

Testimony on behalf of the
Friends of the National Institute on Aging
Regarding the Fiscal year 2007 Appropriations for the
National Institute on Aging

Submitted to the
U.S. Senate Committee on Appropriations
Subcommittee on Labor, Health and Human Services, Education and Related Agencies
The Honorable Arlan Specter, Chairman

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Chairman Specter and members of the Subcommittee, thank you for this opportunity to testify in support of increasing funding within the National Institutes of Health (NIH), and in particular within the National Institute on Aging (NIA).

The Friends of the NIA is a relatively new coalition comprised of some 50 organizations from academia and the non-profit community. All of the groups comprising the Friends of the NIA conduct, fund or advocate for scientific efforts to improve the health and quality of life for Americans as they grow older. All of our groups support the continuation and expansion of biomedical, behavioral, and social science research within the NIA. The Friends of the NIA seeks to raise awareness about aging research and the important scientific progress supported and guided by the NIA. Our testimony not only addresses recent research advances funded by the NIA, but also points to missed opportunities if there is not growth in the NIA appropriation from Congress in Fiscal Year 2007.

The NIA is dedicated to conducting biomedical, behavioral, and social science research in order to prevent disease and other problems of the aged, and to maintain the health and independence of older Americans. This research is all the more urgent because of the explosive growth of the older population in the U.S. This year, the first wave of our largest generation—some 77 million members of the postwar Baby Boom generation—began turning aging 60. Currently there are some 36 million Americans aged 65 and older. That population is expected to double in size within the next 25 years, at which time nearly 20% of the American population will be older than age 65 and eligible for old age assistance for health care under the federal Medicare program (*Federal Interagency Forum on Aging-Related Statistics 2004, Older Americans*). Of particular interest is the dramatic growth that is anticipated among those most at risk for disease and disability, people age 85 and over whose numbers are expected to grow from 4.3 million in 2000 to at least 19.4 million in 2050 (*65+ in the US: 2005, US Census, 2006*).

This growing population presents many social and economic challenges as increasing numbers of Americans reach retirement age. This rapidly expanding population, many of whom will have multiple medical needs, will require substantial changes in health care delivery. Aging itself is not the cause of disease, disability, and frailty, but these conditions are influenced by age-related changes, lifestyle choices and rising risk factors. We also know that outside influences, such as economic, physical, environmental, and caregiving stresses increase vulnerability to disease, especially amongst the elderly. NIA has a broad research portfolio and is the only Institute that studies the normal changes associated with aging as well as pathological conditions from an interdisciplinary perspective. Understanding when and how changes occur as we age provides important clues for developing interventions that will prevent and treat diseases, and improve quality of life.

In addition to participating in NIH-wide initiatives, NIA has made and supported many significant contributions of its own to the biomedical and psycho-social understanding of the aging processes and, through ongoing clinical trials, to the testing of promising interventions for the detection, treatment and prevention of many age-related conditions.

The NIA is the lead federal research agency for Alzheimer's disease (AD). AD is the most common cause of dementia and a serious threat to the nation's health and economic well-being. Today, an estimated 4.5 million Americans, 1 in 10 persons over age 65 and nearly one-

half of those over 85, suffer from this debilitating disease. That toll is projected to increase to 5.1 million people by 2010 and 16 million by 2050 (*Hebert et al. 2003, Alzheimer's Disease in the U.S. Population*). Over the next decade, Medicare spending on beneficiaries with AD will more than triple to \$189 billion. Our concern is that flattened budgets for the NIH institutes are threatening major AD research initiatives. One example is the Alzheimer's Disease Neuroimaging Initiative (ADNI), launched in 2004 as a public/private partnership: the most comprehensive effort to date to identify neuroimaging strategies and biomarkers to identify the onset of mild cognitive impairment and early AD with greater sensitivity. The project currently involves approximately 50 sites across the US and Canada and holds the promise of early diagnosis and subsequent interventions that could postpone or more effectively treat AD. The Genetics Initiative is another multi-site collaboration that is collecting, sharing, and analyzing data to complete the picture of genetic risk factors for AD. These programs offer enormous potential to identify AD and intervene early, but lack of adequate funding will prevent or slow realization of the full potential of these programs. With aging baby boomers on the horizon, we cannot afford this delay.

Great strides have been made in AD. Only a few years ago, this disease could not be positively confirmed until autopsy. Now we can diagnose the disease in life with a high degree of certainty; we understand some of the basic mechanisms of the disease; and five approved drugs for treating symptoms are now approved with many new compounds being tested in publicly and industry-supported clinical trials.

