

February 19, 2025

The Hon. Rick Scott  
Senator & Chair, Senate Special Committee on Aging  
110 Hart Senate Office Building  
Washington, DC 20510

The Hon. Kirsten E. Gillibrand  
Senator & Ranking Member, Senate Special Committee on Aging  
478 Russell Senate Office Building  
Washington, DC 20510

**RE: United States Senate Special Committee on Aging Hearing Regarding Longevity and Healthy Aging, Delivered via email to [Hans.Hansen@aging.senate.gov](mailto:Hans.Hansen@aging.senate.gov).**

Dear Chair Scott and Ranking Member Gillibrand,

On behalf of the [Gerontological Society of America](http://www.geron.org) (GSA), thank you for a holding [a hearing on longevity and healthy aging](#) and the opportunity to provide the U.S. Special Committee on Aging this statement for the record. Since 1945, GSA members have been at the forefront in researching innovative interventions leading to greater health outcomes and more meaningful lives as we age. We appreciate the conversations the committee and panelists had, notably discussions recognizing the importance of our healthspan as we live longer lives and our approaches to the treatment and prevention of chronic disease.

GSA seeks to serve as a resource in working with you and members of the Committee to inform public policy with evidence-based research to advance improved health outcomes. Attached to this letter we included a sample of resources and research briefly covered in the hearing. GSA [publishes five peer-reviewed journals](#) with research that can advance the focus on biomedical research, as well as [more than 60 interest groups](#) formed around a topic or issue that cuts across disciplines.

GSA has [developed several resources](#) based on evidence-based research for managing obesity in older people. Access to comprehensive obesity care can lower the severity of these diseases and, in some cases, cure them entirely. This includes a useful framework for primary care providers to help older people with obesity challenges recognize their condition and take action to maintain a healthy weight.

In 2023, GSA hosted a roundtable discussion in Washington, DC with researchers, clinicians, and advocates who were asked to address key questions about obesity as a disease of body weight regulation and how outdated paradigms and perceptions about obesity can be improved among health professionals, policymakers, and the public. That discussion produced valuable information on key aspects of obesity care across the lifespan and particularly in clinical care for older adults. The report, titled "Bringing Obesity Management to the Forefront of Care for Older Adults: Seven Strategies for Success," presents the roundtable's insights, which are discussed in the framework of seven strategies for addressing barriers to quality obesity care for older people.

In 2024, GSA submitted [a letter](#) as part of the National Institute of Health's Request for Information on Research Strategies for Addressing Obesity Heterogeneity. In this letter, GSA discussed our understanding of obesity heterogeneity and how obesity presents differently for every patient.

We know that access to comprehensive obesity care can lower the severity of the disease of obesity and many other diseases, and in some cases cure them entirely. Current federal policy unfairly denies coverage and access for people over the age of 65 to vitally important evidence-based treatments for obesity, both preventing older people from starting these treatments while on Medicare and disrupting treatment for those who lose access as they age into Medicare. GSA believes it is crucial that Congress and the Centers for Medicare and Medicaid Services (CMS) take the steps necessary to end the current unjust policy and ensure that Americans have access to the holistic and comprehensive obesity care necessary to ensure healthy lives. [GSA supports the Center for Medicare and Medicaid Services \(CMS\) rule](#) that would expand access to AOMs for Medicare and Medicaid beneficiaries. These treatments can prevent and treat the development of cardiovascular disease, type 2 diabetes, sleep apnea, and more.

GSA supports a comprehensive approach to treating the chronic disease of obesity, and this includes behavioral interventions. Counseling patients on nutrition, physical activity and behavior change at frequent clinic visits, as proposed by intensive behavioral therapy (IBT), is an effective, proven approach to treating obesity treatment and can reduce the risk of co-morbidities. We support this approach when AOMs are part of treatment for obesity.

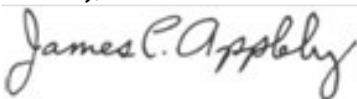
The GSA KAER framework—Kickstart, Assess, Evaluate, and Refer (KAER)—supports primary care teams to better meet the needs of older people with obesity and overweight. Using this framework and the tools and resources in the [GSA Toolkit for the Management of Obesity in Older Adults](#), care teams can kickstart the discussion of body size with older people and their families; assess the presence of altered body fat amount, distribution, and/or function; evaluate treatment options for older people with overweight and obesity; and refer older people to community resources.

The mission of GSA is to foster excellence, innovation, and collaboration to advance aging research, education, practice, and policy; our vision is “meaningful lives as we age.” GSA’s 6,000 members include gerontologists, health professionals, behavioral and social scientists, biologists, demographers, economists, and many other disciplines. These experts study all facets of aging with a life-course orientation. The multidisciplinary nature of the GSA membership is a valued strength, enabling us to provide a 360-degree perspective on the issues facing our population as we age.

GSA wishes to be a resource to you and your staff in your role serving in the Senate and on the Senate Special Committee on Aging. We would enjoy meeting with you and/or your staff in the coming weeks to discuss our work. In the meantime, if you have any questions, please contact Patricia D’Antonio, Vice President of Policy and Professional Affairs at [pdantonio@geron.org](mailto:pdantonio@geron.org) or 202-587-5880, or Jordan Miles, Director of Policy at [jmiles@geron.org](mailto:jmiles@geron.org) or 202-587-5884.

We look forward to continuing to work with you on improving the health of all of us as we age.

Sincerely,

A handwritten signature in cursive script that reads "James C. Appleby". The signature is written in black ink on a white background.

James C. Appleby, BSPHarm, MPH, ScD (Hon)  
Chief Executive Officer