

Calendar No. 667

109TH CONGRESS
2D SESSION

S. 1531

[Report No. 109-362]

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

JULY 28, 2005

Mr. ENZI (for himself, Ms. MIKULSKI, Mr. COCHRAN, Mr. BAUCUS, Mr. GRASSLEY, Mrs. MURRAY, Mrs. DOLE, Mr. ISAKSON, and Mr. DURBIN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

DECEMBER 5, 2006

Reported by Mr. ENZI, with an amendment and an amendment to the title

[Strike out all after the enacting clause and insert the part printed in italic]

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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the "Keeping Seniors Safe
3 From Falls Act of 2005".

4 **SEC. 2. FINDINGS.**

5 Congress finds the following:

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

8 (2) In 2002, falls among older adults accounted
9 for 12,800 deaths and 1,640,000 emergency depart-
10 ment visits.

11 (3) Hospital admissions for hip fractures
12 among the elderly have increased from 231,000 ad-
13 missions in 1988 to 327,000 in 2001.

14 (4) Annually, more than 80,000 individuals who
15 are over 65 years of age sustain a traumatic brain
16 injury as a result of a fall.

17 (5) The total medical cost of all fall injuries for
18 people age 65 and older was calculated in 2000 to
19 be \$19,500,000,000.

20 (6) A national approach to reducing falls
21 among older adults, which focuses on the daily life
22 of senior citizens in residential, institutional, and
23 community settings, is needed.

1 **SEC. 3. AMENDMENTS TO THE PUBLIC HEALTH SERVICE**2 **ACT.**3 **Part J of title III of the Public Health Service Act**4 **(42 U.S.C. 280b et seq.) is amended—**5 **(1) by redesignating section 393B (as added by**
6 **section 1401 of Public Law 106-386) as section**
7 **393C and transferring such section so that it ap-**
8 **pears after section 393B (as added by section 1301**
9 **of Public Law 106-310); and**10 **(2) by inserting after section 393C (as redesi-**
11 **gnated by paragraph (1)) the following:**12 **“SEC. 393D. PREVENTION OF FALLS AMONG OLDER**
13 **ADULTS.**14 **“(a) PURPOSES.—The purposes of this section are—**15 **“(1) to develop effective public education strate-**
16 **gies in a national initiative to reduce falls among**
17 **older adults in order to educate older adults, family**
18 **members, employers, caregivers, and others;**19 **“(2) to intensify services and conduct research**
20 **to determine the most effective approaches to pre-**
21 **venting and treating falls among older adults; and**22 **“(3) to require the Secretary to evaluate the ef-**
23 **fect of falls on health care costs, the potential for re-**
24 **ducing falls, and the most effective strategies for re-**
25 **ducing health care costs associated with falls.**26 **“(b) PUBLIC EDUCATION.—The Secretary shall—**

1 “(1) oversee and support a national education
2 campaign to be carried out by a nonprofit organiza-
3 tion with experience in designing and implementing
4 national injury prevention programs, that is directed
5 principally to older adults, their families, and health
6 care providers, and that focuses on reducing falls
7 among older adults and preventing repeat falls; and

8 “(2) award grants, contracts, or cooperative
9 agreements to qualified organizations, institutions,
10 or consortia of qualified organizations and institu-
11 tions, for the purpose of organizing State-level coalitions
12 of appropriate State and local agencies, safety,
13 health, senior citizen, and other organizations to de-
14 sign and carry out local education campaigns, focus-
15 ing on reducing falls among older adults and pre-
16 venting repeat falls.

17 “(e) RESEARCH.—

18 “(1) IN GENERAL.—The Secretary shall—

19 “(A) conduct and support research to—

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

22 “(ii) improve data collection and anal-
23 ysis to identify fall risk and protective fac-
24 tors;

1 “(iii) design, implement, and evaluate
2 the most effective fall prevention interven-
3 tions;

4 “(iv) improve strategies that are prov-
5 en to be effective in reducing falls by tai-
6 loring these strategies to specific popu-
7 lations of older adults;

8 “(v) conduct research in order to
9 maximize the dissemination of proven, ef-
10 fective fall prevention interventions;

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

13 “(vii) improve the diagnosis, treat-
14 ment, and rehabilitation of elderly fall vic-
15 tims and those at high risk for falls; and

16 “(viii) assess the risk of falls occur-
17 ring in various settings;

18 “(B) conduct research concerning barriers
19 to the adoption of proven interventions with re-
20 spect to the prevention of falls among older
21 adults;

22 “(C) conduct research to develop, imple-
23 ment, and evaluate the most effective ap-
24 proaches to reducing falls among high-risk older

1 adults living in communities and long-term care
2 and assisted living facilities; and

3 “(D) evaluate the effectiveness of commu-
4 nity programs designed to prevent falls among
5 older adults.