This is a critical time for investment not retrenchment. Scientists are poised to find effective ways to prevent, delay onset, and even treat this disease. If the onset of AD could be delayed by just two years, the AD afflicted population would remain at current size, even with the expected increases in senior population; a five-year delay of onset would cut the projected AD population in half.

Other promising NIA biomedical research efforts into prominent diseases include research programs to discover new Parkinson's susceptibility genes; studies of age-related bone loss and osteoporosis; development of programs to assess genetic and environmental factors in racial and ethnic health differences simultaneously; and bone marrow failure diseases, all of which occur in higher incidence in people over 60.

NIA's behavioral and social science research programs have been instrumental in providing crucial economic and demographic population information. NIA's Centers on the Demography of Aging, particularly their Health and Retirement Survey (HRS) and the National Long-Term Care Survey (NLTC), provide critical data on the health and economic status of the older population. These data have been used by Congress to better understand the budgetary impact of population aging, as potential changes to public programs such as Social Security, Medicare, and Medicaid are deliberated. By using NLTC data, investigators identified the declining rate of disability in older Americans first observed in the mid-1990s—a trend that has continued. This trend, if continued, could have momentous impact on reducing the need for costly long-term care. The Social Security Administration recognizes and co-funds the HRS as a "Research Partner" and posts the study on its home page to improve its availability to the public and to policymakers. In 2005, the Center for Medicare and Medicaid Services (CMS) funded a supplemental survey using the HRS to provide timely information on who is likely to enroll in

the new Medicare Part D prescription drug program and how those decisions are related to knowledge of the program, drug use and costs.

There is building evidence that continued engagement in productive activities has a positive impact on health and life satisfaction. The experience and expertise of the new 65+ population offers great potential to help address workforce shortages as well as some of the critical social needs of our country. The NIA is working to build a research agenda that focuses on maximizing older workers' safety, health, productivity and life satisfaction—knowledge that this will be critical to developing sound national policies.

NIA provides critical support for the training of new investigators. The reduction in funded proposals as a result of limited NIA budget will impact the ability to recruit and sustain an appropriate pool of qualified researchers in gerontology and geriatrics. Numerous reports have cited the need for more geriatricians and geriatric-trained professionals for our aging society. By 2030, the U.S. will need up to 36,000 geriatricians and will fall far short of that figure by as many as 25,000 unless effective steps are taken to train new providers (*Medical Never-Never Land, Alliance for Aging Research, 2002*). Further budget cuts will reduce funding available for training, and may force some leading researchers and practitioners to abandon gerontology as well as the mentoring of new professionals in the field.

With bipartisan leadership in Congress, the NIH budget doubled between 1998 and 2003 (\$13.6 to \$27.3 billion). However, since 2003, funding for the NIH in real dollars has been on a downward trajectory. Under the President's proposed FY 2007 budget, the NIA is slated to be decreased in real terms by \$10 million. Further, in order to preserve clinical trials already underway, NIA will fund only 18% of new grant proposals. This is down substantially from 28.5% in 2003, and will not come close to supporting the more than 50% of submitted applications that the NIA has determined to be highly promising. At the same time that the acceptance rate of new proposals is down, the funding levels of new grants has also dropped from years past. Moreover, even those grantees receiving funding face an average reduction from requested budgets by 18% across the board. (*Fiscal Year 2007, National Institutes on Aging, Justification of Estimates for Appropriations Committees*). Investigator-initiated research projects provide new breakthroughs in knowledge and treatment to benefit older Americans and their families. Declining budgets slow momentum and impact future research programs. For example, continued cuts will impact projects such as, the start up of new clinical trials in caloric restriction, testosterone supplementation in men, and lifestyle interventions and independence for elders, all of which have shown great potential for significant public health outcomes.

The Friends of the National Institute on Aging recommend the following directives:

1) The time for research on aging is now if we are to achieve a healthier and more productive aging America. To further this goal, the Friends of the NIA endorse the recommendation issued by the Ad Hoc Group for Medical Research in calling for a 5% overall increase for the National Institutes of Health in FY 2007.

2) NIA needs additional resources to support individual investigator awards, to avoid an 18% cut in its existing grants, and to sustain training and research opportunities for new investigators.

Mr. Chairman, the Friends of the NIA thanks you for this opportunity to outline the challenges threats and opportunities that lie ahead as you consider appropriate funding for the NIH and the National Institute on Aging.

Friends of the National Institute on Aging

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