October 16, 2012

We, the undersigned members of the Friends of the National Institute on Aging (FoNIA) and other stakeholder organizations, are writing to express our deep concern over the looming threat of sequestration on overall funding at the National Institutes of Health (NIH), and specifically for funding of aging research. We appreciate the fiscal pressures Congress and the nation face, however we urge members of both parties to work aggressively toward a balanced budget solution that avoids these cuts.

As the primary federal agency responsible for supporting biomedical and behavioral research, NIH drives innovation aiding in the development of newer and better interventions for many of aging’s deadliest diseases and disabling conditions. Through the National Institute on Aging (NIA) specifically, the NIH leads the national scientific effort to understand the nature of aging in order to promote the health and well-being of older adults and to combat diseases of aging.

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; and those 85 and older will increase three-fold, to 19 million. As the 65+ population increases so will the prevalence of diseases disproportionately affecting older people such as Alzheimer’s disease, arthritis, cancer, heart disease, stroke, and Type II diabetes. While much is known about these diseases because of our investment in NIH-funded research, we do not yet have the knowledge needed to preempt or prevent many of them. We also lack sufficient understanding of the complex relationships between biology, genetics, behavioral and social factors related to aging that could lead to approaches to keep people healthier and independent later in life.

The NIA is involved in the Oregon Health Insurance Experiment. This project uses a lottery for gaining access to Medicaid in the state of Oregon and is designed to bring the strength of randomized control trials -- the gold standard of medical and scientific research -- to answer a pressing public policy question. The experiment looks at the impact of expanding health insurance to low income, uninsured adults examining several factors including their health care utilization, financial well-being, and health. Findings from this study continue to emerge but it has been widely heralded for its important initial results, most notable that Medicaid access reduces the probability that people have to borrow money or skip payment on other bills because of medical expenses; Medicaid coverage increases the use of preventive care such as mammograms and cholesterol monitoring; and Medicaid improves self-reported health as compared with being uninsured.

NIH also recently initiated a major clinical trial to investigate a new approach for intervening in Alzheimer’s disease. The trial will be conducted in collaboration the NIA-supported Alzheimer’s Disease Cooperative Study Consortium and test insulin nasal spray for the treatment of Alzheimer’s disease at multiple sites across the U.S. It is now believed that insulin plays a vital role in brain function, with decreased insulin levels possibly contributing to memory problems. Initial findings suggest that normalizing brain insulin levels might be beneficial in treating the disease. This study holds considerable promise for developing alternative strategies for overcoming this deadly disease.
If sequestration is allowed to take effect the NIH budget would be cut by 7.8% or $2.5 billion allocated across the NIH Institutes and Centers, including NIA. According to a report issued in July 2012 by the Senate Appropriations Committee Subcommittee on Labor, Health and Human Services, and Education, NIA would lose over $86 million in fiscal year 2013 if sequestration takes effect. A cut of this magnitude would drastically limit opportunities to pursue answers to outstanding scientific questions at a critical time by driving application success rates into the single digits, constricting funding for research training programs, curtailing progress in ongoing clinical trials like those referenced above, and delaying field surveys, which could mean the loss of longitudinal data that can never be recovered.

Thank you for considering our views. Please do not hesitate to contact Mary Jo Hoeksema, Chair, FoNIA, (202-341-7283 or paaapc@crosslink.net) or Cynthia Bens, Vice President of Public Policy, Alliance for Aging Research (202-293-2856 or cbens@agingresearch.org) with any questions or requests for additional information.

Sincerely,

Alliance for Aging Research
Alzheimer's and Dementia Alliance of Wisconsin
Alzheimer’s Foundation of America
Alzheimer’s North Carolina, Inc.
American Association for Geriatric Psychiatry
American Association for Long Term Care Nursing
American Federation for Aging Research
American Geriatrics Society
American Health Assistance Foundation
American Psychological Association
American Society on Aging
Arthritis Foundation
Association of Population Centers
Banner Alzheimer’s Institute
Consortium of Social Science Associations
Critical Path Institute
Federation of Associations in Behavioral and Brain Sciences
Gerontological Society of America
International Cancer Advocacy Network (ICAN)
Iona Senior Services
Linked Senior
National Alliance for Caregiving
National Association of Social Workers
National Family Caregivers Association
Pennsylvania Institute on Aging
Population Association of America
Project Lifesaver International
The Simon Foundation for Continence
USAgainstAlzheimer’s
Volunteers of America
**Letter was sent to the leaders of the U.S. House of Representatives and U.S. Senate, chairs and ranking members of the House and Senate Labor, Health and Human Services and Education Appropriations Subcommittee, chair and ranking member of the Senate Special Committee on Aging, and to the U.S. Senators meeting currently to negotiate a revised deficit reduction package.**