

**Eldercare Workforce Alliance**  
**United States House of Representatives Outside Witness Testimony**  
**Fiscal Year 2023 Appropriations, Committee on Appropriations**  
Subcommittee Labor, Health and Human Services, Education and Related Agencies  
May 26, 2022, FY 2023 Public Witness

Submitted on behalf of the Eldercare Workforce Alliance  
Amy M. York, Executive Director  
8810 Walnut Hill Road, Chevy Chase, MD 20815  
202-505-4816 ayork@eldercareworkforce.org

Dear Chairwoman DeLauro, Ranking Member Cole, and Members of the Subcommittee:

I write on behalf of the Eldercare Workforce Alliance (EWA), a coalition of 35 national organizations - representing health care professionals, family caregivers, consumers, direct care workers, and providers – joined together to address the health care workforce needs in caring for an aging America. As the Subcommittee begins consideration of funding for programs in FY 2023, the Alliance urges you to provide adequate funding for programs designed to increase the number of health care professionals prepared to care for America’s growing population of older adults and to support family caregivers in the essential role they play in this regard. **We urge you to support a total \$82 million in funding for geriatrics programs in Title VII of the Public Health Service Act administered by the Health Resources and Services Administration (HRSA); \$468.512 million in funding for programs administered by the Administration for Community Living (ACL) that support the vital role of family caregivers in providing care for older adults; and \$49 billion to support the research efforts of the National Institute of Health (NIH) including \$226M committed to Alzheimer’s disease and related dementia research.**

The number of Americans over age 65 is expected to double between 2000 and 2030, totaling more than 70 million people and accounting for almost 20% of the American population by the end of the next decade. Today's health care workforce is inadequate to meet the special needs of older Americans, many of whom have multiple chronic physical and mental health conditions and cognitive impairments. Of equal

*\*\*The positions of the Eldercare Workforce Alliance reflect a consensus of 75 percent or more of its members. This testimony reflects the consensus of the Alliance and does not necessarily represent the position of individual Alliance member organizations.*

importance is supporting the legions of family caregivers who annually provide billions of hours of uncompensated care that allows older adults to remain in their homes and communities. Without a national commitment to expand training and educational opportunities, the workforce will continue to grow even more constrained and care for our nation's older adults will be compromised. This is why, the Title VII geriatrics programs, ACL programs that support family caregivers, and the research efforts of National Institute on Aging are so critical to ensuring there are skilled eldercare workers and well-supported family caregivers available to meet the complex and unique needs of older adults.

EWA specifically requests the following levels of funding:

**Title VII Geriatrics Programs: Request: \$82 Million**

The Title VII geriatrics programs include the Geriatrics Workforce Enhancement Program (GWEP) and the Geriatrics Academic Career Awards (GACA). These Title VII geriatrics workforce programs, administered by the Health Resources and Services Administration, are the only federal programs that train in geriatrics principles. The two initiatives have four main goals:

- Foster education and engagement with family caregivers by training providers who can assess and address the care needs and preferences of older adults.
- Promote interprofessional team-based care by transforming clinical training environments to integrate geriatrics and primary care delivery systems.
- Improve the quality of care delivered to older adults by providing education to families and caregivers on critical care challenges like Alzheimer's disease and related dementias.
- Reach underserved and rural communities by ensuring clinician-educators are prepared to train the geriatrics workforce of today and tomorrow.

For FY2023, we request a sufficient increase in funding to close current geographic and demographic gaps in geriatrics workforce training. The COVID-19 pandemic, and its

disproportionate and devastating impact on older adults, demonstrated the crucial need to equip the primary care workforce to meet the needs of diverse geriatric populations. GWEPs and GACAs are highly successful in leading and preparing the health care workforce, unpaid caregivers and members of the community to address the complex needs of older adults living with chronic conditions and disabilities, and the social and environmental health determinants impacting their ability to live as independently as possible. The increased funding would support 80 GWEPs and 60 GACAs (at salaries more commensurate with those of NIH academic career grantees). **\$82 million request**

**Administration for Community Living Family Caregiver Support Programs: Appropriations**

**Request: \$468.512 million**

These programs support caregivers, elders, and people with disabilities by providing critical respite care and other support services for family caregivers, training and recruitment of care workers and volunteers, information and outreach, counseling, and other supplemental services.

