

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 and where bias and discrimination 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. As the Subcommittee works on its fiscal year (FY) 2026 Labor, Health and Human Services, Education, and Related Agencies appropriations bill, **we respectfully request your support of at least \$58.245 million for the geriatrics education and training programs—the Geriatrics Workforce Enhancement Program (GWEP) and the Geriatrics Academic Career Award (GACA) Program—under Title VII of the Public Health Service (PHS) Act.**

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

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.

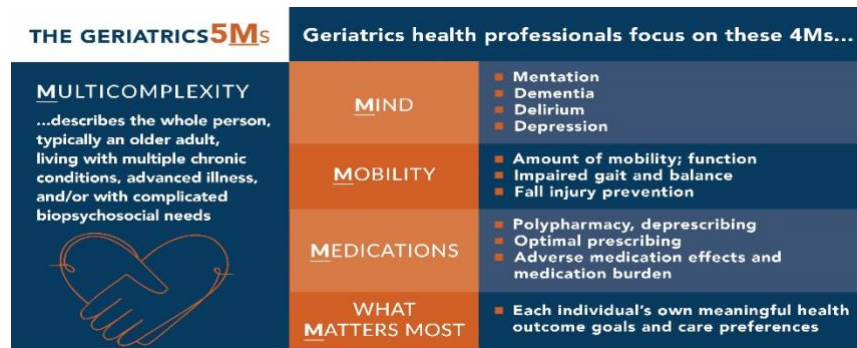
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⁷ Inclusion Across the Lifespan in Human Subjects Research. National Institutes of Health. Updated February 27, 2025. Accessed April 10, 2025.

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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

As Americans' lifespans lengthen, our healthspans can vary significantly. Many of us will be diagnosed with chronic diseases as we age even as research supported by the National Institute on Aging (NIA) has extended our collective healthspan. Age-related chronic diseases include diabetes, heart disease, and cancer, and 80 percent of people who are 65 and older¹⁰ have one or more chronic conditions. Healthcare costs associated with these diseases are significant and rising. Further, nearly 45 percent of Medicare beneficiaries have four or more chronic conditions¹¹ and account for more than 75 percent of Medicare expenditures.¹² Access to a well-trained workforce, equipped with cutting edge care techniques and expertise in care for medically complex older adults is essential to maintaining health, quality of life, and independence for all of us as we age. Geriatrics health professionals—geriatric nurses, physician assistants, pharmacists, social workers, and other specialists (e.g., occupational therapists, physical therapists, mental health professionals)—are experts in preventing, delaying, and managing the chronic diseases that impact Americans 65 and older and supporting medically complex older adults through interdisciplinary, person-centered, and efficient care. 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 2025 levels would help ensure that the funding necessary to expand these critically important programs is commensurate with the increasing need.

AGS appreciates Congress' ongoing support of the Title VII geriatrics workforce programs, the only federal programs designed to address the workforce gap in geriatrics^{13,14} through community-level training and increasing the number of faculty with geriatrics expertise across disciplines. The GWEPs and

⁹ Mate KS, Berman A, Laderman M, Kabacennell 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 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>

¹¹ 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>

¹² 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>

¹³ Foley KT, Luz CC. Retooling the health care workforce for an aging America: a current perspective. *Gerontol.* 2021;61(4):487-496. doi:[10.1093/geront/gnaa163](https://doi.org/10.1093/geront/gnaa163)

¹⁴ Farrell TW, Korniyenko A, Hu G, Fulmer T. Geriatric medicine is advancing, not declining: a proposal for new metrics to assess the health of the profession. *J Am Geriatr Soc.* 2024;73(1):323-328. doi:[10.1111/jgs.19143](https://doi.org/10.1111/jgs.19143)

GACAs are building the geriatrics expertise we need in the primary care and paid caregiver workforce, and among family caregivers.¹⁵

Geriatrics Workforce Enhancement Programs. The GWEP is currently the only federal program focused on increasing the number of clinicians in a variety of disciplines with the skills and training to care for older adults. The GWEPs educate and engage primary care physicians, nurses, social workers, direct care workers, and other health care professionals as well as family caregivers. GWEPs focus on opportunities to improve the quality of care delivered to older adults, particularly in underserved and rural areas. In Academic Year 2022-2023, GWEPs trained nearly 1.4 million individuals in curricula related to treating older adults for health problems.¹⁶ 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, especially around Alzheimer's disease and related dementias. The GWEP was launched in 2015 by the Health Resources and Services Administration (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. In 2024, HRSA funded its third cohort of 42 GWEPs operating in 37 states under 5-year grants through June 2029.

Geriatrics Academic Career Awards. The GACA program is an essential complement to the GWEP. GACAs equip early-career clinician educators with the skills and training required to become leaders in geriatrics education and research. It is the only federal program focused on increasing the number of faculty with geriatrics expertise in a variety of disciplines who are providing training in public health, behavioral health, and more. After a gap in funding (2015-2017), the program was reestablished in November 2018 and currently, there are 25 GACAs in 18 states with 4-year awards through June 2027.

