

July 14, 2025

The Honorable Susan Collins
Chair
Senate Committee on Appropriations

The Honorable Patty Murray
Vice Chair
Senate Committee on Appropriations

The Honorable Shelley Moore Capito
Chair
Senate Committee on Appropriations
Subcommittee on Labor, HHS, and Education

The Honorable Tammy Baldwin
Ranking Member
Senate Committee on Appropriations
Subcommittee on Labor, HHS, and Education

Dear Chair Collins, Vice Chair Murray, Chair Capito, and Ranking Member Baldwin:

The American Geriatrics Society (AGS) is a national non-profit organization comprised of 6,000+ geriatrics healthcare professionals and basic and clinical researchers dedicated to improving the health, independence, and quality of life of older Americans. AGS is an anti-discriminatory organization. We believe in a society where we all are supported by and able to contribute to communities where discrimination and bias no longer impact healthcare access, quality, and outcomes for older adults and their care partners. 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. AGS **respectfully requests \$51.303 billion in the fiscal year (FY) 2026 budget for the National Institutes for Health's (NIH) foundational work and \$4.75 billion for the National Institute on Aging (NIA) within the Department of Health and Human Services (HHS).** Our request is aligned with the Friends of the National Institute on Aging (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.

An important framework for how geriatrics health professionals care for older adults is the Geriatrics 5Ms (see table below).⁸ 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

¹ Advancing Geriatrics Research: AGS/NIA Conference Series. American Geriatrics Society. Accessed April 10, 2025.

<https://www.americangeriatrics.org/programs/advancing-geriatrics-research-agsnia-conference-series>

² The AGS/AGING Learning Collaborative. AGS CoCare. Accessed April 10, 2025.

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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 April 10, 2025.

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⁶ AGS Advancing Health Care in Surgical and Related Medical Specialties. Special Collection. *J Am Geriatr Soc.* Accessed April 10, 2025.

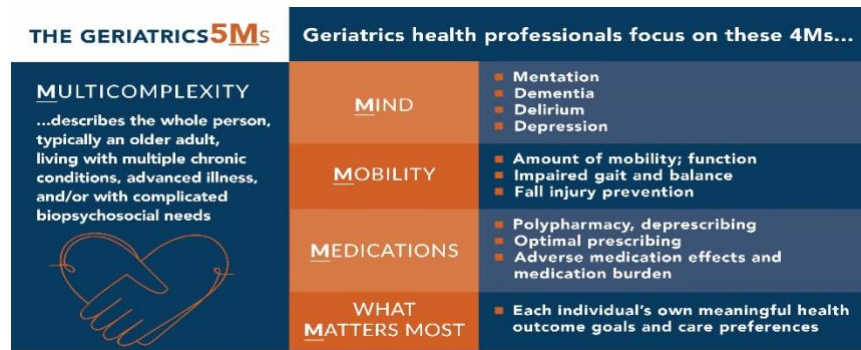
<https://agsjournals.onlinelibrary.wiley.com/hub/journal/15325415/agsadvancinggeriatrics>

⁷ Inclusion Across the Lifespan in Human Subjects Research. National Institutes of Health. Updated February 27, 2025. Accessed April 10, 2025.

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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)

biopsychosocial issues. The Geriatrics 5Ms informed the development of the 4Ms of age-friendly care (What Matters, Medications, Mentation, and Mobility) 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 older persons, and meaningfully and substantially includes family caregivers in the plan of care.⁹



AGS appreciates Congress' collective support of NIA. Since it was established in 1974, NIA has supported 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 Subcommittee works on its FY 2026 Labor, Health and Human Services, Education, and Related Agencies appropriations bill, we urge Congress to protect ongoing investments in NIH and NIA and support increased funding for new aging research efforts at NIH and NIA.

We believe that sustained and enhanced federal investments in aging research are essential to delivering high-quality, coordinated, and efficient care to older adults, whose numbers across the United States are projected to increase dramatically in the coming years. As the nation's demographics shift and our lifespans lengthen, NIA has played a pivotal role in Americans living longer and healthier lives. We urge Congress to ensure that NIA has the resources it needs to continue its leadership in advancing research that recognizes the critical importance of an interdisciplinary approach across the portfolio of federal research that it stewards. The portfolio spans research focused on basic biology to research that is identifying most effective interventions and treatments that are foundational to expanding our healthspan. Furthermore, NIA's mission aligns with Congress' and the Administration's interest in making Americans healthier.

