

Whereas Mrs. Sitter immediately thereafter assumed the position as the Study Hall/Tutorial Coordinator for Jones Academy, the Library Services Coordinator, and the Director of the critically important Foster Grandparents program at the school, positions she has held to this day;

Whereas Mrs. Sitter, who is a member of many civic organizations, including the Hartshorne Edgewood United Methodist Church, the Daughters of the American Revolution, and the American Legion Auxiliary, is known throughout the community for her extra work with students, including mentoring, tutoring, and preparation of homework and term assignments;

Whereas for such work she gained a position of advocate for the children of Jones Academy and the de facto position of liaison with the local public school in Hartshorne;

Whereas Mrs. Sitter, who resided with her family on campus, became a surrogate parent for hundreds of Jones Academy children;

Whereas Mrs. Sitter has been described by a colleague as "87 years young, and only 95 pounds, but with 60 years of service to the children of Jones Academy and the people of Hartshorne, the State of Oklahoma, and these United States"; and

Whereas the Bureau of Indian Affairs, recognizing her selfless and outstanding contributions, awarded Mrs. Sitter its Lifetime Achievement Award, presented by Assistant Secretary Dave Anderson on August 3, 2004: Now, therefore, be it

Resolved, That the Senate commends Mrs. Inez Sitter for her outstanding service to the Choctaw Nation of Oklahoma, the State of Oklahoma, and the United States.

ELDER FALLS PREVENTION ACT OF 2003

Mr. McCONNELL. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 785, S. 1217.

The PRESIDING OFFICER. The clerk will state the bill by title.

The legislative clerk read as follows:

A 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.

There being no objection, the Senate proceeded to consider the bill, which was reported from the Committee on Health, Education, Labor, and Pensions, with an amendment and an amendment to the title, as follows:

(Strike the part printed in black brackets and insert the part printed in italic.)

S. 1217

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

[This Act may be cited as the "Elder Fall Prevention Act of 2003".]

SEC. 2. FINDINGS.

[The Congress finds as follows:

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

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

[(3) In 2000, falls among elderly individuals accounted for 10,200 deaths and 1,600,000 emergency department visits.

[(4) Sixty percent of fall-related deaths occur among individuals who are 75 years of age or older.

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

[(6) Hospital admissions for hip fractures among the elderly have increased from 231,000 admissions in 1988 to 332,000 in 1999. The number of hip fractures is expected to exceed 500,000 by 2040.

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

[(8) Annually, 40,000 individuals who are over 65 years of age visit emergency departments with traumatic brain injuries suffered as a result of a fall, of which 16,000 of these individuals are hospitalized and 4,000 of these individuals die.

[(9) The rate of fall-induced traumatic brain injuries for individual who are 80 years of age or older increased by 60 percent from 1989 to 1998.

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

[(11) The costs to the Medicare and Medicaid programs and society as a whole from falls by elderly persons continue to climb much faster than inflation and population growth. Direct costs alone will exceed \$32,000,000,000 in 2020.

[(12) The Federal Government should devote additional resources to research regarding the prevention and treatment of falls in residential as well as institutional settings.

[(13) A national approach to reducing elder falls, which focuses on the daily life of senior citizens in residential, institutional, and community settings is needed. The approach should include a wide range of organizations and individuals including family members, health care providers, social workers, architects, employers and others.

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

SEC. 3. AMENDMENT TO THE PUBLIC HEALTH SERVICE ACT.

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

["PART R—PREVENTION OF ELDER FALLS SEC. 399AA. PURPOSES

["The purposes of this title are—

["(1) to develop effective public education strategies in a national initiative to reduce elder falls in order to educate the elders themselves, family members, employers, caregivers, and others who touch the lives of senior citizens;

["(2) to expand needed services and conduct research to determine the most effective approaches to preventing and treating elder falls; and

["(3) to require the Secretary to evaluate the effect of falls on the costs of medicare and medicaid and the potential for reducing costs by expanding education, prevention, and elderly intervention services covered under these two programs.

