

AMERICAN GERIATRICS SOCIETY
40 Fulton St., 18th Floor, New York, NY 10038
Outside Witness Testimony – Fiscal Year 2022 Appropriations
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
Committee on Appropriations
United States Senate

June 17, 2021

Outside Witness Testimony for FY 2022 Appropriations for the Department of Health and Human Services

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

Contact: Anna Kim, Manager of Public Affairs and Advocacy, akim@americangeriatrics.org,
212-308-1414

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 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 2022:

- **At least \$105.7 million to support the GWEP and GACA program (PHS Act Title VII, Sections 750 and 753(a))**
- **An increase of no less than \$3.3 billion over the enacted FY 2021 level in the FY 2022 budget for total spending at NIH for current institutes and operations; a minimum increase of \$500 million to invest in biomedical, behavioral, and social sciences aging research efforts across NIH; and a minimum increase of \$289 million for research on Alzheimer’s disease and related dementias over the enacted FY 2021 level in the FY 2022 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 more than double from 54.1 million today¹ to more than 94 million by 2060,² while those 85 and older is projected to more than triple from 6.4 million today to 19 million by 2060.³ 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 \$105.7 million)

Our healthcare workforce receives little, if any, training in geriatric principles,⁴ which leaves us ill-prepared to care for older Americans as health needs evolve, especially during the current COVID-19 public health emergency. 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 2021 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 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 awardees.

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.

¹ U.S. Census Bureau. 2019 American Community Survey 1-Year Estimates Subject Tables. Available at <https://data.census.gov/cedsci/table?q=S0101&tid=ACSST1Y2019.S0101&hidePreview=false>.

² U.S. Census Bureau. An Aging Nation: Projected Number of Children and Older Adults. Available at <https://www.census.gov/library/visualizations/2018/comm/historic-first.html>. Published March 13, 2018.

³ Ibid.

⁴ 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.

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.

Most recently, the GWEPs and GACAs have been an asset for states as many states and localities grapple with the rollout of the COVID-19 vaccine and address vaccine hesitancy. GWEPs have been staffing call lines to assist older adults to register for the vaccine, advising local authorities on making the sign-up websites age-friendly, and working with health systems to participate in the rollout and outreach to vulnerable and hard-to-reach populations, preventing widening the health disparity gap exacerbated by the pandemic. Looking forward, these programs will be 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 2022 appropriation of at least \$105.7 million for the GWEP and GACA program. This increase in funding over FY 2021 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. As laid out in President Biden's American Jobs Plan, 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 \$500 million for aging research efforts and a minimum increase of \$289 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 2022 budget for biomedical, behavioral, and social sciences aging research efforts across NIH and a minimum increase of \$289 million for research on Alzheimer's disease and related dementias over the enacted FY 2021 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.⁵ Further, chronic diseases related to aging, such as diabetes, heart disease, and cancer continue to afflict 80 percent of people age 65 and older⁶ and account for more than 75 percent of Medicare and other federal health expenditures.⁷ 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 no less than a \$3.3 billion increase over the enacted FY 2021 level in the FY 2022 budget for total spending at NIH for current institutes and operations. 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.

⁵ Alzheimer's Association. 2021 Alzheimer's Disease Facts and Figures. *Alzheimers Dement.* 2021; 17(3):327-406. <https://doi.org/10.1002/alz.12328>.

⁶ National Prevention Council. Healthy Aging in Action: Advancing the National Prevention Strategy. Available at <https://www.cdc.gov/aging/pdf/healthy-aging-in-action508.pdf>. Published November 2016.

⁷ Erdem, E, Prada, SI, Haffer, SC. Medicare Payments: How Much Do Chronic Conditions Matter?. *Medicare & Medicaid Research Review.* 2013;3(2). <http://dx.doi.org/10.5600/mmrr.003.02.b02>.