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SAFETY OF SENIORS ACT OF 2007

JUNE 28, 2007.—Ordered to be printed

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

R E P O R T

[To accompany S. 845]

The Committee on Health, Education, Labor, and Pensions, to which was referred the bill (S. 845) to direct the Secretary of Health and Human Services (HHS) 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 recommends that the bill (as amended) do pass.

CONTENTS

I. PURPOSE AND NEED FOR LEGISLATION

The purpose of "Safety of Seniors Act of 2007" is to direct the Secretary of Health and Human Services (HHS) to enhance programs with respect to research and related activities concerning elder falls. In older Americans, falling is the leading cause of injury and death. According to the Centers for Disease Control and Prevention (CDC), falls among older adults and traumatic brain injuries cost the United States an estimated 80 billion dollars in 2000.

More than ⅓ of adults aged 65 and older fall each year. According to the CDC, in 2002, more than 12,800 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. Hospital admissions for hip fractures among the elderly have increased from 321,000 admissions in 1988 to 327,000 in 2001. Annually, more than 80,000 individuals who are over 65 years of age sustain a TBI as a result of a fall.

In addition to their effect on the quality of life of seniors and their families, falls also have an impact on healthcare costs due to increased physician visits, emergency room use and hospitalization. According to the CDC, the direct medical cost totaled $179 million dollars for fatal and $19 billion dollars for nonfatal fall injuries in 2000.

To address the impact of falls on seniors, their families, and healthcare costs, the Safety of Seniors Act of 2007 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) Enhancing services and conducting research to determine the most effective approaches to preventing and treating falls among older adults; and (3) Urging the Secretary of Health and Human Services (HHS) to evaluate the effect of falls on healthcare costs, the potential for reducing falls, and the most effective strategies for reducing healthcare costs associated with falls.

II. SUMMARY

The purpose of this legislation is to enhance and improve programs that authorize activities to reduce falls among the elderly.

Specifically, the legislation directs the Department of Health and Human Services (HHS) to:

(1) Develop public education programs on fall prevention for the elderly, family members, caregivers, and others involved with the elderly.

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

(3) Evaluate the effect of falls on health care costs, the potential for reducing falls, and the most effective strategies for reducing healthcare costs associated with falls.

III. HISTORY OF LEGISLATION AND VOTES IN COMMITTEE

On March 29, 2007 the Committee considered and approved a manager's amendment to S. 845. Senators Mikulski and Enzi cosponsored the manager's amendment. Senators Kennedy, Hatch and Kohl also sponsored S. 845.

During the 110th Congress, S. 845, The Safety of Seniors Act of 2007 was introduced by Senator Enzi for himself and Senator Mikulski on March 12, 2007. Senators Kennedy and Hatch cosponsored the bill.

The legislation was first introduced during the 107th Congress, on February 7, 2002, by Senator Hutchinson, for himself and Senators Mikulski and Enzi, as S. 1922. 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.

The bill was reintroduced as S. 1217 during the 108th Congress on June 9, 2003, by Senator Enzi, for himself and Senator Mikulski. 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.

During the 109th Congress, the bill was introduced as S. 1531, The Keeping Seniors Safe from Falls Act by Senator Enzi for himself and Senator Mikulski on July 28, 2005. Senators Baucus, Dole, Grassley, Cochran, Durbin, Isakson and Murray cosponsored the bill. On September 20, 2006, the Committee considered and unanimously approved a manager's amendment to S. 1531. S. 1531, the Keeping Seniors Safe from Falls Act and Reauthorization of Traumatic Brain Injury Act was a combination of two bills—The Keeping Seniors Safe from Falls Act and the Traumatic Brain Injury Reauthorization. Senators Mikulski, Hatch, Kennedy, DeWine, Murray, and Isakson cosponsored the manager's amendment.

IV. Explanation of Bill and Committee Views

The Keeping Seniors Safe from Falls Act of 2007 encourages the Secretary of HHS to enhance the Department's efforts to prevent and treat injuries. The legislation focuses on reducing and preventing falls among older adults. The committee-reported bill would increase funding for elder falls programs administered by the Centers for Disease Control and Prevention (CDC).

The legislation 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 directs the Secretary to carry out his authority through agencies, such as the CDC and its National Center for Injury Prevention and Control (NCIPC), 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. HHS 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 with 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.