According to the US Census Bureau, the number of people age 65 and older is projected 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 number of Americans over the age of 65 increases, so too will the prevalence of diseases disproportionately affecting older people—most notably Alzheimer's disease and related dementias (ADRD)—and the economic burden associated with these diseases.

As we know you appreciate, NIH Institutes, and specifically NIA, lead the national scientific effort to understand the nature of aging throughout our life course and extend our healthy, active years of life.

⁹ Mate KS, Berman A, Laderman M, Kabacene 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.hidsi.2017.05.005](https://doi.org/10.1016/j.hidsi.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=BYAGE&POP_YEARS=2060,2025&menu=popViz&ageGroup=O&CCODE=US&CCODE_SINGLE=US

With its whole-person approach, NIA, which celebrated its 50th anniversary last year,¹¹ has been at the forefront of improving our collective healthspan and informing our understanding of the complex interplay 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. 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 older¹² 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 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.¹³ Further, nearly 45 percent of Medicare beneficiaries have four or more chronic conditions¹⁴ and account for more than 75 percent of Medicare expenditures.¹⁵ NIA-funded research has established a robust evidence base addressing root causes, interventions, including supporting important longitudinal studies of how we age. The knowledge we gain from these studies is helping to reduce declines in function and susceptibility to disease or frailty and delaying the onset of costly age-related diseases. We believe that continued increases in NIH-wide and NIA funding are vital to sustaining the research needed to make progress in addressing chronic diseases and ADRD that disproportionately affect older people. We believe that, ultimately, such investments will lead to decreases in healthcare spending.

NIA funds research into all aspects of aging, supporting research that extends far beyond 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. There are profoundly different health issues for advanced older age than for the general population of older adults, 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 the aging process in order to have all of us age as healthily as possible. This 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. Ongoing and increased investments in scientific research will ensure that both NIH and NIA are able to continue to conduct cutting edge research that allows 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.

Geriatricians and other geriatrics clinicians that care for older adults with complicated medical issues and social challenges 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

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¹² National Prevention Council. Healthy Aging in Action: Advancing the National Prevention Strategy. Published November 2016. Accessed March 30, 2025. <https://www.hhs.gov/sites/default/files/healthy-aging-in-action-final.pdf>

¹³ Alzheimer's Association. 2024 Alzheimer's Disease Facts and Figures. *Alzheimers Dement*. 2024;20(5):1-98. doi:10.1002/alz.13809

¹⁴ Centers for Medicare and Medicaid Services. Medicare Current Beneficiary Survey 2018 Chartbook. Published December 8, 2020. Accessed March 30, 2025. <https://www.cms.gov/files/zip/2018-medicare-current-beneficiary-survey-annual-chartbook-and-slides.zip>

¹⁵ Aspen Health Strategy Group. Reducing the Burden of Chronic Disease: A Report of the Aspen Health Strategy Group. Published 2019. Accessed March 30, 2025. <https://www.aspeninstitute.org/wp-content/uploads/2019/02/AHSG-Chronic-Disease-Report-2019.pdf>

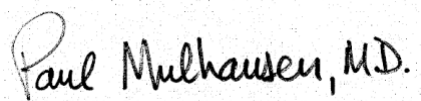
related to aging. NIA has been an effective steward of ADRD funding, working to ensure that brain health is not siloed under a single portfolio but considered across the research that NIA and other Institutes and Centers support. The reality is that more than 95 percent of Medicare beneficiaries who have ADRD also have other chronic conditions.¹⁶ 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.

Additionally, **we urge Congress to exercise its oversight authority on the substantial changes being made across 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 healthspan of millions of Americans, and undermine the US leadership in science and the future of biomedical research. The mission of the NIA has never been more vitally important.^{17,18} 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 from Congress will help ensure that all of us, as we age, receive clinical care that is high-quality, well-coordinated, efficient, and cost-effective.

