



**THE ALLIANCE FOR  
LONGEVITY INITIATIVES**

**A Call for a New National Institute for  
Healthy Longevity and Aging Research  
(NIHLAR)**

**BLUF:** In line with the plan to increase efficiency and innovation at NIH, Congress should establish the National Institute for Healthy Longevity and Aging Research (NIHLAR), which will shift our system from “sickcare” to preventive “healthcare” by targeting the root cause of chronic disease—aging—thereby extending the healthy longevity of hundreds of millions of Americans.

## **Executive Summary**

By 2050, Americans aged 65 and older will comprise 23% of the population, fueling a surge in age-related illnesses like cardiovascular disease, dementia, and cancer. Today’s healthcare model siloes these conditions, treating each only after it emerges, rather than addressing aging itself. Consequently, many individuals spend nearly a quarter of their life in poor health, with devastating effects on families, the workforce, and the economy.

In response, and in line with Republican Leadership’s focus on reforming the NIH, the Alliance for Longevity Initiatives (A4LI) proposes creating the National Institute for Healthy Longevity and Aging Research (NIHLAR). NIHLAR would unify biology of aging-focused research at NIH thereby accelerating breakthrough interventions targeting multiple chronic age-related diseases at once. NIHLAR will also bolster accountability, promote innovation, and foster inter-institute collaboration to meet America’s growing healthcare needs.

NIHLAR’s key strategic objectives include:

1. **Focus on Aging Biology:** Accelerate interventions—pharmaceutical or lifestyle—that target pathways of aging biology to reduce multiple chronic diseases as we age.
2. **Emphasis on Translation:** Create specialized divisions dedicated to translating research into applications for clinical practice and public health initiatives.
3. **Encourage Innovation:** Implement reforms that promote high-risk, high-reward research and bold initiatives that increase human healthspan.
4. **Increased Accountability:** Define clear, public objectives to ensure accountability and reallocate resources from underperforming programs to more promising projects.
5. **Collaboration with Related Agencies:** Coordinate closely with the FDA and other NIH institutes to streamline the development and approval of both lifestyle and therapeutic interventions.

This NIHLAR proposal can serve as a blueprint for modernizing institutes like the NIA. If Congress consolidates institutes at NIH and carves out dementia as a new institute, NIHLAR can centralize aging biology research that is currently dispersed across multiple centers. Ultimately, NIHLAR would be the first NIH institute explicitly dedicated to helping Americans live healthier for longer as they age.

## Consequences of an Aging Demography

Since 1950, there has been a dramatic increase in the percentage of Americans aged 65 years and older. Older Americans made up 8% of the population in 1950, 18% in 2024, and will make up 23% of the population by 2050. Because more Americans have made it to older age, our medical system is treating an ever-increasing number of age-related diseases and conditions, placing immense pressure on healthcare systems and government budgets. In the U.S. today, roughly 28 million Americans have cardiovascular disease, 7 million people have dementia, and 1.5 million people have cancer—the three deadliest age-related diseases. By 2050, those numbers are projected to reach 45 million, 13.9 million, and 3 million, respectively.<sup>1,2,3</sup>

A population with poor health outcomes will drive increased spending on healthcare services and entitlement programs, such as pensions and Social Security. The cost of Medicare and Social Security are growing at a faster rate than our Gross Domestic Product due to our aging population. The Centers for Medicare & Medicaid Services project that National Health Expenditures will grow to \$7.2 trillion by 2028.<sup>4</sup> Couple that with our shrinking working-age population due to persistently low fertility rates over the last few decades, and we're also poised to experience labor shortages and plummeting economic productivity. Japan reached this demographic situation in the early 1990s and currently has a smaller GDP than it did 30 years ago. The U.S. is approaching the precipice within the next decade. This aging demographic crisis is unprecedented in human history and thus, a completely novel, prevention-focused approach is needed to combat the consequences—one that emphasizes healthcare over sickcare.