- **National Family Caregiver Support Program:** This program provides a range of support services to family and other unpaid caregivers annually, including counseling, respite care, training, and assistance with locating services that help family caregivers care for their loved ones at home for as long as possible. We request that Congress work toward funding the National Family Caregiver Support Program at \$334 million in FY 2022. Included in the funding request for the National Family Support Program, \$400,000 is needed to sustain the efforts of the RAISE Family Caregiving Advisory Council in creating and updating a National Family Caregiving Strategy and carrying out their other responsibilities. **\$387.9 million request**

- **Native American Caregiver Support:** This program provides grants to eligible tribal organizations to provide support for family and informal caregivers of Native American, Alaskan Native, and Native Hawaiian elders. It offers information and outreach, access assistance, individual counseling, support groups and training, respite care and other supplemental services. In FY2014, more 934,000 caregivers were served through this program.

**\$22.612 million request**

- **Alzheimer’s Disease Program:** A critical focus of these programs is to support the family caregivers who provide countless hours of unpaid care, thereby enabling their family members with dementia to continue living in the community. Funds will go to evidence-based interventions and expand the dementia-capable home and community-based services, enabling additional older adults to live in their residence of choice. **\$35 million request**

- **Lifespan Respite Care:** This program funds grants to improve the quality of and access to respite care for family caregivers of children or adults of any age with special needs. **\$20 million request**

- **Demonstration on Direct Care Workers:** This program is authorized in Title IV of the Older Americans Act (OAA), in coordination with the Secretary of Labor, to carry-out the demonstration of new strategies for the recruitment, retention or advancement of direct care workers. If funding is appropriated, ACL would begin with demonstrations that could prove the concept of what approaches were effective. **\$3 million request**

**National Institute of Health: EWA Request: \$49 billion**

**The National Institute on Aging**, one of the 27 Institutes and Centers of the National Institutes of Health, leads a broad scientific effort to understand the nature of aging in order to promote the health and well-being of older adults. Funding will aid in researching training initiatives for the

workforce that cares for older adults and research on physician-family communication during end-of-life and critical care. In addition, the NIA coordinates the Older Americans Independence Centers Program, which aims to increase scientific knowledge leading to better ways to maintain or restore independence in older persons. The NIA also supports on-going projects that improve patient-level health outcomes for individuals with three or more chronic health conditions. To support the NIA and aging research across the NIH, we recommend funding as follows:

- **no less than \$49 billion in fiscal year (FY) 2023 for base spending at NIH** for current institutes and operations, which corresponds with the overall recommendation of the Ad Hoc Group for Medical Research; including a minimum increase of **\$226 million specific to research on Alzheimer’s disease and related dementias (ADRD)**. NIA is the primary federal agency supporting and conducting Alzheimer's disease and related dementias research.

**BOLD Infrastructure for Alzheimer’s Act: EWA Request: \$20 Million**

**Alzheimer's and Related Dementias Public Health Centers of Excellence:** This legislation establishes Alzheimer’s centers of excellence and funds state, local, and tribal public health departments to increase early detection and diagnosis, reduce risk, prevent avoidable hospitalizations, reduce health disparities, and support the needs of caregivers and care planning for people living with the disease across the country: **\$20 million request**

The Eldercare Workforce Alliance commends you on your past support for geriatrics workforce programs and asks that you join us in supporting the eldercare workforce at this critical time – for all older Americans deserve quality care, now and in the future. Thank you for your consideration.

Amy M. York, Executive Director

Eldercare Workforce Alliance