Continued federal commitment to investments in science, research, and technology leads to cutting edge discoveries in medicine, improved patient care, and reduced costs. Breakthroughs from NIH and NIA research can not only delay the onset of costly age-related diseases but also can save trillions of dollars by the middle of the current century. AGS urges Congress to strengthen its commitment in FY 2026 so that we may advance healthcare quality and fully achieve the goals of delivery system reform.

Thank you for your consideration of this funding request. If you have comments or questions about NIH and NIA funding or other issues related to the healthy aging of older Americans, please contact Anna Kim, Senior Manager of Public Affairs & Advocacy, at 212-308-1414 or akim@americangeriatrics.org.

Sincerely,



Paul Mulhausen, MD
President



Nancy E. Lundebjerg, MPA
Chief Executive Officer

¹⁶ Alzheimer's Association. Alzheimer's and multiple chronic conditions fact sheet. March 2022. Accessed June 26, 2025. <https://www.alz.org/getmedia/4102d0c5-51a8-4de0-8771-a044b715690e/alzheimers-and-multiple-chronic-conditions.pdf>

¹⁷ 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)

¹⁸ 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)

July 14, 2025

The Honorable Tom Cole
Chair
House Committee on Appropriations

The Honorable Rosa DeLauro
Ranking Member
House Committee on Appropriations
Subcommittee on Labor, HHS, and Education

The Honorable Robert Aderholt
Chair
House Committee on Appropriations
Subcommittee on Labor, HHS, and Education

Dear Chair Cole, Ranking Member DeLauro, and Chair Aderholt:

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An important framework for how geriatrics health professionals care for older adults is the Geriatrics 5Ms (see table below).⁸ Our members are on the frontlines of caring for older Americans, many of

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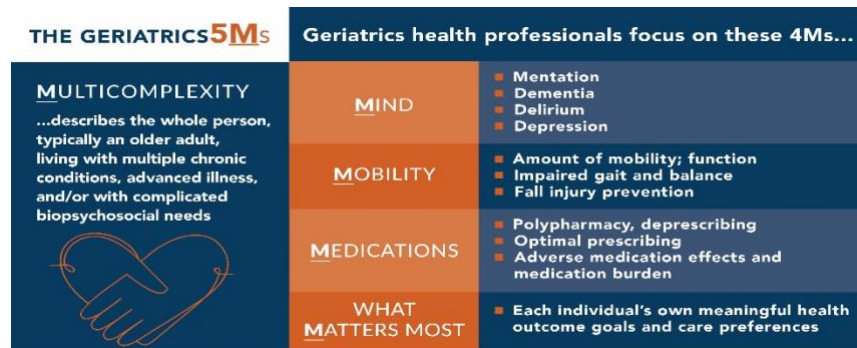
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whom are living with multiple chronic conditions, advanced illness, and/or with complicated biopsychosocial issues. The Geriatrics 5Ms informed the development of the 4Ms of age-friendly care (What Matters, Medications, Mentation, and Mobility) of



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 older persons, and meaningfully and substantially includes family caregivers in the plan of care.⁹

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With its whole-person approach, NIA, which celebrated its 50th anniversary last year,¹¹ has been at the forefront of improving our collective healthspan and informing our understanding of the complex interplay 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. 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 older¹² 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 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.¹³ Further, nearly 45 percent of Medicare beneficiaries have four or more chronic conditions¹⁴ and account for more than 75 percent of Medicare expenditures.¹⁵ NIA-funded research has established a robust evidence base addressing root causes, interventions, including supporting important longitudinal studies of how we age. The knowledge we gain from these studies is helping to reduce declines in function and susceptibility to disease or frailty and delaying the onset of costly age-related diseases. We believe that continued increases in NIH-wide and NIA funding are vital to sustaining the research needed to make progress in addressing chronic diseases and ADRD that disproportionately affect older people. We believe that, ultimately, such investments will lead to decreases in healthcare spending.

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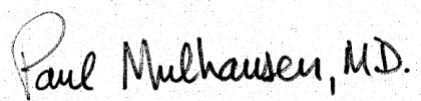
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President



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