## The Development of “Longevity Biotechnology”

Modern medicine has made tremendous strides in treating acute illnesses, yet it remains largely unable to cure chronic, age-related diseases. This lack of progress can be largely attributed to two things. First, biomedical research (including drug development) and clinical practice are fundamentally reactive, waiting until people become sick before taking action. Second, these institutions have largely ignored the single greatest risk factor for—and mechanistic cause of—nine of the ten top killers in the United States: the biological aging process itself.

This reactive approach has led to increases in lifespan without a corresponding increase in healthspan—the period of life spent in good health. As a result, many Americans spend their final decades burdened by multiple chronic conditions and a reduced quality of life, which places

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<sup>1</sup> Cancer Statistics Center. Accessed on June 30, 2024. <https://cancerstatisticscenter.cancer.org/>

<sup>2</sup> 2024 Heart Disease and Stroke Statistics: A Report of US and Global Data From the American Heart Association. *Circulation*. Volume 149, Issue 8, 20 February 2024; Pages e347-e913 February 20, 2024. Accessed on June 30, 2024. <https://www.ahajournals.org/doi/epub/10.1161/CIR.0000000000001209>

<sup>3</sup> Alzheimer's Facts and Figures. Accessed on June 30, 2024. <https://www.alz.org/alzheimers-dementia/facts-figures>

<sup>4</sup> National Health Expenditure Fact Sheet (2022). Accessed on June 01, 2024. <https://www.cms.gov/data-research/statistics-trends-and-reports/national-health-expenditure-data/nhe-fact-sheet>

significant strain on families and the healthcare system. Even if all forms of cancer were cured, average life expectancy would only increase by about three years, because curing a single disease does not address the underlying aging processes that drive the development of all other age-related diseases.<sup>5</sup>

The longevity biotechnology industry has emerged from decades of research that has demonstrated that aging is malleable and can be modulated by environmental factors, lifestyle interventions, and therapeutic drugs that target the pathways of aging biology, resulting in increased healthy lifespan. There are hundreds of longevity biotechnology companies in the U.S. developing therapies that target aging, with dozens entering Phase II and III trials within the next few years.<sup>6</sup> Economists argue that the introduction of longevity medicine to society could drive substantial gains in GDP from increases in citizen productivity and decreases in costly end-of-life medical care. Even in the most conservative estimates, the U.S. stands to add trillions to its GDP from the addition of one year of average healthy life expectancy.<sup>7</sup> Furthermore, lifestyle and behavioral interventions—such as physical activity regimens, dietary modifications, and stress reduction—can synergize with these pharmacological approaches, underscoring the need for a broad “healthcare” model that prevents illness, not just treats it.

### **NIH’s Lack of Focus on Longevity and Aging Research**

The NIH has yet to shift its thinking from siloed, disease-specific efforts to research that advances the understanding and practical applications of the biology of aging. Today, less than 1% of NIH funding is allocated toward investigating and treating the biology of aging, despite being the primary risk factor for 9 out of 10 leading causes of death in the U.S. This is clearly a profound misallocation of federal resources.

In a recent report to Congress, the NIH detailed its ongoing geroscience (science of aging) research efforts, but the report revealed that there is very little activity in this area and even less progress toward the development of new therapies targeting aging.<sup>8</sup> As we prepare for the consequences of our aging population, the NIH must shift its focus and invest heavily in translational research on interventions that will effectively address multiple age-related diseases at once, whether those interventions be pharmacological (e.g., new drugs) or non-pharmacological (e.g., targeted lifestyle changes).

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<sup>5</sup> Wu, S. (October 2023). USC Today: Delayed aging is better investment than cancer, heart disease research. Accessed on March 27, 2024.

<https://today.usc.edu/delayed-aging-is-better-investment-than-cancer-heart-disease-research/>

<sup>6</sup> The Rejuvenation Roadmap. Accessed on June 30, 2024.