The committee reported bill raises the authorization of appropriations level for Part J—Prevention and Control of Activities, which is the authorization of appropriations line for injury prevention activities, including Elder Falls Activities, from $50 million to $58,361,000 for fiscal year 2008 and such sums from 2009–2010.

The increase is to meet the level appropriated by appropriators in fiscal year 2007, not to authorize new money.

CDC is the lead Federal agency for injury prevention and control, and its programs are designed to prevent premature death and disability and reduce human suffering and medical costs caused by elder falls. Funds are utilized for both intramural and extramural research as well as assisting State and local health agencies in implementing injury prevention programs. The committee recognizes the vital role CDC serves as a focal point for all Federal injury control activities.

The committee also recognizes that falls are not only the leading cause of injury deaths among Americans over the age of 65, but also cost an estimated $19 billion annually in direct medical costs. The committee further recognizes that falls among the elderly are preventable through proven public health community interventions. As more of our citizens grow older, the committee continues to be concerned that falls among the elderly are becoming a major public health issue and that falls prevention efforts are limited due to lack of resources. The committee recognizes the need for Federal resources that would be allocated to support falls prevention activities to prevent premature death and disability and reduce human suffering and medical costs caused by falls.

V. COST ESTIMATE

S. 845—Safety of Seniors Act of 2007

S. 845 would modify the Public Health Service Act to authorize funding for programs to detect, prevent, and treat injuries. The bill would also direct the Secretary of Health and Human Services (HHS) to undertake research, education, and other activities aimed at reducing the extent and effect of falls among older adults.

S. 845 would authorize the appropriation of $58.4 million for 2008 and such sums as may be necessary for fiscal years 2009 and 2010 for the specified activities. Assuming that the costs in 2009 and 2010 would be equal to the 2008 authorization adjusted for inflation, CBO estimates that HHS would require $178 million in budget authority to carry out those activities over the 2008–2010 period. Based on historical spending patterns for similar activities, and assuming appropriation of the authorized amounts, CBO estimates that implementing S. 845 would cost $22 million in 2008 and $172 million over the 2008–2012 period. Enacting S. 845 would not affect direct spending or receipts.

S. 845 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act. State, local, and tribal governments could benefit from grants and other assistance programs authorized by the bill.

The estimated budgetary impact of S. 845 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By fiscal year, in millions of dollars—					
	2007	2008	2009	2010	2011	2012
CHANGES IN SPENDING SUBJECT TO APPROPRIATIONS						
Estimated Authorization Level	0	58	59	61	0	0
Estimated Outlays	0	22	48	56	36	10

The costs of this bill to the federal government were estimated by Tim Gronniger. The intergovernmental and private-sector impacts were analyzed by Leo Lex and Paige Shevlin, respectively. This estimate was approved by Robert A. Sunshine, Assistant Director for Budget Analysis.

VI. Regulatory Impact Statement

Pursuant to the requirements of paragraph 11(b) of rule XXVI of the Standing Rules of the Senate, the committee has determined that the bill will not have a significant regulatory impact.

VII. Application of Law to the Legislative Branch

The committee has determined there is no impact of this law on the legislative branch.

VIII. Section-by-Section Analysis

Section 1. Short Title

Section 1 provides the short title of the bill, the "Safety of Seniors Act of 2007".

Section 2. Amendments to the Public Health Service Act

Section 2 amends part J of Title III of the Public Health Service Act to add a new section 393 D, Prevention of Falls Among Older Adults.

Subsection (a) authorizes the Secretary of the Department of Health and Human Services (HHS) to establish a national public education campaign to reduce falls among older adults and prevent repeat falls. It also establishes authority for the Secretary of HHS to make grants or enter into contracts or cooperative agreements to assist State-level coalitions in conducting local education campaigns to reduce falls and prevent repeat falls among older adults.

Subsection (b) authorizes the Secretary of 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 among older adults; tailoring proven fall reduction strategies to specific populations of older adults; improving diagnosis, treatment, and rehabilitation of older adults who have fallen and those at high risk for falls; and assessing the risk of falls occurring in various settings.

This subsection authorizes the HHS Secretary to conduct research concerning barriers to adopting proven fall prevention methods; developing, implementing, and evaluating the most effective approaches to reducing falls among high-risk older adults living in community settings, including long-term care and assisted living facilities; and evaluating the effectiveness of community programs designed to prevent falls among older adults. It also authorizes the HHS Secretary to make grants or enter into contracts or cooperative agreements to provide professional education for physicians, allied health professionals, and aging service providers in fall prevention, evaluation, and management.