6 “(2) EDUCATIONAL SUPPORT.—The Secretary,
7 either directly or through awarding grants, con-
8 tracts, or cooperative agreements to qualified organi-
9 zations, institutions, or consortia of qualified organi-
10 zations and institutions, shall provide professional
11 education for physicians and allied health profes-
12 sionals, and aging service providers in fall preven-
13 tion, evaluation, and management.

14 “(d) DEMONSTRATION PROJECTS.—The Secretary
15 shall carry out the following:

16 “(1) Oversee and support demonstration and
17 research projects to be carried out by qualified orga-
18 nizations, institutions, or consortia of qualified orga-
19 nizations and institutions, in the following areas:

20 “(A) A multistate demonstration project
21 assessing the utility of targeted fall risk screen-
22 ing and referral programs.

23 “(B) Programs designed for community-
24 dwelling older adults that utilize multicompo-
25 nent fall intervention approaches, including

1 physical activity, medication assessment and re-
2 duction when possible, vision enhancement, and
3 home modification strategies.

4 “(C) Programs that are targeted to new
5 fall victims who are at a high risk for second
6 falls and which are designed to maximize inde-
7 pendence and quality of life for older adults,
8 particularly those older adults with functional
9 limitations.

10 “(D) Private sector and public-private
11 partnerships to develop technologies to prevent
12 falls among older adults and prevent or reduce
13 injuries if falls occur.

14 “(2)(A) Award grants, contracts, or cooperative
15 agreements to qualified organizations, institutions,
16 or consortia of qualified organizations and institu-
17 tions, to design, implement, and evaluate fall preven-
18 tion programs using proven intervention strategies
19 in residential and institutional settings.

20 “(B) Award 1 or more grants, contracts, or co-
21 operative agreements to 1 or more qualified organi-
22 zations, institutions, or consortia of qualified organi-
23 zations and institutions, in order to carry out a
24 multistate demonstration project to implement and
25 evaluate fall prevention programs using proven inter-

1 vention strategies designed for single and multi-
2 family residential settings with high concentrations
3 of older adults, including—

4 “(i) identifying high-risk populations;
5 “(ii) evaluating residential facilities;
6 “(iii) conducting screening to identify high-
7 risk individuals;
8 “(iv) providing fall assessment and risk re-
9 duction interventions and counseling;

10 “(v) coordinating services with health care
11 and social service providers; and
12 “(vi) coordinating post-fall treatment and
13 rehabilitation.

14 “(3) Award 1 or more grants, contracts, or co-
15 operative agreements to qualified organizations, in-
16 stitutions, or consortia of qualified organizations and
17 institutions, to conduct evaluations of the effective-
18 ness of the demonstration projects described in this
19 subsection.

20 “(e) STUDY OF EFFECTS OF FALLS ON HEALTH
21 CARE COSTS.—

22 “(1) IN GENERAL.—The Secretary shall con-
23 duct a review of the effects of falls on health care
24 costs, the potential for reducing falls, and the most

1 effective strategies for reducing health care costs as-
2 sociated with falls.

3 **“(2) REPORT.**—Not later than 36 months after
4 the date of enactment of the Keeping Seniors Safe
5 From Falls Act of 2005, the Secretary shall submit
6 to Congress a report describing the findings of the
7 Secretary in conducting the review under paragraph
8 (1).

9 **“(f) AUTHORIZATION OF APPROPRIATIONS.**—In
10 order to carry out this section, there are authorized to be
11 appropriated—

12 **“(1)** to carry out the national public education
13 provisions described in subsection (b)(1), \$3,000,000
14 for each of fiscal years 2007 through 2009;

15 **“(2)** to carry out the State public education
16 campaign provisions of subsection (b)(2),
17 \$5,000,000 for each of fiscal years 2007 through
18 2009;

19 **“(3)** to carry out research projects described in
20 subsection (e), \$8,000,000 for each of fiscal years
21 2007 through 2009;

22 **“(4)** to carry out the demonstration projects de-
23 scribed in subsection (d)(1), \$4,000,000 for each of
24 fiscal years 2007 through 2009; and

1 “(5) to carry out the demonstration and re-
2 search projects described in subsection (d)(2),
3 \$5,000,000 for each of fiscal years 2007 through
4 2009.”.