SEC. 399AA-1. PUBLIC EDUCATION.

["Subject to the availability of appropriations, the Administration on Aging within the Department of Health and Human Services shall—

["(1) oversee and support a three-year national education campaign to be carried out by the National Safety Council to be directed principally to elders, their families, and health care providers and focusing on ways of reducing the risk of elder falls and preventing repeat falls; and

["(2) provide grants to 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 ways of reducing the risk of elder falls and preventing repeat falls.

SEC. 399AA-2. RESEARCH.

["(a) IN GENERAL.—Subject to the availability of appropriations, the Secretary shall—

["(1) conduct and support research to—

["(A) improve the identification of elders who have a high risk of falling;

["(B) improve data collection and analysis to identify fall risk and protective factors;

["(C) design, implement, and evaluate fall prevention interventions to identify the most effective of the numerous potential strategies available;

["(D) improve strategies that are proven to be effective in reducing falls by tailoring these strategies to specific elderly populations;

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

["(F) expand proven interventions to prevent elder falls;

["(G) improve the diagnosis, treatment, and rehabilitation of elderly fall victims; and

["(H) assess the risk of falls occurring in various settings;

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

["(3) conduct research to develop, implement, and evaluate the most effective approaches to reducing falls among very high risk elders living in nursing homes, assisted living, and other types of long-term care facilities; and

["(4) evaluate the effectiveness of community programs to prevent assisted living and nursing home falls by elders.

["(b) ADMINISTRATION.—In carrying out subsection (a), the Secretary shall—

["(1) conduct research and surveillance activities among community-dwelling and institutionalized elders through the Director of the Centers for Disease Control and Prevention;

["(2) conduct research related to elder fall prevention in health care delivery settings and clinical treatment and rehabilitation of elderly fall victims through the Director of the Agency for Healthcare Research and Quality; and

["(3) ensure the coordination of the activities described in paragraphs (1) and (2).

["(c) GRANTS.—The Secretary shall award grants to qualified organizations and institutions to enable such organizations and institutions to provide professional education for physicians and allied health professionals in elder fall prevention.

SEC. 399AA-3. DEMONSTRATION PROJECTS.

["Subject to the availability of appropriations, the Secretary, acting through the Director of the Centers for Disease Control and Prevention and in consultation with the Director of the Agency for Healthcare Research and Quality, shall carry out the following:

["(1) Oversee and support demonstration and research projects to be carried out by the National Safety Council and other qualified organizations in the following areas:

["(A) A multi-State demonstration project assessing the utility of targeted fall risk screening and referral programs.

["(B) Programs designed for community-dwelling elderly individuals that shall utilize multi-component fall intervention approaches, including physical activity, medication assessment and reduction when possible, vision enhancement, and home modification strategies.

“(C) Programs targeting newly-discharged fall victims who are at a high risk for second falls, which shall include modification projects available to various living settings (in accordance with accepted building codes and standards) and which are designed to maximize independence and quality of life for elders, particularly those elders with functional limitations.

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

“(2)(A) Provide grants to qualified organizations and institutions to design, implement, and evaluate fall prevention programs using proven intervention strategies in residential and institutional settings.

“(B) Provide one or more grants to one or more qualified applicants in order to carry out a multi-State demonstration project to implement and evaluate fall prevention programs using proven intervention strategies designed for multi-family residential settings with high concentrations of elders, including identifying high risk populations, evaluating residential facilities, conducting screening to identify high risk individuals, providing pre-fall counseling, coordinating services with health care and social service providers and coordinating post-fall treatment and rehabilitation.

“(C) Provide one or more grants to qualified applicants to conduct evaluations of the effectiveness of the demonstration projects in this section.

“SEC. 399AA-4. REVIEW OF REIMBURSEMENT POLICIES.

“(a) IN GENERAL.—The Secretary shall undertake a review of the effects of falls on the costs of the medicare and medicaid programs and the potential for reducing costs by expanding services covered by these two programs. This review shall include a review of the reimbursement policies of the medicare and medicaid programs in order to determine if additional fall-related education, prevention, and early prevention services should be covered or reimbursement guidelines should be modified.