<https://www.lifespan.io/road-maps/the-rejuvenation-roadmap/>

<sup>7</sup> Scott, A.J et al, The economic value of targeting aging. *Nat Aging* 1, 616–623 (2021). Accessed on June 30, 2024. <https://doi.org/10.1038/s43587-021-00080-0>

<sup>8</sup> Department of Health and Human Services. NIH Report on Geroscience. [https://www.afar.org/imported/RTC-on-Geroscience\\_FINAL.signed.pdf](https://www.afar.org/imported/RTC-on-Geroscience_FINAL.signed.pdf)

## **Proposing The National Institute for Healthy Longevity and Aging Research (NIHLAR)**

The Alliance for Longevity Initiatives (A4LI) proposes the establishment of a new institute, The National Institute for Healthy Longevity and Aging Research (NIHLAR), within the NIH to better reflect the healthcare and societal needs of our country. NIHLAR will streamline NIH efforts by coordinating research on aging’s biological processes, improving efficiency and accountability, and unifying age-related disease studies. The NIHLAR Director, who should have terms of no more than 10 years, will be tasked with setting time-bound goals and measuring progress against those timelines. This approach aligns with Congress’s vision for a more focused and responsive NIH to the needs of Americans. NIHLAR’s mission is to extend the healthy lifespan of Americans from roughly 66 years (where it currently stands) to 85 years by 2045.

If broader NIH restructuring is enacted, NIHLAR could serve as one of these comprehensive institutes. Under that scenario, much of the Alzheimer’s disease and related dementias research might be consolidated into a National Institute of Neuroscience, allowing NIHLAR to focus strictly on aging biology, geroscience and its translational applications. In doing so, we can move beyond disease-specific silos and elevate geroscience research to the same level of visibility and funding as major disease institutes.

### **Divisions of NIHLAR**

The divisions of NIHLAR will reflect its goals of advancing translational research and fostering measurable health improvements for older adults and the broader population. While elements of these divisions overlap with existing NIA priorities, NIHLAR will refocus the research portfolio toward extending healthspan, accelerating clinical discoveries, and deploying real-world interventions that enable Americans to lead healthier, more productive lives as they age. In doing so, NIHLAR will adopt structural reforms that support high-risk, high-reward projects, ushering in the bold scientific advances that a modern NIH needs.

#### *Division of Aging Biology (DAB)*

The Division of Aging Biology (DAB) will concentrate on foundational research into the molecular, cellular, and genetic mechanisms that govern the aging process, with an emphasis on uncovering new therapeutic targets to delay or prevent age-related diseases.<sup>9</sup> Scientists within the DAB will explore the “hallmarks of aging”—such as cellular senescence, telomere attrition, proteostasis, and epigenetic regulation—to understand precisely how these mechanisms drive functional decline. This division will also maintain and develop advanced model systems and high-throughput screening platforms, ensuring that experimental discoveries move swiftly toward identifying and characterizing potential interventions. By pursuing bold, curiosity-driven

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<sup>9</sup> National Institute on Aging Division of Aging Biology. Accessed on 8/03/2024.  
<https://www.nia.nih.gov/research/dab>

research, the DAB will provide a robust pipeline of novel targets, drug candidates, and validated biomarkers that can be tested in clinical settings.

Within the DAB, a dedicated Biomarkers of Health, Function, and Aging (DBHFA) Task Force will focus on identifying and validating biomarkers that enable early diagnosis, prevention, and monitoring of aging and age-related diseases. By forming strategic public-private partnerships for longitudinal data collection, this Task Force will help establish baselines for normal aging, measure age-dependent biological changes in individual patients, and align biomarker development with regulatory requirements. These efforts will facilitate the approval and clinical adoption of innovative treatments targeting aging, ultimately guiding therapeutic decisions and monitoring treatment responses in older adults.