5 **SECTION 1. SHORT TITLE.**

6 *This Act may be cited as the “Keeping Seniors Safe
7 from Falls and Reauthorization of the Traumatic Brain In-
8 jury Act”.*

9 **SEC. 2. CONFORMING AMENDMENTS RELATING TO RE-**

10 **STRUCTURING.**

11 *Part J of title III of the Public Health Service Act
12 (42 U.S.C. 280b et seq.) is amended—*

13 *(1) by redesignating the section 393B (42 U.S.C.
14 280b-1c) relating to the use of allotments for rape
15 prevention education, as section 393A and moving
16 such section so that it follows section 393;*

17 *(2) by redesignating existing section 393A (42
18 U.S.C. 280b-1b) relating to prevention of traumatic
19 brain injury, as section 393B; and*

20 *(3) by redesignating the section 393B (42 U.S.C.
21 280b-1d) relating to traumatic brain injury reg-
22 istries, as section 393C.*

1 **SEC. 3. TRAUMATIC BRAIN INJURY PROGRAMS OF THE CEN-**
2 **TERS FOR DISEASE CONTROL AND PREVEN-**
3 **TION.**

4 (a) *PREVENTION OF TRAUMATIC BRAIN INJURY.*—
5 *Clause (ii) of section 393B(b)(3)(A) of the Public Health*
6 *Service Act, as so redesignated, (42 U.S.C. 280b-1b) is*
7 *amended by striking “from hospitals and trauma centers”*
8 *and inserting “from hospitals and emergency departments”.*

9 (b) *NATIONAL PROGRAM FOR TRAUMATIC BRAIN IN-*
10 *JURY SURVEILLANCE AND REGISTRIES.*—*Section 393C of*
11 *the Public Health Service Act, as so redesignated, (42*
12 *U.S.C. 280b et seq.) is amended—*

13 (1) *in the section heading, by inserting “SUR-*
14 *VEILLANCE AND” after “NATIONAL PROGRAM FOR*
15 *TRAUMATIC BRAIN INJURY”;*

16 (2) *by striking “(a) IN GENERAL.”; and*

17 (3) *in the matter preceding paragraph (1), by*
18 *striking “may make grants” and all that follows*
19 *through “to collect data concerning—” and inserting*
20 *“may make grants to States or their designees to de-*
21 *velop or operate the State’s traumatic brain injury*
22 *surveillance system or registry to determine the inci-*
23 *dence and prevalence of traumatic brain injury and*
24 *related disability, to ensure the uniformity of report-*
25 *ing under such system or registry, to link individuals*
26 *with traumatic brain injury to services and supports,*

1 *and to link such individuals with academic institu-*
2 *tions to conduct applied research that will support*
3 *the development of such surveillance systems and reg-*
4 *istries as may be necessary. A surveillance system or*
5 *registry under this section shall provide for the collec-*
6 *tion of data concerning—”.*

7 **SEC. 4. STUDY ON TRAUMATIC BRAIN INJURY.**

8 *Part J of title III of the Public Health Service Act*
9 *(42 U.S.C. 280b et seq.) is amended by inserting after sec-*
10 *tion 393C the following:*

11 **“SEC. 393C-1. STUDY ON TRAUMATIC BRAIN INJURY.**

12 “(a) STUDY.—*The Secretary, acting through the Direc-*
13 *tor of the Centers for Disease Control and Prevention with*
14 *respect to paragraph (1) and the Director of the National*
15 *Institutes of Health with respect to paragraphs (2) and (3),*
16 *shall conduct a study with respect to traumatic brain in-*
17 *jury for the purpose of carrying out the following:*

18 “(1) In collaboration with appropriate State and
19 *local health-related agencies—*

20 “(A) determining the incidence of traumatic
21 *brain injury and prevalence of traumatic brain*
22 *injury related disability in all age groups in the*
23 *general population of the United States, includ-*
24 *ing institutional settings, such as nursing homes,*
25 *correctional facilities, psychiatric hospitals, child*