“(b) REPORT.—Not later than 18 months after the date of the enactment of this title, the Secretary shall submit to the Congress a report describing the findings of the Secretary in conducting the review under subsection (a).

“SEC. 399AA-5. AUTHORIZATION OF APPROPRIATION.

“[In order to carry out this title, there are authorized to be appropriated—

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

“(2) to carry out the State public education campaign provisions of section 399AA-1(2), \$8,000,000 for each of fiscal years 2004 through 2006;

“(3) to carry out research projects described in section 399AA-2, \$10,000,000 for each of fiscal years 2004 through 2006;

“(4) to carry out the demonstration projects described in section 399AA-3(1), \$7,000,000 for each of fiscal years 2004 through 2006; and

“(5) to carry out the demonstration and research projects described in section 399AA-3(2), \$8,000,000 for each of fiscal years 2004 through 2006.”]

SECTION 1. SHORT TITLE.

This Act may be cited as the “Keeping Seniors Safe From Falls Act of 2004”.

SEC. 2. FINDINGS.

Congress finds the following:

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

(2) In 2000, falls among older adults accounted for 10,200 deaths and 1,600,000 emergency department visits.

(3) Hospital admissions for hip fractures among the elderly have increased from 231,000 admissions in 1988 to 332,000 in 1999.

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

(5) The total cost of all fall injuries for people age 65 and older was calculated in 1994 to be \$27,300,000,000 (in 2004 dollars).

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

SEC. 3. AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT.

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

(1) by redesignating section 393B (as added by section 1401 of Public Law 106-386) as section 393C and transferring such section so that it appears after section 393B (as added by section 1301 of Public Law 106-310); and

(2) by inserting after section 393C (as redesignated by paragraph (1)) the following:

“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 re-

spect 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 and 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).”.

Amend the title so as to read: “A bill to direct the Secretary of Health and Human

Services to intensify programs with respect to research and related activities concerning falls among older adults."

Ms. MIKULSKI. Mr. President, I am pleased that today the Senate will pass the Keeping Seniors Safe from Falls Act of 2004 (S. 1217) that Senator ENZI and I introduced. Falls are a serious public health problem that affects millions of seniors each year. This bill focuses on public education, research, and demonstration projects to help reduce falls by older adults.

The facts are staggering. One out of every three Americans over age 65 falls every year. In 2000, over 10,200 seniors died and approximately 1.6 million seniors visited an emergency department as a result of a fall. Falls are the leading cause of injury deaths among seniors, accounting for 64,000 traumatic brain injuries and 340,000 hip fractures each year. Falls can be financially disastrous for families, and falls place a serious financial strain on our health care system. By 2020, falls by older adults are estimated to cost the health care system more than \$32 billion.

These facts do not begin to tell the story of what falls can mean for older adults and their loved ones. Falls don't discriminate. Kay Graham was the victim of a fall. Many of us have friends or relatives who have fallen. A fall can have a devastating impact on a person's physical, emotional, and mental health. If an older woman loses her footing on her front porch steps, falls, and suffers a hip fracture, she would likely spend about two weeks in the hospital, and there is a 50 percent chance that she would not return home or live independently as a result of her injuries.

Two years ago, I chaired a hearing of the Subcommittee on Aging on the problem of falls among older adults. The subcommittee heard testimony from Lillie Marie Struchen, a 91-year-old woman who had recently fallen in her bathroom when she slipped on the tile. Lillie Marie could not reach the panic button in her apartment, and it took her some time before she could get to her feet and call for help. Lillie Marie was lucky. She recovered from her fall and returned to her normal routines. She shared with the subcommittee some steps that she and her family have taken to prevent future falls, knowing that she may not be so lucky next time.