#### *Division of Translational Longevity & Clinical Trials (DTLC)*

The Division of Translational Longevity & Clinical Trials will translate fundamental discoveries into therapeutics and interventions to improve healthspan. In addition to collaborating closely with sectors in biotechnology, pharmaceutical, and academic partners, DTLC will design and oversee in-house trials for interventions that are unlikely to attract private-sector investment but show promise for substantially improving healthy longevity. This includes next-generation therapeutics targeting core aging pathways as well as lifestyle-based interventions with strong mechanistic underpinnings. By coordinating regulatory efforts with agencies like the FDA, developing clinical endpoints and surrogate endpoints tailored to therapies focused on aging, and ensuring that biomarkers from DBAB are used to measure impact, DTLC will expedite the journey from bench to bedside. Its mission is to bring safe, evidence-based interventions—whether pharmaceutical, lifestyle, or a combination of both—into clinical practice for the benefit of all Americans.

#### *Division of Societal, Economic, and Behavioral Health (DSEBH)*

The Division of Societal, Economic, and Behavioral Health will explore how extended lifespans and innovative interventions interact with human behavior, public policy, and economic structures. By analyzing how longevity trends affect healthcare utilization, productivity, and social programs such as Medicare and Social Security, DSEBH will quantify the potential “longevity dividend” for the United States. It will also examine health disparities, assessing why certain populations experience more accelerated aging or shorter healthspans, and propose evidence-based strategies to close these gaps. Additionally, the division will evaluate how to motivate individuals, families, and communities to adopt preventive healthcare and engage in longevity-focused initiatives. Researchers will study how a longer-lived society impacts interpersonal relationships, retirement planning, and social engagement, providing policymakers and the public with actionable insights on the broader implications of healthy aging.

### *Division of Lifestyle Innovation for Longevity (DLIL)*

The Division of Lifestyle Innovation for Longevity (DLIL) will emphasize immediate, real-world approaches that help older adults live healthier, more independent lives today. This division will collaborate with healthcare providers, community groups, and technology companies to test, validate, and disseminate best practices in areas such as diet, exercise, supplementation, and social engagement. DLIL will also assess how tools like wearable health monitors, AI-driven diagnostics, telehealth services, and smart-home systems can be deployed at scale to help older adults manage their health proactively. By developing evidence-based recommendations—ranging from personalized exercise plans to effective dietary patterns—and rapidly iterating on pilot programs in diverse communities, DLIL will ensure that proven strategies are quickly translated into standard care. In parallel, it will offer guidance to federal and state policymakers on integrating these lifestyle interventions and emerging technologies into broader public health initiatives.

### *Rationale for the Divisional Breakdown*

This organizational strategy avoids fragmenting research by narrow discipline and instead groups teams around pivotal goals—foundational discovery, translational science, societal impact, and near-term lifestyle implementation.<sup>10</sup> The Division of Basic Aging Biology pursues essential insights into the underlying mechanisms of aging, providing a steady stream of targets and biomarkers that the Division of Translational Longevity & Clinical Trials rigorously tests and adapts for clinical use. The Division of Societal, Economic, and Behavioral Health investigates how these discoveries can best benefit real-world communities, illuminating ways to reduce health disparities and maximize societal gains from extended lifespans. Finally, the Division of Lifestyle Innovation for Longevity propels practical solutions directly to the public, ensuring that proven lifestyle interventions and emerging technologies reach people in a timely and effective manner. By creating these four divisions, NIHLAR can meaningfully extend healthspan for millions of Americans, while simultaneously reducing the burden of chronic diseases and strengthening the nation’s social and economic well-being.

It should be noted that there will be no division with a specific neurodegenerative research focus within the NIHLAR portfolio. Currently, there are eleven other institutes within the NIH that fund neurodegenerative research. We believe that neurodegenerative research should be consolidated into a single National Institute of Neuroscience, to better enable effective coordination and goal-setting for understanding neurological and neurodegenerative diseases. In a future NIH reorganization, Alzheimer’s disease research could be grouped under that neuroscience institute, freeing NIHLAR to concentrate purely on aging biology.

