

AMERICAN GERIATRICS SOCIETY
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Outside Witness Testimony – Fiscal Year (FY) 2026 Appropriations
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
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Testimony for FY 2026 Appropriations for the Department of Health and Human Services
National Institutes of Health / National Institute on Aging

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The American Geriatrics Society (AGS) appreciates the opportunity to submit this testimony. AGS is a nationwide not-for-profit organization of 6,000+ geriatrics healthcare professionals and basic and clinical researchers dedicated to improving the health, independence, and quality of life of all older people. AGS is an anti-discriminatory organization. We believe in a society where we all are supported by and able to contribute to our communities and the important role that research has in improving the healthcare outcomes and quality of life for older Americans and those who care for them. The Society leads efforts to incorporate attention to older adults living with multiple chronic conditions into research^{1,2} and clinical care^{3,4} and is a champion for improving attention to the unique health care needs of older adults in workforce training.^{5,6} We believe that understanding disease across the lifespan⁷ is important to extending healthspan—the time someone lives in generally good health—for all of us as we age. As the Subcommittee works on its FY 2026 Labor, Health and Human Services, Education, and Related Agencies appropriations bill, **we respectfully request \$51.303 billion for the National Institutes for Health’s (NIH) foundational work and \$4.75 billion for the National Institute on Aging (NIA) specifically.**

Our members are on the frontlines of caring for older Americans, many of whom are living with multiple chronic conditions, advanced illness, and/or with complicated biopsychosocial issues. The Geriatrics 5Ms informed the development of the 4Ms of age-friendly care (What Matters,

¹ Advancing Geriatrics Research: AGS/NIA Conference Series. American Geriatrics Society. Accessed June 5, 2025. <https://www.americangeriatrics.org/programs/advancing-geriatrics-research-agsnia-conference-series>

² The AGS/AGING Learning Collaborative. AGS CoCare. Accessed June 5, 2025. https://mccresearch.agscocare.org/what_is_the_ags_aging_learning_collaborative

³ American Geriatrics Society Expert Panel on the Care of Older Adults with Multimorbidity. Guiding principles for the care of older adults with multimorbidity: an approach for clinicians. *J Am Geriatr Soc.* 2012;60(10):e1-e25. doi:[10.1111/j.1532-5415.2012.04188.x](https://doi.org/10.1111/j.1532-5415.2012.04188.x)

⁴ McNabney MK, Green AR, Burke M, et al. Complexities of care: common components of models of care in geriatrics. *J Am Geriatr Soc.* 2022;70(7):1960–72. doi:[10.1111/jgs.17811](https://doi.org/10.1111/jgs.17811)

⁵ American Geriatrics Society. Letters to House and Senate Appropriations Leadership on FY 2025 Funding for Geriatrics Workforce Training Programs. June 5, 2024. Accessed June 6, 2025. <https://www.americangeriatrics.org/sites/default/files/Letters%20to%20House%20and%20Senate%20Appropriations%20Leadership%20on%20FY%202025%20Funding%20for%20Geriatrics%20Workforce%20Training%20Programs.pdf>

⁶ AGS Advancing Health Care in Surgical and Related Medical Specialties. Special Collection. *J Am Geriatr Soc.* Accessed June 5, 2025. <https://agsjournals.onlinelibrary.wiley.com/hub/journal/15325415/agsadvancinggeriatrics>

⁷ Inclusion Across the Lifespan in Human Research Subjects Research. National Institutes of Health. Updated February 27, 2025. Accessed June 5, 2025. <https://grants.nih.gov/policy-and-compliance/policy-topics/inclusion/lifespan>

Medications, Mentation, and Mobility)⁸ of the Age-Friendly Health Systems movement which seeks to reimagine the 21st century health system so as to provide care that is age-friendly, respects the goals and preferences of the older adult, and meaningfully and substantially includes the family caregiver in the plan of care.⁹

AGS appreciates your collective support of NIA. Since it was established in 1974, NIA has supported groundbreaking intramural and extramural research on the diseases and disorders of aging which has improved the health and quality of life of all Americans as we age. As the nation's demographics shift and our lifespans lengthen, we are living longer and healthier lives, and NIA has played a pivotal role in this. We urge you to ensure that NIA has the resources it needs to continue its leadership in advancing research that recognizes the critical importance of interdisciplinary approach across the portfolio of federal research that it stewards which span research focused on basic biology to research that is identifying most effective interventions and treatments that are foundational to expanding our healthspan. Furthermore, the NIA's mission aligns well with Congress' and the Administration's interest in making Americans healthier.