These falls, like the ones that Lillie Marie and thousands of others suffer from each year, can be prevented. With some help, there are simple ways that seniors can improve the safety of their homes and make a fall far less likely. Home modifications like hand rails in the bathroom, rubber mats on slippery tile floors, and cordless telephones that seniors can keep nearby can make a big difference. Well-trained pharmacists can review medications to make sure that two drugs do not interact to cause dizziness and throw a senior off balance.

That's what this legislation is about—getting behind our Nation's

seniors and giving help to those who practice self-help. This bill creates public education campaigns for older adults, their families, and health care providers about how to prevent falls. It expands research on falls by older adults to develop better ways to prevent falls and to improve the treatment and rehabilitation of elder victims. This legislation also requires an evaluation of the effect of falls on health care costs, the potential for reducing falls, and the potential for reducing health care costs associated with falls.

Reducing the number of falls will help seniors live longer, healthier, more independent lives. I want to acknowledge the leadership of the National Safety Council on this issue. I also thank Senator ENZI for working with me in such a bipartisan manner to move this bill forward. The support of Senator GREGG and Senator KENNEDY was also vital in getting this bill through the Senate. I hope that our colleagues in the House will take swift action to pass this important bill this year.

Mr. MCCONNELL. Mr. President, I ask unanimous consent the committee amendment be agreed to, the bill, as amended, be read a third time and passed, the amendment to the title be agreed to, the motion to reconsider be laid upon the table, and that any statements relating to the bill be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The committee amendment in the nature of a substitute was agreed to.

The bill (S. 1217), as amended, was read the third time and passed.

The title was amended so as to read:

A bill to direct the Secretary of Health and Human Services to intensify programs with respect to research and related activities concerning falls among older adults.

HONORING THE 10 COMMUNITIES RECEIVING THE 2004 ALL-AMERICAN CITY AWARD

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of H. Con. Res. 464.

The PRESIDING OFFICER. The clerk will state the concurrent resolution by title.

The legislative clerk read as follows:

A concurrent resolution (H. Con. Res. 464) honoring the 10 communities selected to receive the 2004 All-American City Award.

There being no objection, the Senate proceeded to consider the concurrent resolution.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, the motion to reconsider be laid upon the table, and that any statements relating to the resolution be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The concurrent resolution (H. Con. Res. 464) was agreed to.

The preamble was agreed to.

NATIONAL DAY OF THE HORSE

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Judiciary Committee be discharged from further consideration of S. Res. 452 and the Senate proceed to its immediate consideration.

The PRESIDING OFFICER. Without objection, it is so ordered. The clerk will report the resolution by title.

The legislative clerk read as follows:

A resolution (S. Res. 452) designating December 13, 2004, as "National Day of the Horse" and encouraging the people of the United States to be mindful of the contribution of horses to the economy, history, and character of the United States.

There being no objection, the Senate proceeded to consider the resolution.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, the motions to reconsider be laid upon the table, and that any statements relating to this resolution be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The resolution (S. Res. 452) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. RES. 452

Whereas the horse is a living link to the history of the United States;

Whereas without horses, the economy, history, and character of the United States would be profoundly different;

Whereas horses continue to permeate the society of the United States, as witnessed on movie screens, on open land, and in our own backyards;

Whereas horses are a vital part of the collective experience of the United States and deserve protection and compassion;

Whereas because of increasing pressure from modern society, wild and domestic horses rely on humans for adequate food, water, and shelter; and

Whereas the Congressional Horse Caucus estimates that the horse industry contributes much more than \$100,000,000,000 each year to the economy of the United States: Now, therefore, be it

Resolved, That the Senate—

(1) designates December 13, 2004, as "National Day of the Horse", in recognition of the importance of horses to the security, economy, recreation, and heritage of the United States;

(2) encourages all people of the United States to be mindful of the contribution of horses to the economy, history, and character of the United States; and

(3) requests that the President issue a proclamation calling on the people of the United States and interested organizations to observe the day with appropriate programs and activities.

HONORING THE LIFE AND LEGACY OF ALEXANDER HAMILTON

NATIONAL CHILDREN'S MEMORIAL DAY

Mr. MCCONNELL. Mr. President, I ask unanimous consent that it be in