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KEEPING SENIORS SAFE FROM FALLS ACT OF 2004

October 8, 2004.—Ordered to be printed

Mr. GREGG, from the Committee on Health, Education, Labor, and Pensions, submitted the following

R E P O R T

[To accompany S. 1217]

The Committee on Health, Education, Labor, and Pensions, to which was referred the bill (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, having considered the same, reports favorably thereon with an amendment in the nature of a substitute and an amendment to the title, recommends that the bill (as amended) do pass.

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I. PURPOSE AND NEED FOR LEGISLATION

More than a third of adults aged 65 years or older fall each year, and falls are the leading cause of unintentional injury deaths as well as nonfatal unintentional injuries among older Americans.

According to the Centers for Disease Control and Prevention, in 2001, more than 11,600 people aged 65 and older died from fall-related injuries. More than 1.6 million seniors were treated that year in emergency departments for fall-related injuries, and nearly 400,000 seniors were hospitalized as a result of a fall. Falls account for approximately 62 percent of all nonfatal unintentional injuries

in the United States. Of those who fall, 20 to 30 percent suffer moderate to severe injuries such as hip fractures or traumatic brain injuries that reduce mobility and independence and increase the risk of premature death.

In addition to their effect on the quality of life of seniors and their families, fall also have an impact on healthcare costs due to increased physician visits, emergency room use and hospitalization. the total cost of all fall injuries for people age 65 and older was estimated in 1994 to be \$27.3 billion (in 2004 dollars).

To address the impact of falls on seniors, their families, and healthcare costs, the Keeping Seniors Safe from Falls Act of 2004 would focus ongoing Federal efforts to prevent falls among older adults on three priorities: (1) developing a national education campaign to reduce falls among older adults; (2) intensifying services and conducting research to determine the most effective approaches to preventing and treating falls among older adults; and (3) directing the Secretary of Health and Human Services (HHS) to evaluate the effect of falls on health care costs, the potential for reducing falls, and the most effective strategies for reducing health care costs associated with falls.

II. SUMMARY

The Keeping Seniors Safe from Falls Act of 2004 authorizes the Department of Health and Human Services (HHS) to develop public education programs on fall prevention for the elderly, family members, caregivers, and others involved with the elderly. It authorizes an intensification of research on effective approaches to fall prevention and treatment. The legislation also directs the Secretary of HHS to evaluate the effect of falls on healthcare costs and the potential for reducing such costs through various strategies.

III. HISTORY OF LEGISLATION AND VOTES IN COMMITTEE

During the 107th Congress, on February 7, 2002, Senator HUTCHINSON, for himself and Senators MILULSKI and ENZI, introduced S. 1922, a bill to direct the Secretary of Health and Human Services to expand and intensify programs with respect to research and related activities concerning falls of older Americans. Senators BAUCUS, MILLER and MURRAY also cosponsored S. 1922. The Health, Education, Labor, and Pensions (HELP) Subcommittee on Aging held a hearing on S. 1922 on June 11, 2002.

During the 108th Congress, on June 9, 2003, Senator ENZI, for himself and Senator MIKULSI, introduced S. 1217. Senators MURRAY, BAUCUS, GRASSLEY, COCHRAN, LAUTENBERG, BINGAMAN, and BUNNING also cosponsored S. 1217. On September 22, 2004, the HELP Committee considered a substitute amendment to S. 1217 offered by Senators ENZI and MIKULSKI which was approved by unanimous consent.

IV. EXPLANATION OF BILL AND COMMITTEE VIEWS

The Keeping Seniors Safe from Falls Act of 2004 directs the Secretary of HHS to refocus the Department's efforts to prevent falls among older adults through public education and research, and to assess the impact that falls have on healthcare costs. The committee expects the Secretary to carry out his authority through

agencies, such as the Centers for Disease Control and Prevention and its National Center for Injury Prevention and Control, which have the necessary experience and expertise to conduct and support such work.