1 *care facilities, and residential institutes for peo-*
2 *ple with developmental disabilities; and*

3 “*(B) reporting national trends in traumatic*
4 *brain injury.*

5 “*(2) Identifying common therapeutic interven-*
6 *tions which are used for the rehabilitation of individ-*
7 *uals with such injuries, and, subject to the avail-*
8 *ability of information, including an analysis of—*

9 “*(A) the effectiveness of each such interven-*
10 *tion in improving the functioning, including re-*
11 *turn to work or school and community partici-*
12 *pation, of individuals with brain injuries;*

13 “*(B) the comparative effectiveness of inter-*
14 *ventions employed in the course of rehabilitation*
15 *of individuals with brain injuries to achieve the*
16 *same or similar clinical outcome; and*

17 “*(C) the adequacy of existing measures of*
18 *outcomes and knowledge of factors influencing*
19 *differential outcomes.*

20 “*(3) Developing practice guidelines for the reha-*
21 *bilitation of traumatic brain injury at such time as*
22 *appropriate scientific research becomes available.*

23 “*(b) DATES CERTAIN FOR REPORTS.—Not later than*
24 *3 years after the date of the enactment of the Keeping Sen-*
25 *iors Safe from Falls and Reauthorization of the Traumatic*

1 *Brain Injury Act, the Secretary shall submit to the Con-*
2 *gress a report describing findings made as a result of car-*
3 *rying out subsection (a).*

4 “(c) **DEFINITION.**—For purposes of this section, the
5 term ‘traumatic brain injury’ means an acquired injury
6 to the brain. Such term does not include brain dysfunction
7 caused by congenital or degenerative disorders, nor birth
8 trauma, but may include brain injuries caused by anoxia
9 due to trauma. The Secretary may revise the definition of
10 such term as the Secretary determines necessary.”.

11 **SEC. 5. TRAUMATIC BRAIN INJURY PROGRAMS OF THE NA-**
12 **TIONAL INSTITUTES OF HEALTH.**

13 Section 1261 of the Public Health Service Act (42
14 U.S.C. 300d-61) is amended—

15 (1) in subparagraph (D) of subsection (d)(4), by
16 striking “head brain injury” and inserting “brain in-
17 jury”; and

18 (2) in subsection (i), by inserting “, and such
19 sums as may be necessary for each of fiscal years
20 2007 through 2010” before the period at the end.

21 **SEC. 6. TRAUMATIC BRAIN INJURY PROGRAMS OF THE**
22 **HEALTH RESOURCES AND SERVICES ADMIN-**
23 **ISTRATION.**

24 (a) **STATE GRANTS FOR DEMONSTRATION PROJECTS**
25 **REGARDING TRAUMATIC BRAIN INJURY.**—Section 1252 of

1 the Public Health Service Act (42 U.S.C. 300d-52) is

2 amended—

3 (1) in subsection (a)—

4 (A) by striking “may make grants to
5 States” and inserting “may make grants to
6 States and American Indian consortia”; and

7 (B) by striking “health and other services”
8 and inserting “rehabilitation and other services”;

9 (2) in subsection (b)—

10 (A) in paragraphs (1), (3)(A)(i),
11 (3)(A)(iii), and (3)(A)(iv), by striking the term
12 “State” each place such term appears and in-
13 serting the term “State or American Indian con-
14 sortium”; and

15 (B) in paragraph (2), by striking “rec-
16 ommendations to the State” and inserting “rec-
17 ommendations to the State or American Indian
18 consortium”;

19 (3) in subsection (c), by striking the term
20 “State” each place such term appears and inserting
21 “State or American Indian consortium”;

22 (4) in subsection (e), by striking “A State that
23 received” and all that follows through the period and
24 inserting “A State or American Indian consortium
25 that received a grant under this section prior to the

1 *date of the enactment of the Keeping Seniors Safe
2 from Falls and Reauthorization of the Traumatic
3 Brain Injury Act may complete the activities funded
4 by the grant.”;*

5 *(5) in subsection (f)—*

6 *(A) in the subsection heading, by inserting
7 “AND AMERICAN INDIAN CONSORTIUM” after
8 “STATE”;*

