall determine the amount of an award under this subsection for individuals who are not physicians.

Comment

We propose that the salary amount be adjusted to \$100,000 and that the Secretary determine the salary amount for non-physicians. This change would be consistent with the award amount language that passed the House as part of the EMPOWER for Health Act (H.R. 2781) (see below). It is also consistent with other career development awards.

We also strongly recommend that the language on the Consumer Price Index (CPI) be stricken. We understand that this language has made the awards administratively hard to manage because appropriations have not, historically, been adjusted to reflect the CPI. We recommend that you speak with HRSA on this issue.

'The amount of an award under this subsection for eligible individuals who are physicians shall equal \$100,000 for fiscal year 2020, ~~adjusted for subsequent fiscal years to reflect the increase in the Consumer Price Index.~~ The Secretary shall determine the amount of an award under this subsection for individuals who are not physicians.'

Generally speaking, an increase in funding would allow the GACAs to design an individualized career development program and provide grantees with resources that support their participating in nationally-known faculty development programs independent of the resources of the home institution. The funding level is consistent with equivalent career development awards at the National Institutes of Health. Without this increase in funding, GACAs may be unable to seek necessary external training, which has been cited by prior grant awardees as a critical part of their success. In a 2015 survey of prior GACA awardees, ninety-six percent of respondents cited GACA-supported opportunities for educational and academic development, professional development, and leadership development as being primary

contributing factors to career success. (see full report at the following link <http://onlinelibrary.wiley.com/doi/10.1111/jgs.14884/epdf>)

GACA Recipient Eligibility

Page 17, lines 20-23: Current Language

(ii) has a junior, nontenured, faculty appointment at an accredited health professions school or graduate program in geriatrics or a geriatrics health profession.

Comment

The current language concerning individuals eligible for GACAs appropriately specifies that awardees must have a “junior, nontenured, faculty appointment....” While junior faculty are the target population for these awards, we would like to assure that any GACAs who are promoted to Associate Professor from Instructor or Assistant Professor remain eligible to hold the award and would not be required to surrender their GACA. For that reason, we recommend additional language that would allow HRSA to continue to support GACAs in completing their award given that academic promotion is a goal of the GACA program and we want to ensure recipients are not penalized for their success.

The additional language below, which is also in the House passed EMPOWER for Health Act (H.R. 2781) addresses this ongoing issue in which an Instructor or Assistant Professor (junior faculty) is promoted to Associate Professor and would prevent termination of their award because of that promotion.

SPECIAL RULE.—If during the period of an award under this subsection respecting an eligible individual, the individual is promoted to associate professor and thereby no longer meets the criteria of clause (ii), the individual may continue to be treated as an eligible individual through the term of the award.

Authorization of Appropriations

Page 19, Lines 22-25, Current Language

(d) Authorization of Appropriations – There is authorized to be appropriated \$40,737, 000 for each of the fiscal years 2021 through 2025 for purposes of carrying out this section.

Comment

We hope the Committee will keep the \$51 million authorizing level for these crucial geriatrics workforce programs intact during negotiation of committee language for the Title VII reauthorization bill. That level is consistent with the House-passed EMPOWER Act which is the minimum essential for the GWEP and GACA programs to succeed in their mission. 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 number of educational and training opportunities in geriatrics and gerontology must be expanded. This small increase in the authorization level 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.

Including References to Gerontology in the GWEP Program Provisions

Page 12, insert “and gerontology” as follows:

- Line 21 after geriatrics

Page 13, insert “and gerontology” as follows

- Line 3, after “geriatrics”
- Line 6 after “geriatric care”
- Line 20 after “geriatrics”

Comment

We note that references to “gerontology” have been removed from the current GWEP reauthorization section and ask that these be reinserted. The GWEP program description in S. 299, upon which this section is based, appropriately reflected the two training pathways for health professionals who are interested in careers caring for older adults, one in gerontology and one in geriatrics and the importance of including both in the multidisciplinary teams that GWEPs utilize. These two terms are related but there are distinctions that are important. Geriatrics is a clinical discipline that prepares health professionals for careers as clinician educators, researchers, and to care for older adults. Examples of disciplines that offer geriatrics certification are: medicine, nursing (advanced practice), and pharmacy. Gerontology is the comprehensive multidisciplinary study of aging and older adults. Examples of disciplines with formal certification programs in gerontology are nursing, psychology, and social work.

We believe that the authorizing language reflect that both geriatrics and gerontological health professionals are important to the work that the GWEPs are doing to improve care of older adults in their communities and would ask that legislative language reflect this as noted above.