The committee expects the public education campaign to be directed principally to older adults, their families, and healthcare providers, and to be focused on the twin goals of reducing falls among older adults and preventing repeat falls. The Department of Health and Human Services or its designated agency should consider organizations with expertise in designing and implementing large-scale programs to prevent injuries; experience in working in cooperation with government agencies, businesses and corporate organizations; and other non-profit organizations and institutions and the capability to carry out major public education campaigns on a national basis.

The committee believes that HHS should utilize the injury prevention and community health education expertise available at colleges and universities in carrying out provisions of this Act. The committee urges HHS to involve these and other qualified organizations and institutions in the implementation of this legislation.

V. COST ESTIMATE

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, October 8, 2004.

Hon. JUDD GREGG,
*Chairman, Committee on Health, Education, Labor, and Pensions,
U.S. Senate, Washington, DC.*

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for S. 1217, the Keeping Seniors Safe from Falls Act of 2004.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Tim Gronniger.

Sincerely,

ELIZABETH M. ROBINSON
(For Douglas Holtz-Eakin, Director).

Enclosure.

S. 1217—Keeping Seniors Safe from Falls Act of 2004

Summary: S. 1217 would direct the Secretary of Health and Human Services to intensify public education and research efforts to prevent falls among older adults. Many of the activities specified by the bill are conducted by the Centers for Disease Control and Prevention (CDC) under its general injury-prevention authority, but implementing the bill would increase the number and scope of such fall-reduction programs. Accordingly, assuming appropriation of necessary amounts, CBO estimates that implementing S. 1217 would cost \$1 million in 2005 and \$12 million over the 2005–2009 period. Enacting S. 1217 would not affect direct spending or revenues.

S. 1217 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA) and would impose no costs on state, local, or tribal governments.

Estimated cost to the Federal Government: The estimated budgetary impact of is shown in the following table. The costs of this legislation fall within budget function 550 (health).

Basis of estimate: For this estimate, CBO assumes that S. 1217 will be enacted near the start of fiscal year 2005, that the necessary amounts will be appropriated for each fiscal year, and that outlays will follow the historical spending rates of similar CDC programs.

	By fiscal year, in millions of dollars—				
	2005	2006	2007	2008	2009
CDC Spending Under Current Law ¹ :					
Estimated Authorization Level	4,656	4,730	4,825	4,926	5,039
Estimated Outlays	4,462	4,553	4,688	4,830	4,931
Proposed Changes:					
Estimated Authorization Level	3	3	3	3	3
Estimated Outlays	1	2	3	3	3
CDC Spending Under S. 1217:					
Estimated Authorization Level	4,659	4,733	4,828	4,929	5,042
Estimated Outlays	4,463	4,555	4,691	4,833	4,934

¹ Current-law estimates are CBO baseline projections that reflect the 2004 appropriation (\$4,589 million) adjusted for anticipated inflation.

S. 1217 would amend the Public Health Service Act (PHSA) to direct the Secretary of Health and Human Services to pursue programs to study and prevent falls among older adults. In general, the PHSA authorizes appropriations for the injury-prevention and control activities it defines. S. 1217 would authorize public education campaigns, demonstration projects, and research activities.

The CDC currently pursues many of the activities specified in S. 1217 under its general authority to research and prevent injuries. Its initiative, “Preventing Injuries Among Older Adults,” focuses primarily on injuries from falls and motor vehicle crashes. This program operates demonstration programs with the states, funds research and education through non-profit organizations, and funds prevention research on falls among older adults, just as S. 1217 would require. In fiscal 2004, the CDC spent almost \$2 million on fall-prevention and other injury-reduction efforts directed at older adults. Based on information from CDC, CBO expects that implementing S. 1217 would lead to an expansion of those efforts, and that the expanded program would be comparable in scope to existing programs to prevent unintentional injuries. CBO estimates the new fall-prevention activities would cost \$1 million in 2005 and \$12 million over the 2005–2009 period, assuming appropriation of necessary amounts.

Intergovernmental and private-sector impact: S. 1217 contains no intergovernmental or private-sector mandates as defined in UMRA and would impose no costs on state, local, or tribal governments.