9 *(B) in paragraph (1) in the matter pre-
10 ceding subparagraph (A), paragraph (1)(E),
11 paragraph (2)(A), paragraph (2)(B), paragraph
12 (3) in the matter preceding subparagraph (A),
13 paragraph (3)(E), and paragraph (3)(F), by
14 striking the term “State” each place such term
15 appears and inserting “State or American In-
16 dian consortium”;*

17 *(C) in clause (ii) of paragraph (1)(A), by
18 striking “children and other individuals” and
19 inserting “children, youth, and adults”; and*

20 *(D) in subsection (h)—*

21 *(i) by striking “Not later than 2 years
22 after the date of the enactment of this sec-
23 tion, the Secretary” and inserting “Not less
24 than bi-annually, the Secretary”; and*

4 (6) by amending subsection (i) to read as fol-
5 lows:

6 “(i) *DEFINITIONS.*—For purposes of this section:

7 “(1) *The terms ‘American Indian consortium’*
8 *and ‘State’ have the meanings given to those terms in*
9 *section 1253.*

10 “(2) *The term ‘traumatic brain injury’ means*
11 *an acquired injury to the brain. Such term does not*
12 *include brain dysfunction caused by congenital or de-*
13 *generative disorders, nor birth trauma, but may in-*
14 *clude brain injuries caused by anoxia due to near*
15 *drowning. The Secretary may revise the definition of*
16 *such term as the Secretary determines necessary, after*
17 *consultation with States and other appropriate public*
18 *or nonprofit private entities.”; and*

(7) in subsection (j), by inserting “, and such sums as may be necessary for each of the fiscal years 2007 through 2010” before the period.

22 (b) STATE GRANTS FOR PROTECTION AND ADVOCACY
23 SERVICES.—Section 1253 of the Public Health Service Act
24 (42 U.S.C. 300d-53) is amended—

7 (3) by redesignating subsections (i) and (j) as
8 subsections (l) and (m), respectively;

9 (4) by inserting after subsection (h) the fol-
10 lowing:

11 “(i) *DATA COLLECTION*.—The Administrator of the
12 *Health Resources and Services Administration* and the
13 *Commissioner of the Administration on Developmental Dis-
14 abilities shall enter into an agreement to coordinate the col-
15 lection of data by the Administrator and the Commissioner
16 regarding protection and advocacy services.*

17 "(j) TRAINING AND TECHNICAL ASSISTANCE.—

18 “(1) *GRANTS.*—For any fiscal year for which the
19 amount appropriated to carry out this section is
20 \$6,000,000 or greater, the Administrator shall use 2
21 percent of such amount to make a grant to an eligible
22 national association for providing for training and
23 technical assistance to protection and advocacy sys-
24 tems.

1 “(2) *DEFINITION*.—In this subsection, the term
2 ‘eligible national association’ means a national asso-
3 ciation with demonstrated experience in providing
4 training and technical assistance to protection and
5 advocacy systems.

6 “(k) *SYSTEM AUTHORITY*.—In providing services
7 under this section, a protection and advocacy system shall
8 have the same authorities, including access to records, as
9 such system would have for purposes of providing services
10 under subtitle C of the *Developmental Disabilities Assist-*
11 *ance and Bill of Rights Act of 2000.*”; and

12 (5) in subsection (l) (as redesignated by this sub-
13 section) by striking “2005” and inserting “2010”.

14 **SEC. 7. AMENDMENTS TO THE PUBLIC HEALTH SERVICE**

15 **ACT RELATING TO ELDER FALLS.**

16 Part J of title III of the Public Health Service Act
17 (42 U.S.C. 280b et seq.) is amended by inserting after sec-
18 tion 393C–1 (as added by section 4) the following:

19 **“SEC. 393D. PREVENTION OF FALLS AMONG OLDER ADULTS.**

20 “(a) *PUBLIC EDUCATION*.—The Secretary shall—

21 “(1) oversee and support a national education
22 campaign to be carried out by a nonprofit organiza-
23 tion with experience in designing and implementing
24 national injury prevention programs, that is directed
25 principally to older adults, their families, and health

1 *care providers, and that focuses on reducing falls*
2 *among older adults and preventing repeat falls; and*
3 “(2) award grants, contracts, or cooperative
4 agreements to qualified organizations, institutions, or
5 consortia of qualified organizations and institutions,
6 for the purpose of organizing State-level coalitions of
7 appropriate State and local agencies, safety, health,
8 senior citizen, and other organizations to design and
9 carry out local education campaigns, focusing on re-
10 ducing falls among older adults and preventing re-
11 peat falls.