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<sup>10</sup> National Institute on Aging Fiscal Year 2025 Budget. Accessed on August 10, 2024. <https://www.nia.nih.gov/about/budget/fiscal-year-2025-budget#graphs>

## **NIHLAR Budget**

We recommend setting NIHLAR’s budget on par with the National Cancer Institute’s annual funding (currently around \$7.22 billion).<sup>11</sup> Aging is the single greatest risk factor for numerous chronic diseases—cancer, dementia, diabetes, and heart disease among them—so a bold, coordinated effort to address the biology of aging is essential to tackling America’s most pressing health challenges. As part of its mandate, NIHLAR would consolidate and repackage all existing geroscience projects scattered across various institutes under one roof, creating synergy and accelerating breakthroughs. By funding NIHLAR at the same level as institutes devoted to single diseases, Congress would acknowledge that preventing the root causes of age-related conditions can reduce healthcare costs and improve outcomes far more effectively than tackling them one at a time. After all, if we’re serious about ending the nation’s “sick care” crisis, we must invest in solutions that match the size of the problem. And this is a big problem that demands an even bigger solution.

## **Strategic Coordination at NIHLAR**

### *Coordination with Age-Related Disease Institutes*

Given aging’s central role in driving diseases of aging, NIHLAR should serve as a hub for extensive collaboration with other agencies and institutes focused on age-related diseases. By fostering collaborations across various entities, NIHLAR aims to streamline research activities, maximize resource efficiency, and accelerate the development of new therapies. The biology of aging plays a crucial role in age-related diseases such as cancer, heart disease, dementia, kidney disease, and diabetes. By investigating the underlying mechanisms of aging, researchers can develop targeted therapies to prevent, mitigate, or cure multiple major age-related diseases. Therefore, we recommend mandating that both NIHLAR and age-related disease institutes (including but not limited to NCI, NHLBI, NIDCR, and NIAID) make all relevant data available to each other, including longitudinal study data, genomic and phenomic data, biomarkers, imaging data, and clinical trial results.

### *Coordination with FDA*

A significant challenge for longevity biotechnology companies is the lack of clarity on appropriate indication areas, approval pathways, clinical endpoints, and intermediate metrics of success. Conversely, efforts by the FDA to establish such pathways ahead of time, or to allocate specialized staff for emerging aging-related applications, would be highly beneficial in delivering the societal benefits envisioned by NIHLAR. We believe that part of NIHLAR’s mission should involve coordinating with the FDA to develop appropriate biomarkers and

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<sup>11</sup> National Cancer Institute. Accessed on August 10, 2024.  
<https://www.cancer.gov/about-nci/budget#what-is-ncis-current-fiscal-year-2024-fy24-budget>



metrics for companies entering clinical trials for therapies targeting aging, as well as approval pathways that acknowledge the potential multi-indication benefits of aging therapeutics. Such efforts must also consider the differing perspectives on popular yet controversial drugs—like GLP-1 agonists—by evaluating benefits and risks thoroughly without endorsing any single approach prematurely.

Congress should direct the FDA to collaborate with NIHLAR—specifically the Division of Aging Biology’s Biomarkers of Health, Function, and Aging (DBHFA) Task Force and the Division of Translational Longevity & Clinical Trials (DTLC), and, where relevant, the Division of Lifestyle Innovation for Longevity (DLTIL)—to develop a plan to resolve these issues. This partnership will help ensure that new biomarkers, clinical endpoints, and approval pathways are aligned with both scientific discovery and regulatory requirements, accelerating the translation of aging research into clinical practice.

### **Accountability at NIHLAR**

Accountability will be a cornerstone of NIHLAR’s mission, ensuring that the institute operates with transparency, efficiency, and a clear focus on delivering measurable outcomes. NIHLAR will establish rigorous oversight mechanisms and set specific, public objectives to evaluate the effectiveness of its initiatives and the efficient allocation of resources.

