Testimony

Submitted to

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Addressing
Fiscal Year 2014
National Institutes of Health/National Institute on Aging

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Submitted by:
Linda Harootyan, Chair
Friends of the National Institute on Aging (FoNIA)
(202) 587-2822, harootya@geron.org

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Congressman Kingston, Congresswoman DeLauro, and members of the Subcommittee, this testimony is being submitted on behalf of the Friends of the National Institute on Aging (FoNIA), a coalition of over 50 academic, patient-centered and not-for-profit organizations that conduct, fund or advocate for scientific endeavors to improve the health and quality of life for people as they age. We appreciate the opportunity to provide testimony in support of the National Institute on Aging (NIA) and to comment on the need for sustained, long-term growth in aging research. Considering the resources the federal government spends on the health care costs associated with age-related diseases, we feel it makes sound economic sense to increase federal resources for aging research. Specifically, given the unique funding challenges facing the NIA, and the range of promising scientific opportunities in the field of aging research, the FoNIA recommends $1.4 billion in FY 2014 for NIA. In addition, to ensure that progress in the nation's biomedical, social, and behavioral research continues, the Coalition also endorses the Ad Hoc Group for Medical Research in supporting $32 billion for NIH in FY 2014.

The NIA leads the national scientific effort to understand the nature of aging in order to promote the health and well-being of older adults whose numbers are projected to increase dramatically in the coming years due to increased life expectancy and the aging of the baby boom generation. According to the U.S. Census Bureau, the number of people age 65 and older will more than double between 2010 and 2050 to 88.5

million or 20 percent of the population; and those 85 and older will increase threefold, to 19 million. As the 65+ population increases, so will the prevalence of diseases disproportionately affecting older people—most notably, Alzheimer's disease (AD). NIA is the primary federal agency responsible for (AD) research and receives nearly 70 percent of the NIH Alzheimer's disease research funding. Yet, we know that as many as 5 million Americans aged 65 years and older may have AD with a predicted increase to 13.2 million by 2050 (Hebert, Weuve, Scherr, et al, 2013). Last year, NIA led the AD Research Summit, which brought together officials representing federal agencies, scientific researchers, providers, caregivers, patients and their families to develop final recommendations to the National Alzheimer's Project Act Advisory Council. NIA also supported research that identified relevant AD biomarkers through the groundbreaking Alzheimer's Disease Neuroimaging Initiative, along with a deeper understanding of the disease's pathology and clinical course. This led to the first revision of the clinical diagnostic criteria in AD in 27 years. In a recent, highly promising pilot trial, a nasal-spray form of insulin delayed memory loss and preserved cognition in people with a range of cognitive deficits. A larger-scale study to confirm and extend these results is under development. NIA is making great strides, but the resources are inadequate given the explosion of people with AD that is predicted.

NIA's current budget does not reflect the tremendous responsibility it has to meet the health research needs of a growing U.S. aging population. While the current dollars appropriated to NIA seem to have risen significantly since FY 2003, when adjusted for inflation, they have decreased almost 18 percent in the last nine years. According to the NIH Almanac, out of each dollar appropriated to NIH, only 3.6 cents goes toward

supporting the work of the NIA-compared to 16.5 cents to the National Cancer Institute, 14.6 cents to the National Institute of Allergy and Infectious Diseases, 10 cents to the National Heart, Lung and Blood Institute, and 6.3 cents to the National Institute of Diabetes and Digestive and Kidney Diseases. With an infusion of much needed support in FY 2014, NIA can achieve greater parity with its NIH counterparts and expand promising, recent research activities, such as:

- implementing new prevention and treatment clinical trials, research training initiatives, care interventions, and genetic research studies developed as part of the National Alzheimer's Action Plan;
- launching trans-NIH research initiatives developed by the NIH Geroscience Interest Group to reduce the burden of age-related disease;
- understanding the impact of economic concerns on older adults by examining work and retirement behavior, health and functional ability, and policies that influence individual wellbeing;
- supporting family caregivers by enhancing physician-family communication during end-of-life and critical care; and,
- increasing healthy lifespan in humans by testing and applying evidence derived from animal models.

NIA is poised to accelerate the scientific discoveries that we as a nation are counting on. With millions of Americans facing the loss of their functional abilities, their independence, and their lives to chronic diseases of aging, there is a pressing need for robust and sustained investment in the work of the NIA. In every community in America, healthcare providers depend upon NIA-funded discoveries to help their patients and

caregivers lead healthier and more independent lives. In these same communities, parents are hoping NIA-funded discoveries will ensure that their children have a brighter future, free from the diseases and conditions of aging that plague our nation today. Chronic diseases associated with aging afflict 80 percent of the age 65+ population and account for more than 75 percent of Medicare and other federal health expenditures. Unprecedented increases in age-related diseases as the population ages are one reason the Congressional Budget Office projects that total spending on healthcare will rise to 25 percent of the U.S. GDP by 2025—it is 17 percent of GDP today.

Recent significant findings from NIA's Division of Biology Aging that could help advance understanding of a range of chronic diseases, include the discovery of the drug rapamycin, which has been shown to extend median lifespan in a mouse model. Grantees supported by this program have also identified genetic pathways that regulate the maintenance of the stem cell microenvironment in aging tissues.

A signature project of the Behavioral and Social Science Research Division is the Health and Retirement Study (HRS), the nation's leading source of combined data on health and financial circumstances of Americans over age 50. HRS data provide evidence about the effects of early-life exposures on later-life health, factors associated with cognitive and functional decline, and trends in retirement, savings, and other economic behaviors. The study is being replicated in 30 other countries. Last year, genetic data from approximately 13,000 individuals were posted to NIH's online database, including approximately 2.5 million genetic markers from each person. These data are available for analysis by qualified researchers and will enhance the ability to track the onset and progression of diseases and conditions affecting the elderly.

Research that can be translated quickly into effective prevention and efficient health care will reduce the burden of a “Silver Tsunami” of age-associated chronic diseases. Breakthroughs from NIA research can lead to treatments and public health interventions that could delay the onset of costly conditions such as arthritis, heart disease, stroke, diabetes, bone fractures, age-related blindness, Alzheimer’s, ALS, and Parkinson’s diseases. Such advances could save trillions of dollars by the middle of the current century.

We do not yet have the knowledge needed to predict, preempt, and prevent the broad spectrum of diseases and conditions associated with aging. We do not yet have sufficient knowledge about disease processes to fully understand how best to prevent, diagnose, and treat diseases and conditions of aging, nor do we have the knowledge needed about the complex relationships among biology, genetics, and behavioral and social factors related to aging. We do not yet have a sufficient pool of new investigators entering the field of aging research. Bold, visionary, and sustainable investments in the NIA will make it possible to achieve substantial and measurable gains in these areas sooner rather than later, and perhaps too late.

We recognize the tremendous fiscal challenges facing our nation and that there are many worthy, pressing priorities to support. However, we believe a commitment to the nation’s aging population by making bold, wise investments in programs will benefit them and future generations. Investing in NIA is one of the smartest investments Congress can make.

Ref. Alzheimer disease in the US (2010-2050) estimated using the 1990 Census, Liesi E. Hebert, Jennifer Weuve, Paul A. Scherr, et al., *Neurology*; Published online before print February 6, 2013; WNL.0b013e31828726f5

Friends of the National Institute on Aging

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Alzheimer's Foundation of America
American Academy of Dermatology
American Association for Geriatric Psychiatry
American Chronic Pain Association
American Federation for Aging Research
American Geriatrics Society
American Heart Association
American Pain Foundation
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