

108TH CONGRESS
1ST SESSION

S. 1217

To direct the Secretary of Health and Human Services to expand and intensify programs with respect to research and related activities concerning elder falls.

IN THE SENATE OF THE UNITED STATES

JUNE 9, 2003

Mr. ENZI (for himself and Ms. MIKULSKI) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To direct the Secretary of Health and Human Services to expand and intensify programs with respect to research and related activities concerning elder falls.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Elder Fall Prevention
5 Act of 2003”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds as follows:

8 (1) Falls are the leading cause of injury deaths
9 among individuals who are over 65 years of age.

1 (2) By 2030, the population of individuals who
2 are 65 years of age or older will double. By 2050,
3 the population of individuals who are 85 years of
4 age or older will quadruple.

5 (3) In 2000, falls among elderly individuals ac-
6 counted for 10,200 deaths and 1,600,000 emergency
7 department visits.

8 (4) Sixty percent of fall-related deaths occur
9 among individuals who are 75 years of age or older.

10 (5) Twenty-five percent of elderly persons who
11 sustain a hip fracture die within 1 year.

12 (6) Hospital admissions for hip fractures
13 among the elderly have increased from 231,000 ad-
14 missions in 1988 to 332,000 in 1999. The number
15 of hip fractures is expected to exceed 500,000 by
16 2040.

17 (7) Annually, more than 64,000 individuals who
18 are over 65 years of age sustain a traumatic brain
19 injury as a result of a fall.

20 (8) Annually, 40,000 individuals who are over
21 65 years of age visit emergency departments with
22 traumatic brain injuries suffered as a result of a
23 fall, of which 16,000 of these individual are hospital-
24 ized and 4,000 of these individuals die.

1 (9) The rate of fall-induced traumatic brain in-
2 juries for individual who are 80 years of age or older
3 increased by 60 percent from 1989 to 1998.

4 (10) The estimated total cost for non-fatal
5 traumatic brain injury-related hospitalizations for
6 falls in individuals who are 65 years of age or older
7 is more than \$3,250,000,000. Two-thirds of these
8 costs occurred among individual who were 75 years
9 of age or older.

10 (11) The costs to the Medicare and Medicaid
11 programs and society as a whole from falls by elder-
12 ly persons continue to climb much faster than infla-
13 tion and population growth. Direct costs alone will
14 exceed \$32,000,000,000 in 2020.

15 (12) The Federal Government should devote ad-
16 ditional resources to research regarding the preven-
17 tion and treatment of falls in residential as well as
18 institutional settings.

19 (13) A national approach to reducing elder
20 falls, which focuses on the daily life of senior citizens
21 in residential, institutional, and community settings
22 is needed. The approach should include a wide range
23 of organizations and individuals including family
24 members, health care providers, social workers, ar-
25 chitects, employers and others.

1 (14) Reducing preventable adverse events, such
 2 as elder falls, is an important aspect to the agenda
 3 to improve patient safety.

4 **SEC. 3. AMENDMENT TO THE PUBLIC HEALTH SERVICE**
 5 **ACT.**

6 Title III of the Public Health Service Act (42 U.S.C.
 7 241 et seq.) is amended by adding at the end the fol-
 8 lowing:

9 **“PART R—PREVENTION OF ELDER FALLS**

10 **“SEC. 399AA. PURPOSES**

11 “The purposes of this title are—

12 “(1) to develop effective public education strate-
 13 gies in a national initiative to reduce elder falls in
 14 order to educate the elders themselves, family mem-
 15 bers, employers, caregivers, and others who touch
 16 the lives of senior citizens;

17 “(2) to expand needed services and conduct re-
 18 search to determine the most effective approaches to
 19 preventing and treating elder falls; and

20 “(3) to require the Secretary to evaluate the ef-
 21 fect of falls on the costs of medicare and medicaid
 22 and the potential for reducing costs by expanding
 23 education, prevention, and elderly intervention serv-
 24 ices covered under these two programs.

1 **“SEC. 399AA-1. PUBLIC EDUCATION.**

2 “Subject to the availability of appropriations, the Ad-
3 ministration on Aging within the Department of Health
4 and Human Services shall—

5 “(1) oversee and support a three-year national
6 education campaign to be carried out by the Na-
7 tional Safety Council to be directed principally to el-
8 ders, their families, and health care providers and
9 focusing on ways of reducing the risk of elder falls
10 and preventing repeat falls; and

11 “(2) provide grants to qualified organizations
12 and institutions for the purpose of organizing State-
13 level coalitions of appropriate State and local agen-
14 cies, safety, health, senior citizen and other organi-
15 zations to design and carry out local education cam-
16 paigns, focusing on ways of reducing the risk of
17 elder falls and preventing repeat falls.

