

Submitted on behalf of James Appleby, CEO, Gerontological Society of America

Prepared for the Senate Appropriations Subcommittee on Labor, Health, Human Services, Education, and Related Agencies regarding the National Institutes of Health and National Institute on Aging.

Chair Capito, Ranking Member Baldwin, and Members of the Senate Labor, Health & Human Services, Education, and Related Agencies (LHHSE) Appropriations Subcommittee, on behalf of the Gerontological Society of America (GSA), we submit this public testimony to thank Congress for its demonstrated commitment to providing robust funding to support our health and well-being.

GSA's mission is to foster excellence, innovation, and collaboration to advance aging research, education, practice, and policy. GSA's 6,000 members include gerontologists, health professionals, behavioral & social scientists, biologists, demographers, economists, and many other disciplines. These experts study all facets of aging with a life-course orientation. The multidisciplinary nature of the GSA membership is a valued strength, enabling the Society to provide a 360-degree perspective on the issues facing our nation as we age.

For the National Institutes of Health (NIH) in general, and the National Institute on Aging (NIA) specifically, we request Congress **appropriate a minimum of \$51.3 billion for NIH**, consistent with the funding request from The Ad Hoc Medical Group and the Friends of NIA. Included in this funding, we request **\$4.75 billion for NIA**, consistent with the funding request from Friends of the NIA.

As we live longer and healthier lives, we celebrate the intramural and extramural ground-breaking research that the NIA contributes to understanding diseases and disorders that impact us all as we age. It is crucial that NIA continue its leadership in this research that recognizes an interdisciplinary approach from the basic biology to the most effective medical and behavioral interventions leading to paths to cures and improvements for our increased healthspans. The NIH's mission aligns well with Congress' and the Administration's interest in making Americans healthier.

Recent changes in staffing levels, grant review processes, and internal operations at NIH and NIA have created challenges that could affect the momentum of ongoing biomedical and social science research. According to SCIMaP, the impact of federal health research grant cancellations and cuts has resulted in an economic loss of \$9.3 billion in the United States. Future economic losses are projected to reach \$16 billion annually because of grant cancellations¹. We encourage the Subcommittee to exercise its important oversight role to help ensure that prior-year funding is fully obligated in ways that reflect Congressional intent and support the continued effectiveness of the health and aging research ecosystem at NIH.

NIA funds research into all aspects of aging. NIA is the cornerstone of our understanding of how humans age. From the moment we are born, we are aging. NIA is working to better understand this process so Americans age as healthy as possible. NIA's groundbreaking work in mobility and falls, cancer survivorship, cardiovascular health, caregiving, and the biology of aging has revolutionized what it means to grow older in America. NIA is at the forefront of funding research that is improving Americans' longevity and health spans. We refer the Subcommittee to journal articles highlighting

¹ SCIMaP, scienceimpacts.org.

NIA's achievements as the Institute marked its 50th anniversary: [Celebrating the 50th Anniversary of the National Institute on Aging: Journal of the American Geriatrics Society](#); and [Celebrating the National Institute on Aging's 50th Anniversary: The Gerontologist Special Collection | The Gerontologist | Oxford Academic](#).

NIA oversees the NIH-Wide Geroscience Interest Group at NIH. As NIA describes it, “geroscience seeks to understand the molecular and cellular mechanisms responsible for aging as a major driver of common chronic conditions and diseases of older people.” According to research by the Interest Group, aging itself is by far the greatest risk factor for most chronic diseases and disabilities which affect older people. In the last few decades, we have made impressive progress in understanding the genetics, biology, and physiology of aging. Basic research in animal models has demonstrated the plasticity of lifespan.²

According to newly published research conducted by GSA members and funded by NIH, recent longitudinal studies in laboratory settings show that animal models can inform the aging process and mechanisms of biological aging³. The same study highlighted new approaches to identify biomarkers and measures of biological aging by using an integrative perspective encompassing behavioral/functional changes and molecular biomarkers⁴. Geroscience-guided interventions are presently being tested in small studies, with clinical trial development already in formative stages. Many populations stand to benefit from gerotherapeutics, and there have been calls to ensure that individuals who are the most vulnerable should be targeted for treatment, including people in mid-to-late life receiving Medicaid-funded home and community-based services.

Research supported by the NIA seeks ways to help us all live longer and healthier lives. While genetics are out of our control, however, lifestyle habits, such as sleep, diet, controlling stress, and other manageable factors can help us maintain our health as we age. What we now know about healthy aging is the result of many longitudinal and population studies conducted by NIA.⁵ This helps to show the science behind these lifestyle factors and that by addressing these issues within our control, we can improve our healthspan and live more meaningful lives as we age.⁶ This understanding of aging and chronic disease is due to the commitment and leadership of this Subcommittee and Congress to ensure that NIH and NIA have the necessary resources to invest in novel research.

