

108TH CONGRESS
1ST SESSION

H. R. 3513

To amend the Public Health Service Act to direct the Secretary of Health and Human Services to expand and intensify programs with respect to research and related activities concerning elder falls, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 18, 2003

Mr. PALLONE introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to direct the Secretary of Health and Human Services to expand and intensify programs with respect to research and related activities concerning elder falls, and for other purposes.

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:

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

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

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

10 (4) Sixty percent of fall-related deaths occur
11 among persons 75 and older.

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

14 (6) Hospital admissions for hip fractures
15 among the elderly have increased from 231,000 ad-
16 missions in 1988 to 332,000 in 1999. The number
17 of hip fractures is expected to exceed 500,000 by
18 2040.

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

22 (8) Annually, 40,000 individuals who are over
23 65 years of age visit emergency departments with
24 traumatic brain injuries suffered as a result of a

1 fall, of which 16,000 of these individuals are hos-
2 pitalized and 4,000 of these individuals die.

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

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

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

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

21 (13) A national approach to reducing elder
22 falls, which focuses on the daily life of senior citizens
23 in residential, institutional, and community settings
24 is needed. The approach should include a wide range
25 of organizations and individuals including family

1 members, health care providers, social workers, ar-
2 chitects, employers and others.

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

6 **SEC. 3. PURPOSES.**

7 The purposes of this Act are—

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

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

16 (3) to require the Secretary of Health and
17 Human Services to evaluate the effect of elder falls
18 on the costs of the Medicare and Medicaid programs
19 and the potential for reducing costs by expanding
20 education, prevention, and elderly intervention serv-
21 ices covered or sponsored by these two programs.

22 **SEC. 4. AMENDMENT TO PUBLIC HEALTH SERVICE ACT.**

23 Title III of the Public Health Service Act (42 U.S.C.
24 241 et seq.) is amended by adding at the end the following
25 part:

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

2 **“SEC. 399AA. PUBLIC AND PROFESSIONAL EDUCATION.**

3 “(a) IN GENERAL.—Subject to the availability of ap-
4 propriations, the Secretary 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;

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; and

18 “(3) provide grants and contracts to qualified
19 organizations and institutions for the purpose of
20 providing state-of-the-art continued education to
21 health and allied health professionals to effect geri-
22 atric fall prevention.

23 “(b) DEFINITION.—For purposes of this section, the
24 term ‘allied health professionals’ has the meaning given
25 such term in section 799B.

1 **“SEC. 399AA-1. RESEARCH.**

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

4 “(1) conduct and support research to—

5 “(A) improve the identification of elders
6 with a high risk of falls;

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

9 “(C) improve strategies that are proven to
10 be effective in reducing subsequent falls by el-
11 derly fall victims;

12 “(D) expand proven interventions to pre-
13 vent elder falls;

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

16 “(F) assess the risk of falls occurring in
17 various settings.

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

22 “(3) evaluate the effectiveness of community
23 programs to prevent assisted living and nursing
24 home falls by elders.

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

1 “(1) conduct research and surveillance activities
2 related to the community-based and populations-
3 based aspects of elder falls prevention through the
4 Director of the Centers for Disease Control and Pre-
5 vention;

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

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

13 “(c) GRANTS.—The Secretary shall award grants and
14 contracts to qualified organizations and institutions to en-
15 able such organizations and institutions to provide profes-
16 sional education for physicians and allied health profes-
17 sionals in elder fall prevention. In awarding these grants
18 and contracts, the Secretary shall give appropriate priority
19 to projects that show proven capacity to be self supporting
20 within two years after the onset of the project.

21 **“SEC. 399AA-2. DEMONSTRATION PROJECTS.**

22 “(a) IN GENERAL.—Subject to the availability of ap-
23 propriations, the Secretary, acting through the Director
24 of the Centers for Disease Control and Prevention and in
25 consultation with the Director of the Agency for

1 Healthcare Research and Quality, shall carry out the fol-
2 lowing:

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

6 “(A) A multi-State demonstration project
7 assessing the utility of targeted elder-falls risk
8 screening and referral programs.

9 “(B) Programs targeting newly-discharged
10 fall victims who are at a high risk for second
11 falls, which shall include, but not be limited to
12 modification projects for elders with multiple
13 sensory impairments, video and web-enhanced
14 fall prevention programs for caregivers in multi-
15 family housing settings, and development of
16 technology to prevent and detect falls.

17 “(C) Private sector and public-private
18 partnerships, involving home remodeling, home
19 design and remodeling (in accordance with ac-
20 cepted building codes and standards) and nurs-
21 ing home and hospital patient supervision.