### *Centers of Excellence on Aging Research*

The NIA, like most other NIH institutes, sponsors several Centers of Excellence. While these centers have made valuable contributions, there is room for improvement in terms of creating synergy and meeting specific objectives. Under the Division of Aging Biology (DAB), these Centers of Excellence will be tasked with setting clear, measurable goals to enhance their impact and ensure alignment with NIHLAR’s mission of advancing aging research. Centers that fail to meet their objectives—and fail to justify their continued support via substantial contributions—will have their funding reallocated to other institutions. This includes the Nathan Shock Centers of Excellence, which were established to provide national leadership and research resources in the basic biology of aging, and the Claude D. Pepper Older Americans Independence Centers, which play a vital role in providing research and training opportunities for clinician-scientists, equipping them with the best practices for caring for individuals of advanced age.

Centers will also be required to incorporate training in aging-biology-focused therapeutics and biomarkers, to leverage and disseminate the translational advances coming out of NIHLAR. Collaborations with industry or industry-focused training programs will be created to encourage the development of new therapies based on research funded by NIHLAR.

### *Centers for Data and Biobanks*

Under the oversight of the Biomarkers of Health, Function, and Aging (DBHFA) Task Force (within the DAB), NIHLAR will continue to support several data centers and biobanks. To ensure that their utility is maximized by the research community, each biobank will set clear, actionable goals regarding the volume and diversity of data collection. Any data centers or biobanks that cannot reach their self-imposed goals will be assessed for reallocation, and assessments will be made public. The data centers and biobanks to be housed under DBHFA's purview include the Intervention Testing Program, the Caenorhabditis Intervention Testing Program, the Aged Rodent Colonies, the Aged Rodent Tissue Bank, the Aging Cell Repository, the Non-Human Primate Tissue Bank, the Primate Aging Database, the AgingResearchBioBank, the NIA Aging Cell Repository, the Baltimore Longitudinal Study of Aging (BLSA) Biorepository, the Health, Aging, and Body Composition (Health ABC) Study Biobank, and the Long Life Family Study (LLFS) Biobank.

### **NIHLAR and NIH-Wide Suggested Reforms**

To create a more efficient and responsive agency, we have identified four key areas for reform that will be integral to the success of NIHLAR. These reforms are designed to foster innovative research and promote transparency, reducing redundancy in both public and private longevity sectors. While these reforms will be a core part of NIHLAR, we recommend implementing them NIH-wide to facilitate developments across all realms of biotechnology.

#### *SBIR Reform*

By statute, 3.5% of the NIH research budget must be used to support small businesses through the SBIR and STTR programs. However, the majority of program managers do not have a private sector background, which should be required when reviewing grants for small businesses. Furthermore, these programs are not structured in a way that reflects the reality of starting and running a small biotechnology company. The application process remains burdensome and slow, causing many eligible companies to refrain from applying for these grants and openly considering the SBIR and STTR programs as detrimental to their fundraising efforts.

We recommend that the NIH centralize its SBIR and STTR programs into a single office at the NIH and that funds be allocated proportionally based on the relative budgets of the institutes. If such consolidation cannot be achieved across the NIH, NIHLAR's Division of Translational Longevity & Clinical Trials (DTLC) should manage the SBIR and STTR programs. Improving these programs hinges on hiring dedicated program managers with private-sector experience to make award decisions. Additionally, these programs would benefit from a substantially reduced

application burden on private sector applicants, who currently invest more effort for less funding compared to private capital sources. SBIR and STTR applicants are often academic researchers looking to commercialize their discoveries but lacking entrepreneurial experience, leading to a high failure rate for SBIR and STTR-funded companies. To address this, NIHLAR should fund, with remaining SBIR dollars, entrepreneurship training and accelerator programs for these funded researchers and provide expedited review consideration for scientists who have completed such programs.

