

107TH CONGRESS
2D SESSION

S. 1922

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

FEBRUARY 7, 2002

Mr. HUTCHINSON (for himself, Ms. MIKULSKI, and Mr. ENZI) 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 2002”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds as follows:

8 (1) Falls are the leading cause of injury deaths
9 among people over 65.

1 (2) Sixty percent of fall-related deaths occur
2 among persons 75 and older.

3 (3) Twenty-five percent of elderly persons who
4 sustain a hip fracture die within 1 year.

5 (4) Hospital admissions for hip fractures
6 among the elderly have increased from 231,000 ad-
7 missions in 1988 to 332,000 in 1999. The number
8 of hip fractures is expected to exceed 500,000 by
9 2040.

10 (5) 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 (6) 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 (7) A national approach to reducing elder falls,
20 which focuses on the daily life of senior citizens in
21 residential, institutional, and community settings is
22 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 (8) Reducing preventable adverse events, such
2 as elder falls, is an important aspect to the agenda
3 to improve patient safety.

4 **SEC. 3. PURPOSES.**

5 The purposes of this Act are—

6 (1) to develop effective public education strate-
7 gies in a national initiative to reduce elder falls in
8 order to educate the elders themselves, family mem-
9 bers, employers, caregivers, and others who touch
10 the lives of senior citizens;

11 (2) to expand needed services and gain informa-
12 tion about the most effective approaches to pre-
13 venting and treating elder falls; and

14 (3) to require the Secretary of Health and
15 Human Services to evaluate the effect of falls on the
16 costs of medicare and medicaid and the potential for
17 reducing costs by expanding services covered under
18 these two programs.

19 **SEC. 4. PUBLIC EDUCATION.**

20 Subject to the availability of appropriations, the Ad-
21 ministration on Aging within the Department of Health
22 and Human Services shall—

23 (1) oversee and support a three-year national
24 education campaign to be carried out by the Na-
25 tional Safety Council to be directed principally to el-

1 ders, their families, and health care providers and
 2 focusing on ways of reducing the risk of elder falls
 3 and preventing repeat falls; and

4 (2) provide grants to qualified organizations
 5 and institutions for the purpose of organizing State-
 6 level coalitions of appropriate State and local agen-
 7 cies, safety, health, senior citizen and other organi-
 8 zations to design and carry out local education cam-
 9 paigns, focusing on ways of reducing the risk of
 10 elder falls and preventing repeat falls.

11 **SEC. 5. RESEARCH.**

12 (a) IN GENERAL.—Subject to the availability of ap-
 13 propriations, the Secretary of Health and Human Services
 14 shall—

15 (1) conduct and support research to—

16 (A) improve the identification of elders
 17 with a high risk of falls;

18 (B) improve data collection and analysis to
 19 identify fall risk and protective factors;

20 (C) improve strategies that are proven to
 21 be effective in reducing subsequent falls by el-
 22 derly fall victims;

23 (D) expand proven interventions to prevent
 24 elder falls;

1 (E) improve the diagnosis, treatment, and
2 rehabilitation of elderly fall victims; and

3 (F) assess the risk of falls occurring in
4 various settings;

5 (2) conduct research concerning barriers to the
6 adoption of proven interventions with respect to the
7 prevention of elder falls (such as medication review
8 and vision enhancement); and

9 (3) evaluate the effectiveness of community pro-
10 grams to prevent assisted living and nursing home
11 falls by elders.

12 (b) ADMINISTRATION.—In carrying out subsection
13 (a), the Secretary of Health and Human Services shall—

14 (1) conduct research and surveillance activities
15 related to the community-based and populations-
16 based aspects of elder fall prevention through the
17 Director of the Centers for Disease Control and Pre-
18 vention;

19 (2) conduct research related to elder fall pre-
20 vention in health care delivery settings and clinical
21 treatment and rehabilitation of elderly fall victims
22 through the Director of the Agency for Healthcare
23 Research and Quality; and

24 (3) ensure the coordination of the activities de-
25 scribed in paragraphs (1) and (2).