22 “(D) Private sector and public-private
23 partnerships to develop technology to prevent
24 falls and prevent or reduce injuries if falls
25 occur.

1 “(E) Hospital-based geriatric fall preven-
2 tion and treatment centers.

3 “(F) Medicaid sponsored community
4 projects for comprehensive geriatric fall preven-
5 tion of the type recently adopted by the States
6 of Pennsylvania, New York, and Florida where-
7 by Medicaid elders are comprehensively
8 screened, counseled, referred, case managed,
9 and otherwise so treated as to reduce hospital
10 admissions for fall related injuries by 60 per-
11 cent or more.

12 “(G) Provide grants to not less than four
13 States and to four hospitals to expand the pro-
14 grams identified in subparagraphs (E) and (F).
15 In selecting State grantees under this subpara-
16 graph, the Secretary shall give appropriate pri-
17 ority to States that have adopted legislation
18 that either—

19 “(i) adopts Medicaid-sponsored com-
20 prehensive fall prevention projects; or

21 “(ii) requires allied health professional
22 licensing boards to provide at least 1 hour
23 of continuing education per year on geri-
24 atric fall prevention.

1 In all demonstration projects under this paragraph,
2 the Secretary shall give appropriate priority to
3 projects that show proven capacity to be self sup-
4 porting within 2 years of the onset of the project.

5 “(2)(A) Provide grants and contracts to quali-
6 fied organizations and institutions to design and
7 carry out elder falls prevention programs in residen-
8 tial and institutional settings.

9 “(B) Provide one or more grants to one or
10 more qualified applicants in order to carry out a
11 multi-State demonstration project to implement
12 elder falls prevention programs targeted toward
13 multi-family residential settings with high concentra-
14 tions of elders, including identifying high risk popu-
15 lations, evaluating residential facilities, conducting
16 screening to identify high risk individuals, providing
17 pre-fall counseling, coordinating services with health
18 care and social service providers and coordinating
19 post-fall counseling, treatment, 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 “(b) DEFINITION.—For purposes of this section, the
24 term ‘Medicaid’ means the program under title XIX of the
25 Social Security Act.

1 **“SEC. 399AA-3. AUTHORIZATION OF APPROPRIATIONS.**

2 “(a) IN GENERAL.—In order to carry out the provi-
3 sions of this part, there are authorized to be appro-
4 priated—

5 “(1) to carry out the national public education
6 provisions described in section 399AA(1),
7 \$5,000,000 for each of fiscal years 2004 through
8 2006;

9 “(2) to carry out the State public education
10 campaign provisions of section 399AA(2),
11 \$4,000,000 for each of fiscal years 2004 through
12 2006;

13 “(3) to carry out the professional and edu-
14 cational campaign provision of section 399AA(3),
15 \$5,000,000 for each of fiscal years 2004 through
16 2006;

17 “(4) to carry out research projects described in
18 section 399AA-1, \$5,000,000 for each of fiscal years
19 2004 through 2006;

20 “(5) to carry out the demonstration projects de-
21 scribed in section 399AA-2(1), \$11,000,000 for
22 each of fiscal years 2004 through 2006; and

23 “(6) to carry out the demonstration and re-
24 search projects described in section 399AA-2(2),
25 \$8,000,000 for each of fiscal years 2004 through
26 2006.

1 “(b) ALLOCATION.—In the case of each program for
2 which an authorization of appropriations is established in
3 subsection (a) and under which program the Secretary is
4 authorized to make awards of grants or contracts to pri-
5 vate entities, the Secretary shall reserve from the amount
6 appropriated under such subsection for the program not
7 less than 30 percent for making such awards.”.

8 **SEC. 5. REVIEW OF REIMBURSEMENT POLICIES.**

9 (a) IN GENERAL.—The Secretary of Health and
10 Human Services shall undertake a review of the effects
11 of elder falls on the costs of the programs under titles
12 XVIII and XIX of the Social Security Act (referred to in
13 this section as the “Medicare” and “Medicaid” programs,
14 respectively) programs and the potential for reducing costs
15 by expanding services covered by these two programs. This
16 review shall include a review of the reimbursement policies
17 of Medicare and Medicaid in order to determine if addi-
18 tional fall-related education, prevention, and early preven-
19 tion services should be covered or reimbursement guide-
20 lines should be modified.

21 (b) REPORT.—Not later than 18 months after the
22 date of the enactment of this Act, the Secretary of Health
23 and Human Services shall submit to the Congress a report

- 1 describing the findings of the Secretary in conducting the
- 2 review under subsection (a).

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