The GWEPs and GACAs have also been successful in leading state and local public health planning. These programs are critical in providing assistance for proactive public health planning with their geriatrics expertise, including in cognition, polypharmacy, and mobility challenges, and knowledge of long-term care, and have helped to ensure states and local governments are equipped with effective plans for older adults in disaster preparedness.

Despite the well-documented growing number of older adults in the US who are likely to require the care of a geriatrician, there is a workforce crisis with a disappearing supply of primary care physicians, including geriatricians. According to HRSA, there will be a shortage of 2,110 geriatricians by 2037, leaving thousands without access to these services.¹⁷ Similar shortages persist with health professionals specializing in geriatrics across other disciplines and rural populations have particularly acute lack of access compared to residents in urban areas. Moreover, rural populations are generally older, have a higher incidence of poor health, and face greater socioeconomic barriers to receiving care (e.g., transportation, poor internet access). Given the increasing diversity among older people and rapid

¹⁵ GWEP Coordinating Center. American Geriatrics Society. Accessed June 27, 2025. <https://www.americangeriatrics.org/programs/gwep-coordinating-center>

¹⁶ US Department of Health and Human Services. Fiscal Year 2025 Health Resources and Services Administration Justification of Estimates for Appropriations Committees. Published March 13, 2024. Accessed June 28, 2025. <https://web.archive.org/web/20250308124649/https://www.hrsa.gov/sites/default/files/hrsa/about/budget/budget-justification-fy2025.pdf>

¹⁷ US Department of Health and Human Services, Health Resources and Services Administration. Health Workforce Projections. Accessed June 27, 2025. <https://data.hrsa.gov/topics/health-workforce/workforce-projections>

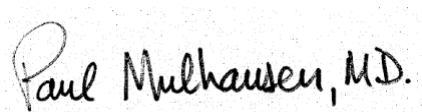
growth of the older population,¹⁸ the need for a diverse workforce as well as training in geriatrics and gerontology will continue to increase. Access to a well-trained workforce and appropriate care for medically complex older adults is imperative to maintaining the health and quality of life for this growing segment of the nation's population.

Each of the GWEP and GACA grantees is invaluable in disseminating geriatrics expertise and skills and filling workforce gaps, without which communities would be ill-prepared to care for older adults as their health needs evolve. However, we are concerned that the Administration, in its FY 2026 preliminary budget, appears to request a "zeroing out" of the programs despite their proven value in the country's capacity to deliver high-quality, better coordinated, efficient, and cost-effective care we need to address age-associated chronic diseases. Our requested funding level would enable every state to have a GWEP, ensuring more rural and underserved areas of the country have access to clinicians with geriatrics training and expertise. Further, it would build the larger and more geographically diverse pipeline of geriatrics research and training expertise we need to provide skilled, effective, and efficient hands-on care to older adults.

In addition to our FY 2026 appropriations request, **we urge the Subcommittee to exercise its oversight authority on the changes being made across the Department of Health and Human Services (HHS) to the primary and community-based workforce programs at HRSA.** Congress' input on the ongoing reorganization is crucial to safeguard the decades of bipartisan progress and investment Congress has made in effective models to build the geriatrics workforce we need as we all age.

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

Sincerely,



Paul Mulhausen, MD
President



Nancy E. Lundebjerg, MPA
Chief Executive Officer

¹⁸ Administration for Community Living. 2021 Profile of Older Americans. Published November 2022. Accessed June 27, 2025. https://acl.gov/sites/default/files/Profile%20of%20OA/2021%20Profile%20of%20OA/2021ProfileOlderAmericans_508.pdf

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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| THE GERIATRICS 5Ms | | Geriatrics health professionals focus on these 4Ms... |
|--|--------------------------|--|
| MULTICOMPLEXITY ...describes the whole person, typically an older adult, living with multiple chronic conditions, advanced illness, and/or with complicated biopsychosocial needs  | MIND | <ul style="list-style-type: none"> ■ Mentation ■ Dementia ■ Delirium ■ Depression |
| | MOBILITY | <ul style="list-style-type: none"> ■ Amount of mobility; function ■ Impaired gait and balance ■ Fall injury prevention |
| | MEDICATIONS | <ul style="list-style-type: none"> ■ Polypharmacy, deprescribing ■ Optimal prescribing ■ Adverse medication effects and medication burden |
| | WHAT MATTERS MOST | <ul style="list-style-type: none"> ■ Each individual's own meaningful health outcome goals and care preferences |

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advanced illness, and/or with complicated biopsychosocial issues. The Geriatrics 5Ms informed the development of the 4Ms of age-friendly care (What **M**atters, **M**edications, **M**entation, and **M**obility) 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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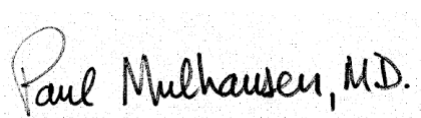
transportation, poor internet access). Given the increasing diversity among older people and rapid growth of the older population,¹⁸ the need for a diverse workforce as well as training in geriatrics and gerontology will continue to increase. Access to a well-trained workforce and appropriate care for medically complex older adults is imperative to maintaining the health and quality of life for this growing segment of the nation's population.

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Sincerely,



Paul Mulhausen, MD
President



Nancy E. Lundebjerg, MPA
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