### *Raising Standards for Grant Review Committees*

NIH review committees have evolved into panels that tend to reward incremental advances over transformative research. This has been a perennial challenge that limits innovation in favor of safer, smaller-scope projects. A4LI believes that Congress should direct NIH—and NIHLAR in particular—to develop clear standards and instructions for review committees that reward risk-taking and cutting-edge technology development over incremental advancements. This step alone is perhaps one of the most important actions Congress could take to invigorate academic biological research in the United States, unleashing the creativity and vigor of our nation’s scientists.

### *Intramural Research Reform*

The NIH Intramural Program (IRP) receives 10% of NIH funding and was established as a means for scientists to take risks and break new ground. Over time, however, it has functionally evolved into the equivalent of a university campus, where risk aversion often prevails and scientists stay for decades. That said, the IRP does feature outstanding successes—for example, NCI’s Steve Rosenberg (father of immunotherapy) and Doug Lowy (inventor of the HPV vaccine). Congress values the IRP, viewing it as the face of NIH. We therefore recommend softening criticisms but encouraging modernization.

A4LI urges the Committee to consider a wholesale reinvigoration of the NIH Intramural Program to ensure NIH campuses become places where scientists go to establish themselves professionally by pursuing groundbreaking research. Appointments should be limited in duration, and investigators should be incentivized to take risks that substantially advance their fields of study. The NIHLAR Intramural Research Program should be tied to the NIH Clinical Center and promote research that breaks new ground in longevity and aging. NIHLAR can leverage its intramural branch to pilot bold, high-reward initiatives that push the boundaries of geroscience, including synergy with potential lifestyle-based interventions as well as new pharmaceuticals.

### *Scientific Reproducibility and Publicizing Negative Results*

Under the Division of Aging Biology (DAB), NIHLAR will develop a clear strategy for reproducing research findings to verify their validity and reduce the waste of time and resources. This reproducibility strategy should be made public, and annual findings should be publicly available for all reproducibility grants. Additionally, DAB will create a public archive for negative research results and require all NIHLAR-funded scientists to publish these findings. By making negative results readily available, the program will help reduce wasted resources and accelerate the development of effective treatments through a more comprehensive understanding of what does—and does not—work.

### **Concluding Call to Action**

As the urgency of our aging population crisis grows day by day, the time has come for Congress to establish an agency focused directly on researching and developing therapeutics that target the biology of aging to ameliorate multiple age-related diseases at once—The National Institute for Healthy Longevity and Aging Research (NIHLAR). By centering on the trunk of the tree—aging biology itself—rather than treating each branch (disease) in isolation, we can significantly increase healthy lifespan, reduce the portion of life spent in poor health, and lessen the economic strain on Medicare and Social Security.

NIHLAR aligns well with proposals to streamline NIH, possibly decreasing the overall number of ICs by consolidating disease-specific work into broader institutes. In this vision, Alzheimer’s disease and other dementia research might be grouped within a unified National Institute of Neuroscience, while geroscience forms the core of NIHLAR’s mission. The breakthroughs that NIHLAR could fund—from interventions that slow cellular aging to lifestyle programs that keep older Americans active and engaged—have the potential to transform public health by extending healthy lifespans, improving quality of life, and easing the economic burden of an aging population. This initiative also reflects Congress’s broader goals for making the NIH more accountable and responsive.

A4LI urges policymakers, stakeholders, and the public to support NIHLAR and take decisive action to secure a healthier, more prosperous future for all Americans—before the demographic and healthcare expenditure challenges become insurmountable. By emphasizing prevention (“healthcare”) rather than reaction (“sickcare”), NIHLAR can help the United States achieve a true longevity dividend, spurring higher workforce intergenerational productivity, lowering government expenditures on end-of-life care, and improving citizens’ health and quality of life as they age.