Eldercare Workforce Alliance

United States House of Representatives Outside Witness Testimony

Fiscal Year 2027 Appropriations, Committee on Appropriations

Subcommittee Labor, Health and Human Services, Education and Related Agencies

April 15, 2026, FY 2026 Public Witness

Submitted on behalf of the Eldercare Workforce Alliance

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Dear Chairman Aderholt, Ranking Member DeLauro, 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 2027, the Eldercare Workforce Alliance (EWA) urges 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 caring for older loved ones.

Today's health care workforce is not ready to meet the special needs of older Americans, many of whom have multiple chronic conditions and cognitive impairments. It is estimated that an additional 3.5 million trained health care workers will be needed to provide care for older adults by 2030. Unless we expand training and educational opportunities, the workforce will be even more constrained in its ability to meet the needs of the older adult population as the baby boom generation ages. Reflecting this urgency, the Health Resources and Services Administration (HRSA) has cited strengthening the workforce, including those trained to care for older adults, as one of their top five strategic priorities.

Of equal importance is supporting the legions of family caregivers who provide millions of hours of uncompensated care that allow older adults to remain in their homes and communities. A recent AARP study estimates that the number of family caregivers for individuals age 50 or older had increased 22% from 2015 to 2020. The number of Americans over age 65 is expected to rise to 73 million by 2030 and to 98.2 million by 2060. To ensure that there is a skilled eldercare workforce and are knowledgeable, well-supported family caregivers available to meet the complex and unique needs of older adults, we urge you to support the following requests:

- $58.245 million in funding for geriatrics programs in Title VII of the Public Health Service Act;

- $840.3 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;
- $51.3 billion to support the research efforts of the National Institutes of Health (NIH);
    - $318 million also within this amount for research on Alzheimer's disease and related dementias.
- $35 million to fund the provisions of the Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act

While our requests take into account the current fiscal constraints, EWA believes an increase in funding for these programs is essential to meet the needs of our growing older adult population, today and in the future.

Title VII Geriatrics Programs: GWEP & GACA
Appropriations Request $58.245 million
The Geriatrics Workforce Enhancement Program (GWEP) and Geriatrics Academic Career Awards (GACA) are the only federal programs that aim to develop a health care workforce to maximize patient and family engagement while improving health outcomes for older adults. 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 older populations. For FY2027, we request a sufficient increase in funding to close current geographic and demographic gaps in geriatrics workforce training.

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. They also provide Alzheimer's disease and related dementia education to families, caregivers, direct care workers, and health professions students, faculty, and providers and reach underserved and rural communities by ensuring clinician educators are prepared to train the geriatrics workforce of today and tomorrow. The most recently available data from HRSA shows that geriatrics programs trained 67,154 health care professionals, students, patients, and caregivers. A total of 56,716 individuals completed training including 24,892 physicians, 5,217 nursing students, and 4,153 medical students. In addition, 410,000 individuals received continuing education, including 280,242 patients and caregivers, 81,641 practicing health professionals, and 48,760 other professionals (e.g., firefighters and law enforcement). 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 pool of geriatrics research and training expertise we need to provide skilled, effective and efficient hands-on care to older adults.

Programs for Older Americans and Caregivers

Appropriations Request ($851.5 million)

Older Americans Act (OAA): The OAA supports a wide array of programs and services to support older adults and their caregivers, including information and referral, in-home care, congregate and home-delivered meals, health and wellness programs, transportation, elder abuse prevention, caregiver support and adult day care. Whether supporting older adults directly and alleviating caregiver burden or helping family caregivers navigate their roles, the OAA is a critical contributor to the health of our nation's caregivers. We support increases in all OAA programs but especially note the following critical sources of funding used by the Aging Network in supporting caregivers**.**

Eldercare Locator and OAA Title III B Supportive Services: Information and Referral (I&R) programs help people identify, understand and effectively connect to a broad range of programs that will address their needs for services and supports to help them age well at home and in the community. The Eldercare Locator is the national I&R call center that connects caregivers and others to local aging services and resources. Title III B is the main source of funding for state and local I&R systems. **$3 million and $507 million request respectively**

OAA Title III E 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 $256,069,552million in FY 2027. 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. **$256,069,552 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. **$17.15 million request**

Alzheimer's Disease Program and National Alzheimer's Call Center: 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. **$33.5 million request**

National Strategy Demonstration Grants: supporting implementation and testing of innovative strategies aligned with the National Strategy to Support Family Caregivers**. $4 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**

Expanding and Strengthening the Direct Care Workforce: Today, more than three quarters of service providers nationally are turning down referrals, and half are discontinuing services. As a result, many people who need services cannot get them, and those who receive services often experience disruptions and inconsistent quality. This jeopardizes the health and safety of the people receiving services, increases demands on family caregivers, and ultimately threatens to reverse decades of progress in community living. In 2022, ACL established the Direct Care Workforce Strategies Center to provide technical assistance, training, and other resources to state systems, service providers, and aging and disability stakeholders to improve recruitment, training, and retention of these critical professionals. The FY 2027 request includes $10 million to expand the Direct Care Workforce Strategies Center and fund capacity building grants to states to support building partnerships among state Medicaid, aging, disability, and workforce agencies; coordinating and leveraging programs and funding streams; and developing and testing strategies to attract, train and retain direct care professionals. **$10 million request**

National Institutes of Health ($51.3 billion with $4.911 billion for the NIA)

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:

- **At least $51.3 billion in fiscal year (FY) 2027 for base spending at NIH** for current institutes and operations, which corresponds with the overall recommendation of the Ad Hoc Group for Medical Research
- a minimum increase of **$113.485 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 ($35 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.