18 **“SEC. 399AA-2. RESEARCH.**

19 “(a) IN GENERAL.—Subject to the availability of ap-
20 propriations, the Secretary shall—

21 “(1) conduct and support research to—

22 “(A) improve the identification of elders
23 who have a high risk of falling;

24 “(B) improve data collection and analysis
25 to identify fall risk and protective factors;

1 “(C) design, implement, and evaluate fall
 2 prevention interventions to identify the most ef-
 3 fective of the numerous potential strategies
 4 available;

5 “(D) improve strategies that are proven to
 6 be effective in reducing falls by tailoring these
 7 strategies to specific elderly populations;

8 “(E) conduct research in order to maxi-
 9 mize the dissemination of proven, effective fall
 10 prevention interventions;

11 “(F) expand proven interventions to pre-
 12 vent elder falls;

13 “(G) improve the diagnosis, treatment, and
 14 rehabilitation of elderly fall victims; and

15 “(H) assess the risk of falls occurring in
 16 various settings;

17 “(2) conduct research concerning barriers to
 18 the adoption of proven interventions with respect to
 19 the prevention of elder falls (such as medication re-
 20 view and vision enhancement);

21 “(3) conduct research to develop, implement,
 22 and evaluate the most effective approaches to reduc-
 23 ing falls among very high risk elders living in nurs-
 24 ing homes, assisted living, and other types of long-
 25 term care facilities; and

1 “(4) evaluate the effectiveness of community
2 programs to prevent assisted living and nursing
3 home falls by elders.

4 “(b) ADMINISTRATION.—In carrying out subsection
5 (a), the Secretary shall—

6 “(1) conduct research and surveillance activities
7 among community-dwelling and institutionalized el-
8 ders through the Director of the Centers for Disease
9 Control and Prevention;

10 “(2) conduct research related to elder fall pre-
11 vention in health care delivery settings and clinical
12 treatment and rehabilitation of elderly fall victims
13 through the Director of the Agency for Healthcare
14 Research and Quality; and

15 “(3) ensure the coordination of the activities
16 described in paragraphs (1) and (2).

17 “(c) GRANTS.—The Secretary shall award grants to
18 qualified organizations and institutions to enable such or-
19 ganizations and institutions to provide professional edu-
20 cation for physicians and allied health professionals in
21 elder fall prevention.

22 **“SEC. 399AA-3. DEMONSTRATION PROJECTS.**

23 “Subject to the availability of appropriations, the
24 Secretary, acting through the Director of the Centers for
25 Disease Control and Prevention and in consultation with

1 the Director of the Agency for Healthcare Research and
2 Quality, shall carry out the following:

3 “(1) Oversee and support demonstration and
4 research projects to be carried out by the National
5 Safety Council and other qualified organizations in
6 the following areas:

7 “(A) A multi-State demonstration project
8 assessing the utility of targeted fall risk screen-
9 ing and referral programs.

10 “(B) Programs designed for community-
11 dwelling elderly individuals that shall utilize
12 multi-component fall intervention approaches,
13 including physical activity, medication assess-
14 ment and reduction when possible, vision en-
15 hancement, and home modification strategies.

16 “(C) Programs targeting newly-discharged
17 fall victims who are at a high risk for second
18 falls, which shall include modification projects
19 available to various living settings (in accord-
20 ance with accepted building codes and stand-
21 ards) and which are designed to maximize inde-
22 pendence and quality of life for elders, particu-
23 larly those elders with functional limitations.

24 “(D) Private sector and public-private
25 partnerships to develop technology to prevent

1 falls and prevent or reduce injuries if falls
2 occur.

3 “(2)(A) Provide grants to qualified organiza-
4 tions and institutions to design, implement, and
5 evaluate fall prevention programs using proven inter-
6 vention strategies in residential and institutional set-
7 tings.

8 “(B) Provide one or more grants to one or
9 more qualified applicants in order to carry out a
10 multi-State demonstration project to implement and
11 evaluate fall prevention programs using proven inter-
12 vention strategies designed for multi-family residen-
13 tial settings with high concentrations of elders, in-
14 cluding identifying high risk populations, evaluating
15 residential facilities, conducting screening to identify
16 high risk individuals, providing pre-fall counseling,
17 coordinating services with health care and social
18 service providers and coordinating post-fall treat-
19 ment and rehabilitation.

20 “(C) Provide one or more grants to qualified
21 applicants to conduct evaluations of the effectiveness
22 of the demonstration projects in this section.

23 **“SEC. 399AA–4. REVIEW OF REIMBURSEMENT POLICIES.**

24 “(a) IN GENERAL.—The Secretary shall undertake a
25 review of the effects of falls on the costs of the medicare

1 and medicaid programs and the potential for reducing
2 costs by expanding services covered by these two pro-
3 grams. This review shall include a review of the reimburse-
4 ment policies of the medicare and medicaid programs in
5 order to determine if additional fall-related education, pre-
6 vention, and early prevention services should be covered
7 or reimbursement guidelines should be modified.

8 “(b) REPORT.—Not later than 18 months after the
9 date of the enactment of this title, the Secretary shall sub-
10 mit to the Congress a report describing the findings of
11 the Secretary in conducting the review under subsection
12 (a).

13 **“SEC. 399AA-5. AUTHORIZATION OF APPROPRIATION.**

14 “In order to carry out this title, there are authorized
15 to be appropriated—

16 “(1) to carry out the national public education
17 provisions described in section 399AA-1(1),
18 \$5,000,000 for each of fiscal years 2004 through
19 2006;

20 “(2) to carry out the State public education
21 campaign provisions of section 399AA-1(2),
22 \$8,000,000 for each of fiscal years 2004 through
23 2006;

1 “(3) to carry out research projects described in
2 section 399AA–2, \$10,000,000 for each of fiscal
3 years 2004 through 2006;

4 “(4) to carry out the demonstration projects de-
5 scribed in section 399AA–3(1), \$7,000,000 for each
6 of fiscal years 2004 through 2006; and

7 “(5) to carry out the demonstration and re-
8 search projects described in section 399AA–3(2),
9 \$8,000,000 for each of fiscal years 2004 through
10 2006.”.

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