Subsection (c) authorizes the Secretary of HHS to oversee and support demonstration programs carried out by qualified organiza-

tions, institutions, or a consortium of qualified organizations to conduct the following—

- a multistate demonstration project assessing the utility of targeted fall risk screening and referral programs;
- programs that use multiple approaches to prevent falls;
- programs targeting newly discharged fall victims at high risk for second falls; and
- private sector and public-private partnerships to develop technology to prevent falls and prevent or reduce fall-related injuries.

The Secretary of HHS is authorized to award grants, contracts, or cooperative agreements to design, implement, and evaluate fall prevention programs using proven intervention strategies in residential and institutional settings; and, to carry out a multistate demonstration project to implement and evaluate fall prevention programs using these strategies for single and multifamily residences with high concentrations of older adults.

This subsection also authorizes the HHS Secretary to award grants, contracts, or cooperative agreements to conduct evaluations of the effectiveness of the demonstration projects in this subsection.

Subsection (d) authorizes the HHS Secretary to review the effects of falls on health care costs, the potential for reducing falls, and the most effective strategies for reducing fall-related health care costs. If such review is conducted, the Secretary is required to submit to Congress describing the findings. The report must be submitted no later than 36 months after the date of the bill's enactment.

Section 3. Authorization of Appropriations

Section 3 authorizes the appropriation of $58,361,000 for fiscal year 2008 and such sums as may be necessary for fiscal years 2009 and 2010.

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

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Part J—Prevention and Control of Injuries Research

Sec. 391. (a) The Secretary, through the Director of the Centers for Disease Control and Prevention, shall—

(1) * * *

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(d) * * *

NATIONAL PROGRAM FOR TRAUMATIC BRAIN INJURY REGISTRIES

SEC. 393B. (a) 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—

(1) demographic information about each traumatic brain injury;

(2) information about the circumstances surrounding the injury event associated with each traumatic brain injury;

(3) administrative information about the source of the collected information, dates of hospitalization and treatment, and the date of injury; and

(4) information characterizing the clinical aspects of the traumatic brain injury, including the severity of the injury, outcomes of the injury, the types of treatments received, and the types of services utilized.

[SEC. 393B.] *SEC. 393C.* USE OF ALLOTMENTS FOR RAPE PREVENTION EDUCATION.

(a) PERMITTED USE.—The Secretary, acting through the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention, shall award targeted grants to States to be used for rape prevention and education programs conducted by rape crisis centers, State sexual assault coalitions, and or public and private nonprofit entities for—

(1) educational seminars;

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

(a) PUBLIC EDUCATION.—The Secretary may—

(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.

(b) RESEARCH.—

(1) IN GENERAL.—The Secretary may—

(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 older adults at high risk for falls; 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 communities and long-term care and assisted living facilities; and

(D) evaluate the effectiveness of community programs designed to prevent 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, may provide professional education for physicians and allied health professionals, and aging service providers in fall prevention, evaluation, and management.

(c) DEMONSTRATION PROJECTS.—The Secretary may 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 new 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 technologies 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 and institutions, in order to carry out a multistate demonstration project to implement and evaluate fall prevention programs using proven intervention strategies designed for single and 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 fall assessment and risk reduction interventions and 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.

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

(1) IN GENERAL.—The Secretary may 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.—If the Secretary conducts the review under paragraph (1), the Secretary shall, not later than 36 months after the date of enactment of the Safety of Seniors Act of 2007, submit to Congress a report describing the findings of the Secretary in conducting such review.

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GENERAL PROVISIONS

SEC. 394. (a) The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish an advisory committee to advise the Secretary and such Director with respect to the prevention and control of injuries.

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AUTHORIZATIONS OF APPROPRIATIONS

SEC. 394A. For the purpose of carrying out this part, there are authorized to be appropriated **[**$50,000,000 for fiscal year 1994, and[1] such sums as may be necessary for each of the fiscal years 1995 through 1998, and such sums as may be necessary for each of the fiscal years 2001 through 2005.**]** *$58,361,000 for fiscal year 2008, and such sums as may be necessary for each of fiscal years 2009 and 2010.*

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