The number of people 65 and older is estimated to climb from 63.3 million today to more than 88.8 million by 2060, while those 85 and older is projected to more than double from 7.1 million today to 17.5 million by 2060.¹⁰ As the population of older adults grows, so too will the prevalence of chronic diseases given these disproportionately affect older people and the economic burden associated with these diseases. To ensure that our nation is prepared to meet the unique healthcare needs of all Americans as we age, we request that Congress provide the additional investments necessary at NIH and NIA to foster cutting edge medical research on aging.

The NIH institutes, specifically the NIA, lead the national scientific effort to understand the nature of aging throughout our life course and extend healthspan (healthy, active years of life). With its whole person approach, NIA, which celebrated its 50th anniversary last year,¹¹ has been at the forefront of the progress made in improving our collective healthspan and informing our understanding of the complex interplay of a multitude of factors across our lifespan that together drive aging and age-related diseases. That progress has been thanks, in large part, to the foresight of Congress in establishing an Institute that would take a whole person perspective and work towards a healthier future for all of us as we age. Dr. Robert Butler, the first Director of NIA, highlighted NIA's unique mission stating, "In the words of Congress, 'The National Institute on Aging was established for the conduct and support of biomedical, social, and behavioral research and training related to the aging process and diseases and other special problems and needs of the aged.' Congress demonstrated foresight when it placed this Institute within the National Institutes of Health, enabling it to share in the NIH's history, experience, and recognized

⁸ Tinetti M, Huang A, Molnar F. The Geriatrics 5M's: A new way of communicating what we do. *J Am Geriatr Soc*. 2017;65(9):2115. doi:[10.1111/jgs.14979](https://doi.org/10.1111/jgs.14979)

⁹ Mate KS, Berman A, Laderman M, Kabcenell A, Fulmer T. Creating age-friendly health systems - a vision for better care of older adults. *Healthc*. 2018;6(1):4-6. doi:[10.1016/j.hjdsi.2017.05.005](https://doi.org/10.1016/j.hjdsi.2017.05.005)

¹⁰ U.S. Census Bureau International Programs Center. International Database (IDB). Accessed June 5, 2025.

https://www.census.gov/data-tools/demo/idb/#/pop?COUNTRY_YEAR=2023&COUNTRY_YR_ANIM=2023&FIPS_SINGLE=US&FIPS=US&popPages=B YAGE&POP_YEARS=2060.2025&menu=popViz&ageGroup=O&CCODE=US&CCODE_SINGLE=US

¹¹ Kuchel GA, Smith AK, eds. Celebrating the 50th anniversary of the National Institute on Aging. *J Am Geriatr Soc*. 2024;72(5, special collection):1313-1642.

excellence. The Institute finds itself different from most of the eleven Institutes and four Divisions of the National Institutes of Health. Its mandate reflects the concept that the study of aging is not just the study of decline, loss, and decrement — which do indeed accompany aging — and not just the study of disabilities or diseases which may in part be due to social adversities. Rather, it is also the study of the normal processes of development which are fundamental to life and about which we know all too little, including creativity, life experience, perspective, and judgment. Indeed, a major overall objective of research is to examine the variety of factors — biologic, social and psychologic — which constitute the aging process, and to translate this knowledge into ways of preventing, promoting, modifying, or reversing these various factors so that life is better and more dignified in the later years.”¹²

Despite the progress that has been made, age-related chronic diseases, such as diabetes, heart disease, and cancer continue to afflict 80 percent of people who are 65 and older¹³ and healthcare costs associated with these diseases are significant and rising. For example, the number of people affected by Alzheimer’s dementia is estimated to double from 7.2 million today and the annual cost for related health care and long-term care is projected to be \$1 trillion in 2050, which does not include the current \$413.5 billion in unpaid caregiving.¹⁴ Further, nearly 45 percent of Medicare beneficiaries have four or more chronic conditions¹⁵ and account for more than 75 percent of Medicare expenditures.¹⁶ As the US population rapidly ages, access to innovative and appropriate care techniques for medically complex older adults informed by robust evidence is imperative to maintaining health and quality of life for all of us as we age.

NIA is the cornerstone of our understanding of how we all age and funds research into all aspects of aging, supporting research that extends far beyond Alzheimer’s disease and related dementias (ADRD) including geroscience (study of biological mechanisms that drive aging and disease and may contribute to longevity), multiple chronic conditions, polypharmacy, delirium, resilience, chronic wounds, social and economic aspects of aging, and more. NIA-funded research established a robust evidence base for addressing root causes, interventions, and including longitudinal studies of how we age, and NIA’s groundbreaking work in mobility and falls, cancer survivorship, cardiovascular health, caregiving, and the biology of aging revolutionized what it means to age in the US. The Institute is continuing to work to better understand this process in order to have all of us age as healthily as possible and in turn, this new knowledge is helping to reduce declines in function and susceptibility to disease or frailty and delaying the onset of costly age-related diseases. Continued increases in NIH-wide and NIA funding are vital to sustaining the research needed to make progress in addressing chronic diseases that disproportionately affect older people. Ultimately, such investments will lead to decreases in healthcare spending.