12 “(b) RESEARCH.—

13 “(1) IN GENERAL.—The Secretary shall—

14 “(A) conduct and support research to—

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

17 “(ii) improve data collection and anal-
18 ysis to identify fall risk and protective fac-
19 tors;

20 “(iii) design, implement, and evaluate
21 the most effective fall prevention interven-
22 tions;

23 “(iv) improve strategies that are prov-
24 en to be effective in reducing falls by tai-

14 “(B) conduct research concerning barriers
15 to the adoption of proven interventions with re-
16 spect to the prevention of falls among older
17 adults;

18 “(C) conduct research to develop, implement,
19 and evaluate the most effective approaches
20 to reducing falls among high-risk older adults
21 living in communities and long-term care and
22 assisted living facilities; and

23 “(D) evaluate the effectiveness of community
24 programs designed to prevent falls among older
25 adults.

1 “(2) *EDUCATIONAL SUPPORT*.—The Secretary,
2 either directly or through awarding grants, contracts,
3 or cooperative agreements to qualified organizations,
4 institutions, or consortia of qualified organizations
5 and institutions, shall provide professional education
6 for physicians and allied health professionals, and
7 aging service providers in fall prevention, evaluation,
8 and management.

9 “(c) *DEMONSTRATION PROJECTS*.—The Secretary
10 shall carry out the following:

11 “(1) Oversee and support demonstration and re-
12 search projects to be carried out by qualified organi-
13 zations, institutions, or consortia of qualified organi-
14 zations and institutions, in the following areas:

15 “(A) A multistate demonstration project as-
16 sessing the utility of targeted fall risk screening
17 and referral programs.

18 “(B) Programs designed for community-
19 dwelling older adults that utilize multicompo-
20 nent fall intervention approaches, including
21 physical activity, medication assessment and re-
22 duction when possible, vision enhancement, and
23 home modification strategies.

24 “(C) Programs that are targeted to new fall
25 victims who are at a high risk for second falls

1 *and which are designed to maximize independence and quality of life for older adults, particularly those older adults with functional limitations.*

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

9 “(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.*

15 “(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—*

24 “(i) *identifying high-risk populations;*
25 “(ii) *evaluating residential facilities;*

1 “(iii) conducting screening to identify high-
2 risk individuals;
3 “(iv) providing fall assessment and risk re-
4 duction interventions and counseling;
5 “(v) coordinating services with health care
6 and social service providers; and
7 “(vi) coordinating post-fall treatment and
8 rehabilitation.

9 “(3) Award 1 or more grants, contracts, or coop-
10 erative agreements to qualified organizations, institu-
11 tions, or consortia of qualified organizations and in-
12 stitutions, to conduct evaluations of the effectiveness of
13 the demonstration projects described in this sub-
14 section.

15 “(d) *STUDY OF EFFECTS OF FALLS ON HEALTH CARE*
16 *COSTS.*—

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

22 “(2) *REPORT.*—Not later than 36 months after
23 the date of enactment of the *Keeping Seniors Safe*
24 *from Falls and Reauthorization of the Traumatic*
25 *Brain Injury Act*, the Secretary shall submit to Con-

1 *gress a report describing the findings of the Secretary*
2 *in conducting the review under paragraph (1).".*

3 **SEC. 8. AUTHORIZATION OF APPROPRIATIONS.**

4 *Section 394A of the Public Health Service Act (42*
5 *U.S.C. 280b-3) is amended by striking "\$50,000,000" and*
6 *all that follows through the period and inserting*
7 *"\$58,361,000 for fiscal year 2007, and such sums as may*
8 *be necessary for each of fiscal years 2008 through 2010."*

9 Amend the title so as to read: "A bill to direct the
10 Secretary of Health and Human Services to expand and
11 intensify programs with respect to research and related
12 activities concerning elder falls and to provide for the ex-
13 pansion and improvement of traumatic brain injury pro-
14 grams, and for other purposes.".

Calendar No. 667

109TH CONGRESS
2D SESSION
S. 1531

[Report No. 109-362]

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.

DECEMBER 5, 2006

Reported with an amendment and an amendment to the title