Estimate prepared by: Federal Costs: Tim Gronniger. Impact on State, Local, and Tribal Governments: Leo Lex. Impact on the Private Sector: Peter Richmond.

Estimate approved by: Peter H. Fontaine, Deputy Assistant Director for Budget Analysis.

VI. REGULATORY IMPACT STATEMENT

The committee has determined that there will be de minimis changes in the regulatory burden imposed by this bill.

VII. APPLICATION OF LAW TO THE LEGISLATIVE BRANCH

Section 102(b)(3) of Public Law 104–1, the Congressional Accountability Act (CAA) requires a description of the application of this bill to the legislative branch. This bill does not amend any act that applies to the legislative branch.

VIII. SECTION-BY-SECTION ANALYSIS

Section 1. Short Title

Section 1 provides the short title of the bill, the Keeping Seniors Safe from Falls Act of 2004.

Section 2. Findings

Section 2 enumerates various findings that underscore the need for the legislation.

Section 3. Amendments to the Public Health Service Act

Section 3 amends part J of Title III of the Public Health Service Act to add a new section 393D, Prevention of Falls Among Older Adults.

Subsection (a) of section 393D outlines the purposes of this section.

Subsection (b) directs HHS to establish a national public education campaign to prevent falls among older adults and prevent repeat falls. It also establishes authority for HHS to make grants or enter into contracts or cooperative agreements to assist state-level coalitions in conducting local education campaigns to reduce falls among older adults.

Subsection (c) directs HHS to conduct and support research in areas such as identifying older adults who have a high risk of falling; designing, implementing, and evaluating the most effective ways to prevent falls; improving diagnosis, treatment, and rehabilitation of older adults who have fallen; tailoring proven fall reduction strategies to specific populations of older adults; and eliminating barriers to adopting proven fall prevention methods. It also directs the HHS Secretary to make grants or enter into contracts or cooperative agreements to provide professional education for physicians and allied health professionals in fall prevention.

Subsection (d) gives HHS the authority to conduct and support demonstration programs to assess the utility of targeted fall risk screening and referral programs; programs that use multiple approaches to prevent falls; and programs targeting newly discharged fall victims at high risk for second falls. HHS may also conduct and support demonstration programs to develop technology to prevent falls among older adults and prevent or reduce fall-related injuries, and to implement and evaluate fall prevention programs using proven intervention strategies in different settings.

Subsection (e) directs the Secretary to evaluate the effect of falls on health care costs, the potential for reducing falls, and the most effective strategies for reducing fall-related health care costs.

IX. CHANGES IN EXISTING LAW

In compliance with rule XXVI paragraph 12 of the Standing Rules of the Senate, the following provides a print of the statute

or the part or section thereof to be amended or replaced (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in *italic*, existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * *

PART J—PREVENTION AND CONTROL OF INJURIES

RESEARCH

SEC. 391 [280b] (a) * * *

* * * * *

NATIONAL PROGRAM FOR TRAUMATIC BRAIN INJURY REGISTRIES

SEC. [393B.] 393C. [280b-1c] IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may make grants to States or their designees to operate the State's traumatic brain injury registry, and to academic institutions to conduct applied research that will support the development of such registries, to collect data concerning—

* * * * *

SEC. 393D. PREVENTION OF FALLS AMONG OLDER ADULTS.

(a) *PURPOSES.*—*the purposes of this section are—*

(1) *to develop effective public education strategies in a national initiative to reduce falls among older adults in order to educate older adults, family members, employers, caregivers, and others;*

(2) *to intensify services and conduct research to determine the most effective approaches to preventing and treating falls among older adults; and*

(3) *to require the Secretary to evaluate the effect of falls on health care costs, the potential for reducing falls, and the most effective strategies for reducing health care costs associated with falls.*

(b) *PUBLIC EDUCATION.*—*The Secretary shall—*

(1) *oversee and support a national education campaign to be carried out by a nonprofit organization with experience in designing and implementing national injury prevention programs, that is directed principally to older adults, their families, and health care providers, and that focuses on reducing falls among older adults and preventing repeat falls; and*