We greatly appreciate the increased investment in Alzheimer's disease research funding and NIA's leadership in advancing our understanding of Alzheimer's disease and related dementias (ADRD). Congress' investment in ADRD research has had a meaningful and positive impact on Americans' lives.⁷

² NIA, NIH Geroscience Interest Group, at <https://www.nia.nih.gov/gsig>

³ Alessandro Bartolomucci, Alice E Kane, Lauren Gaydos, Maria Razzoli, Brianah M McCoy, Dan Ehninger, Brian H Chen, Susan E Howlett, Noah Snyder-Mackler, Animal Models Relevant for Geroscience: Current Trends and Future Perspectives in Biomarkers, and Measures of Biological Aging, *The Journals of Gerontology: Series A*, Volume 79, Issue 9, September 2024, glae135, <https://doi.org/10.1093/gerona/glae135>

⁴ Ibid.

⁵ NIA, *What Do We Know About Healthy Aging?*, <https://www.nia.nih.gov/health/healthy-aging/what-do-we-know-about-healthy-aging>.

⁶ NIA, Longitudinal Studies Section, <https://www.nia.nih.gov/research/labs/tgb/longitudinal-studies-section>

⁷ <https://www.nia.nih.gov/about/advances-aging-and-alzheimers-research>

Because of these investments, there are now two disease-modifying therapies commercially available for Alzheimer's disease. Further, scientists and researchers are learning more about cell senescence, and the role these cells play in many age-related diseases. NIA and NIH-funded research has shown the link between heart and brain health, and how this can help us remain healthy as we age. None of this would have been possible without funding from this Subcommittee, and its steadfast commitment to ensuring NIH and NIA have the necessary resources to continue to unlock the secrets of aging and improving the health of older people.

GSA is pleased to support the requests from the Leaders Engaged in Alzheimer's Disease (LEAD) Coalition. This request includes an **\$113,485,000 increase for ADRD research at NIH** as articulated in the Professional Judgement Budget, restoration of the **NIH BRAIN Initiative funding to \$680 million, \$60 million for the CDC's Alzheimer's Disease and Healthy Aging Program (ADHAP)**, and an increase for OAA programs supporting people with ADRD and their caregivers. Further, we support increases for ACL Alzheimer's Disease Program, the Health Resources and Services Administration geriatrics workforce programs, and the Department of Justice Missing Alzheimer's Disease Alert Program.

GSA supports the Fiscal Year 2026 request from the **Adult Vaccine Access Coalition (AVAC) of \$1.1 billion for the National Immunization Program**, which provides foundational funding and expertise for state and local health departments to carry out a variety of activities vital to the prevention, detection, and mitigation of vaccine-preventable conditions. We are also supporting AVAC's request of \$241 million for Influenza Planning and Response, which help to protect the United States from seasonal influenza and pandemic influenza. GSA is supporting the coalition's request of \$150 million for the Centers for Disease Control and Prevention's (CDC) Division of Viral Hepatitis.

GSA supports the Fiscal Year 2026 request of the National Alliance on Caregiving (NAC) regarding funding **Older Americans Act (OAA)** programs at levels agreed to in the 2024 bipartisan, bicameral Older Americans Act Reauthorization Act of 2024 (S. 4776). The OAA is a foundational federal, state, and local program creating in-home and in-community solutions for older people, people living with disabilities, and their caregivers. NAC's requests include \$256,069,552 for Older Americans Act (OAA) Title III-E, National Family Caregiver Support Program (NFSCP), including a minimum of \$400,000 for the Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregiving Advisory Council; \$16 million for Older Americans Act Title VI-C, Native American Caregiver Support Services; \$10,000,000 for the Lifespan Respite Care Program; and \$31,500,000 for programs for caregivers of people with Alzheimer's Disease and Related Dementias (ADRD). We also urge you to fund the Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act initiatives under the CDC at \$33 million.

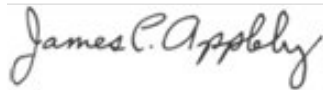
GSA supports the Fiscal Year 2026 request of the Friends of the Agency for Healthcare Research and Quality (AHRQ) that the committee fund **AHRQ at \$500 million**. AHRQ is the leading federal agency for funding health services research (HSR) and primary care research (PCR). AHRQ is the bridge between cures and care and ensures that Americans get the best health care at the best value.

Additionally, we respectfully urge the Committee to appropriate **no less than \$58.2 million** for Fiscal Year 2026 to support the **Geriatrics Workforce Enhancement Program (GWEP) and the Geriatrics**

Academic Career Award (GACA) program administered by the Health Resources and Services Administration (HRSA). The GWEP and the GACA programs are the **only federally funded geriatrics programs** dedicated to preparing the healthcare workforce to meet the complex needs of our nation's aging population.

As this Subcommittee continues its fiscal year 2026 process, GSA stands ready to assist in any way. Thank you for your continued support and for allowing GSA to submit this testimony. We recognize the challenging task before this Subcommittee and look forward to partnering with you as we work together to continue to support programs that improve our health and well-being as we age. If you have any questions, please contact Patricia D'Antonio, Vice President of Policy and Professional Affairs at pdantonio@geron.org or 202-587-5880 or Jordan Miles, Director of Policy at jmiles@geron.org or 202-587-5884.

Sincerely,

A handwritten signature in black ink that reads "James C. Appleby". The signature is written in a cursive style with a clear, legible font.

James C. Appleby, BSP Pharm, MPH, ScD (Hon)
Chief Executive Officer