

AMERICAN GERIATRICS SOCIETY
Written Testimony for the Record – Fiscal Year 2021 Appropriations
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
Committee on Appropriations
United States Senate

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Written Testimony for FY 2021 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. As the Subcommittee works on its fiscal year (FY) 2021 Labor, Health and Human Services, and Related Agencies Appropriations Bill, **we ask that you prioritize funding for the geriatrics education and training programs under the 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 and VIII Geriatrics Health Professions Programs at the Health Resources and Services Agency (HRSA), which includes the Geriatrics Workforce Enhancement Programs (GWEPs) and Geriatrics Academic Career Awards (GACAs). 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 2021:

- **At least \$51 million to support the Geriatrics Workforce Enhancement Program and the Geriatrics Academic Career Award Program (PHS Act Title VII, Sections 750 and 753(a))**
- **An increase of \$3 billion over the enacted FY 2020 level in the FY 2021 budget for total spending at NIH and a minimum increase of \$354 million to invest in biomedical, behavioral, and social sciences aging research efforts across NIH and research on Alzheimer’s disease and related dementias over the enacted FY 2020 level**

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 more than double from 49 million today to more than 94 million by 2060¹, while those 85 and older is projected to more than triple from 6 million today to 19 million by 2060.² As our aging population increases, so too will the prevalence of diseases

¹ U.S. Census Bureau. (2018). An Aging Nation: Projected Number of Children and Older Adults. Retrieved from <https://www.census.gov/library/visualizations/2018/comm/historic-first.html>

² Ibid.

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 Awards (at least \$51 million)

Our healthcare workforce receives little, if any, training in geriatric principles³, which leaves us ill-prepared to care for older Americans as health needs evolve, especially during the current crisis. 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 2020 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 GWEPs educate and engage the broader frontline workforce, including family caregivers, and focus on opportunities to improve the quality of care delivered to older adults, particularly in underserved and rural areas. 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 awardees. 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 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.

Our nation currently faces an unprecedented public health emergency, the novel coronavirus, significantly impacting our older loved ones. 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. As our nation works toward recovery and resilience from the pandemic, our population will continue to age, and the need for training in geriatrics and gerontology will continue to increase.

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

To address this issue, we ask the Subcommittee to provide a FY 2021 appropriation of at least \$51 million for the GWEPs and GACAs. This small increase in funding over FY 2020 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.

RESEARCH FUNDING INITIATIVES

National Institutes of Health / National Institute on Aging (additional \$500 million for aging research efforts and a minimum increase of \$354 million for Alzheimer's disease and related dementias research)

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 \$500 million in the FY 2021 budget for biomedical, behavioral, and social sciences aging research efforts across NIH and a minimum increase of \$354 million for research on Alzheimer's disease and related dementias over the enacted FY 2020 level.

The federal government spends a significant and increasing amount of funds on healthcare costs associated with age-related diseases. By 2060, for example, the number of people affected by dementia is estimated to reach 14.9 million cases—nearly triple the number in 2020.⁴ Further, chronic diseases related to aging, such as diabetes, heart disease, and cancer continue to afflict 80 percent of people age 65 and older⁵ and account for more than 75 percent of Medicare and other federal health expenditures.⁶ 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 a \$3 billion increase over the enacted FY 2020 level in the FY 2021 budget for total spending at NIH. We believe that a meaningful increase in NIH-wide funding, in combination with aging and prevalence of diseases increases, 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.

⁴ Matthews, K. A., Xu, W., Gaglioti, A. H., Holt, J. B., Croft, J. B., Mack, D., & McGuire, L. C. (2019). Racial and ethnic estimates of Alzheimer's disease and related dementias in the United States (2015–2060) in adults aged ≥ 65 years. *Alzheimer's & Dementia*, 15(1), 17-24.

⁵ National Prevention Council. (2016). Health Aging in Action: Advancing the National Prevention Strategy. Retrieved from <https://www.cdc.gov/aging/pdf/healthy-aging-in-action508.pdf>

⁶ Erdem, E., Prada, S.I., Haffer, S.C. (2013). Medicare Payments: How Much Do Chronic Conditions Matter? *Medicare & Medicaid Research Review*, 3(2). Retrieved from <http://dx.doi.org/10.5600/mmrr.003.02.b02>