(2) *award grants, contracts, or cooperative agreements to qualified organizations, institutions, or consortia of qualified organizations and institutions, for the purpose of organizing State-level coalitions of appropriate State and local agencies, safety, health, senior citizen, and other organizations to design and carry out local education campaigns, focusing on reducing falls among older adults and preventing repeat falls.*

(c) *RESEARCH.*—

(1) *IN GENERAL.*—*The Secretary shall—*

(A) *conduct and support research to—*

(i) improve the identification of older adults who have a high risk of falling;

(ii) improve data collection and analysis to identify fall risk and protective factors;

(iii) design, implement, and evaluate the most effective fall prevention interventions;

(iv) improve strategies that are proven to be effective in reducing falls by tailoring these strategies to specific populations of older adults;

(v) conduct research in order to maximize the dissemination of proven, effective fall prevention interventions;

(vi) intensify proven interventions to prevent falls among older adults;

(vii) improve the diagnosis, treatment, and rehabilitation of elderly fall victims; and

(viii) assess the risk of falls occurring in various settings;

(B) conduct research concerning barriers to the adoption of proven interventions with respect to the prevention of falls among older adults;

(C) conduct research to develop, implement, and evaluate the most effective approaches to reducing falls among high-risk older adults living in long-term care facilities; and

(D) evaluate the effectiveness of community programs to prevent assisted living and nursing home falls among older adults.

(2) **EDUCATIONAL SUPPORT.**—*The Secretary, either directly or through awarding grants, contracts, or cooperative agreements to qualified organizations, institutions, or consortia of qualified organizations and institutions, shall provide professional education for physicians and allied health professionals in fall prevention.*

(d) **DEMONSTRATION PROJECTS.**—*The Secretary shall carry out the following:*

(1) *Oversee and support demonstration and research projects to be carried out by qualified organizations, institutions, or consortia of qualified organizations and institutions, in the following areas:*

(A) *A multistate demonstration project assessing the utility of targeted fall risk screening and referral programs.*

(B) *Programs designed for community-dwelling older adults that utilize multicomponent fall intervention approaches, including physical activity, medication assessment and reduction when possible, vision enhancement, and home modification strategies.*

(C) *Programs that are targeted to newly discharged fall victims who are at a high risk for second falls and which are designed to maximize independence and quality of life for older adults, particularly those older adults with functional limitations.*

(D) *Private sector and public-private partnerships to develop technology to prevent falls among older adults and prevent or reduce injuries if falls occur.*

(2)(A) *Award grants, contracts, or cooperative agreements to qualified organizations, institutions, or consortia of qualified organizations and institutions, to design, implement, and evaluate fall prevention programs using proven intervention strategies in residential and institutional settings.*

(B) *Award 1 or more grants, contracts, or cooperative agreements to 1 or more qualified organizations, institutions, or consortia of qualified organizations or institutions, in order to carry out a multistate demonstration project to implement and evaluate fall prevention programs using proven intervention strategies designed for multifamily residential settings with high concentrations of older adults, including—*

- (i) identifying high-risk populations;*
- (ii) evaluating residential facilities;*
- (iii) conducting screening to identify high-risk individuals;*
- (iv) providing pre-fall counseling;*
- (v) coordinating services with health care and social service providers; and*
- (vi) coordinating post-fall treatment and rehabilitation.*

(3) *Award 1 or more grants, contracts, or cooperative agreements to qualified organizations, institutions, or consortia of qualified organizations and institutions, to conduct evaluations of the effectiveness of the demonstration projects described in this subsection.*

(e) *STUDY OF EFFECTS OF FALLS ON HEALTH CARE COSTS.—*

(1) *IN GENERAL.—The Secretary shall conduct a review of the effects of falls on health care costs, the potential for reducing falls, and the most effective strategies for reducing health care costs associated with falls.*

(2) *REPORT.—Not later than 36 months after the date of enactment of the Keeping Seniors Safe From Falls Act of 2004, the Secretary shall submit to Congress a report describing the findings of the Secretary in conducting the review under paragraph (1).*