1 (c) GRANTS.—The Secretary of Health and Human
 2 Services shall award grants to qualified organizations and
 3 institutions to enable such organizations and institutions
 4 to provide professional education for physicians and allied
 5 health professionals in elder fall prevention.

6 **SEC. 6. DEMONSTRATION PROJECTS.**

7 Subject to the availability of appropriations, the Sec-
 8 retary of Health and Human Services, acting through the
 9 Director of the Centers for Disease Control and Preven-
 10 tion and in consultation with the Director of the Agency
 11 for Healthcare Research and Quality, shall carry out the
 12 following:

13 (1) Oversee and support demonstration and re-
 14 search projects to be carried out by the National
 15 Safety Council in the following areas:

16 (A) A multi-State demonstration project
 17 assessing the utility of targeted fall risk screen-
 18 ing and referral programs.

19 (B) Programs targeting newly-discharged
 20 fall victims who are at a high risk for second
 21 falls, which shall include, but not be limited to
 22 modification projects for elders with multiple
 23 sensory impairments, video and web-enhanced
 24 fall prevention programs for caregivers in multi-

1 family housing settings, and development of
2 technology to prevent and detect falls.

3 (C) Private sector and public-private part-
4 nerships, involving home remodeling, home de-
5 sign and remodeling (in accordance with accept-
6 ed building codes and standards) and nursing
7 home and hospital patient supervision.

8 (2)(A) Provide grants to qualified organizations
9 and institutions to design and carry out fall preven-
10 tion programs in residential and institutional set-
11 tings.

12 (B) Provide one or more grants to one or more
13 qualified applicants in order to carry out a multi-
14 State demonstration project to implement fall pre-
15 vention programs targeted toward multi-family resi-
16 dential settings with high concentrations of elders,
17 including identifying high risk populations, evalu-
18 ating residential facilities, conducting screening to
19 identify high risk individuals, providing pre-fall
20 counseling, coordinating services with health care
21 and social service providers and coordinating post-
22 fall treatment and rehabilitation.

23 (C) Provide one or more grants to qualified ap-
24 plicants to conduct evaluations of the effectiveness of
25 the demonstration projects in this section.

1 **SEC. 7. REVIEW OF REIMBURSEMENT POLICIES.**

2 (a) IN GENERAL.—The Secretary of Health and
 3 Human Services shall undertake a review of the effects
 4 of falls on the costs of the Medicare and Medicaid pro-
 5 grams and the potential for reducing costs by expanding
 6 services covered by these two programs. This review shall
 7 include a review of the reimbursement policies of medicare
 8 and medicaid in order to determine if additional fall-re-
 9 lated services should be covered or reimbursement guide-
 10 lines should be modified.

11 (b) REPORT.—Not later than 18 months after the
 12 date of the enactment of this Act, the Secretary of Health
 13 and Human Services shall submit to the Congress a report
 14 describing the findings of the Secretary in conducting the
 15 review under subsection (a).

16 **SEC. 8. AUTHORIZATION OF APPROPRIATION.**

17 In order to carry out the provisions of this Act, there
 18 are authorized to be appropriated—

19 (1) to carry out the national public education
 20 provisions described in section 4(1), \$5,000,000 for
 21 each of fiscal years 2003 through 2005;

22 (2) to carry out the State public education cam-
 23 paign provisions of section 4(2), \$8,000,000 for each
 24 of fiscal years 2003 through 2005;

1 (3) to carry out research projects described in
2 section 5, \$10,000,000 for each of fiscal years 2003
3 through 2005; and

4 (4) to carry out the demonstration projects de-
5 scribed in section 6(1), \$7,000,000 for each of fiscal
6 years 2003 through 2005; and

7 (5) to carry out the demonstration and research
8 projects described in section 6(2), \$8,000,000 for
9 each of fiscal years 2003 through 2005.

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