¹² Butler RN. Mission of the National Institute on Aging. *J Am Geriatr Soc.* 1977;25(3):97-103. doi:[10.1111/j.1532-5415.1977.tb00270.x](https://doi.org/10.1111/j.1532-5415.1977.tb00270.x)

¹³ National Prevention Council. Healthy Aging in Action: Advancing the National Prevention Strategy. Published November 2016. Accessed June 5, 2025. <https://www.hhs.gov/sites/default/files/healthy-aging-in-action-final.pdf>

¹⁴ Alzheimer’s Association. 2025 Alzheimer’s disease facts and figures. *Alzheimers Dement.* 2025;21(4):e70235. doi:[10.1002/alz.70235](https://doi.org/10.1002/alz.70235)

¹⁵ Centers for Medicare and Medicaid Services. Medicare Current Beneficiary Survey 2018 Chartbook. Published December 8, 2020. Accessed June 5, 2025. <https://www.cms.gov/files/zip/2018-medicare-current-beneficiary-survey-annual-chartbook-and-slides.zip>

¹⁶ Aspen Health Strategy Group. Reducing the burden of chronic disease: a report of the Aspen Health Strategy Group. Published 2019. Accessed June 5, 2025. <https://www.aspeninstitute.org/wp-content/uploads/2019/02/AHSG-Chronic-Disease-Report-2019.pdf>

Geriatricians and other geriatrics health professionals that care for older adults with complicated medical issues and social challenges strongly support a holistic life stage approach to all research that is vital to fully understand the diverse effects of aging on the older adult population and effectively address the multifaceted issues related to aging. NIA has been an effective steward of ADRD funding, including working to ensure that brain health is not siloed under a single portfolio but considered across the research that NIA and other Institutes and Centers support. The reality is that more than 95 percent of Medicare beneficiaries who have ADRD also have other chronic conditions.¹⁷ Without consideration of these other key facets of health, we will be doing a disservice to older Americans living with dementia and other chronic conditions.

Our understanding of aging and chronic diseases is made possible because of the steadfast commitment and leadership of this Subcommittee and Congress in ensuring that NIH and NIA have the available resources to invest in novel research. Increased federal investments in scientific research will ensure that both NIH and NIA are appropriately supported to allow the US to remain a global leader in innovation and scientific discovery, foster the development of research and clinical scientists, provide research resources, and communicate information about aging and advances in research on aging. As the Subcommittee continues its appropriations process for FY 2026, AGS urges you to protect your previous investments in NIH and NIA and include at least \$51.303 billion for base funding at the NIH and \$4.75 billion for NIA specifically.

Additionally, we urge Congress to exercise its oversight authority on the substantial changes being made and proposed reorganization across the Department of Health and Human Services (HHS) to the workforce, grants, and budget without adequate input from Congress or the American public. These changes significantly impact NIH and NIA's efficacy, putting at risk decades of bipartisan progress in understanding aging, preventing chronic disease, and extending the lifespan and healthspan of millions of Americans, and undermines the US leadership in science and the future of biomedical research. The mission of the NIA has never been brighter or more vitally important.^{18,19} Recent technical advances enable new aging research, including better molecular tools, data science to model the complexity and systems science inherent to aging, and real-world data opportunities to ensure access to older people that were previously difficult to study in trials. Given these advances and as the aging population increases, strong support such as yours will help ensure that all of us as we age are able to receive high-quality, better coordinated, efficient, cost-effective, and improved clinical care.

We greatly appreciate the Subcommittee for the opportunity to submit this testimony.

¹⁷ Alzheimer's Association. Alzheimer's and multiple chronic conditions fact sheet. March 2022. Accessed June 10, 2025. <https://www.alz.org/getmedia/4102d0c5-51a8-4de0-8771-a044b715690e/alzheimers-and-multiple-chronic-conditions.pdf>

¹⁸ Newman JC Al-Naggar IM, Kuchel GA. Role of the National Institute on Aging in transforming aging research through geroscience and gerotherapeutics—50 years of innovation. *JAMA Intern Med.* 2024;184(10):1146-1148. doi:[10.1001/jamainternmed.2024.2534](https://doi.org/10.1001/jamainternmed.2024.2534)

¹⁹ Covinsky KE, Mody L, Inouye SK. Why do we (and still do!) need the National Institute on Aging—50 years of innovation. *JAMA Intern Med.* 2024;184(10):1143-1144. doi:[10.1001/jamainternmed.2024.1326](https://doi.org/10.1001/jamainternmed.2024.1326)