New Geriatrics Legislation Promises a Better Present and Future for Us All as We Age

In 2017, the American Geriatrics Society (AGS) offered a ringing endorsement for the Geriatrics Workforce and Caregiver Enhancement Act (H.R. 3713; 2017), a bipartisan proposal for programs addressing the shortage of health professionals equipped to care for us all as we age (AGS, 2017). Introduced in late 2017 by Reps. Jan Schakowsky (D-IL), Doris Matsui (D-CA), and David McKinley (R-WV), the bill draws on insight from the Elder-care Workforce Alliance (EWA). The AGS co-convenes the EWA, a collaborative comprising more than 30 member organizations that reflects the diverse expertise of millions of nurses, physicians, social workers, pharmacists, scientists, and consumers who support health in aging for older Americans.

Among several critical priorities, the bill addresses two significant needs for geriatrics health care professionals:

Geriatrics Workforce Enhancement Program (GWEP). The proposed legislation would codify into law and authorize funding for the GWEP (Geriatrics Workforce and Caregiver Enhancement Act, 2017). The GWEP is the only federal program specifically designed to increase the number of health professionals with skills and training needed to care for older adults (Health Resources & Services Administration [HRSA], n.d.). Launched in 2015 by the HRSA with 44 3-year grants provided to awardees in 29 states, the GWEP is helping geriatrics experts develop innovative local solutions to a workforce shortage that impacts us all (AGS, n.d.; Geriatrics Workforce and Caregiver Enhancement Act, 2017; HRSA, n.d., 2017). If approved, H.R. 3713 will authorize GWEP funding of more than $45 million annually through 2023, allowing current and future GWEP awardees—many working at or with schools of nursing across the United States—to educate and engage with family caregivers, promote interprofessional team-based care, and improve the quality of care delivered to older adults (AGS, 2017; Geriatrics Workforce and Caregiver Enhancement Act, 2017).

Geriatric Academic Career Awards (GACAs). H.R. 3713 also will reestablish and enhance the GACAs, a previously funded program that enabled career development for more than 200 clinician-educators before it was eliminated in 2015 through a consolidation of geriatrics training programs (AGS, 2017; Foley, Luz, Hanson, Hao, & Ray, 2017; Geriatrics Workforce and Caregiver Enhancement Act, 2017). Since 1998, original GACA recipients have trained as many as 65,000 colleagues in geriatrics expertise, and have contributed to geriatrics education, research, and leadership throughout the country (AGS, 2017; Foley et al., 2017). Renewed GACA funding—with special priority for awards at institutions also working on GWEPs—comes at a critical juncture for the field. Researchers noted that, without a substantial increase in funding for geriatrics education and research, the United States risks decimating a workforce that is essential to training health professionals on the unique health care needs of older adults (Foley et al., 2017).

Supporting these programs individually and in tandem builds the momentum we need to ensure access to high-quality, person-centered care for all. The GWEP will help transform primary care for older adults in the here-and-now. The GACAs extend that vision to our future by developing educators for the next generation of professionals. Together, these programs embrace the present and future of health, safety, and independence for all.

These programs remind us of the important role public policy plays in shaping better care (Lundebjerg, Hollmann, Malone, & the AGS Board of Directors and Public Policy Committee, 2017). We believe state and federal programs must be grounded in our commitment to helping older adults and caregivers manage chronic diseases, multimor-
bidity, and advanced illness we all may face as we age. Policy-based solutions can do so by remaining true to the “core tenets” of geriatrics (Kane, Saliba, & Hollmann, 2017), which include our beliefs that:

- care must be person-centered and reflect individual preferences;
- changes to health care payment and delivery systems should be evidence based;
- care for older adults must take place in a broader social context that includes families and communities; and
- we must expand the eldercare workforce to meet our needs as Americans continue to live longer than ever before (Kane et al., 2017).

During 2017, health proponents were duly concerned that many policy proposals were introduced that not only lacked sensitivity to these priorities but often threatened to curtail them outright. These serious shortcomings make the Geriatrics Workforce and Caregiver Enhancement Act all the more remarkable—and all the more deserving of action from across the geriatrics workforce. As I write this editorial, the AGS is collaborating with the EWA and National Association for Geriatric Education to garner support for H.R. 3713 within Congress and among stakeholders, including additional co-sponsors in the House and a companion bill in the Senate.

And that is where you come in.

The priorities we are advancing nationally at the AGS can move from theory to practice only when policymakers hear from you—constituents on the frontlines of care. Please take a moment to contact your Senators and House Representative to urge them to support legislation like H.R. 3713 and champion the principles outlined above. Seeing these goals come to fruition is our best chance for a future in which we can all contribute to our communities for as long as possible. Visit the AGS Health in Aging Advocacy Center (access http://cqrcengage.com/geriatrics) for talking points and template messages, and to be connected directly with your local representatives.

REFERENCES

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