

Public Law 110–202
110th Congress

An 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.

Apr. 23, 2008
[S. 845]

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

Safety of Seniors
Act of 2007.
42 USC 201 note.

SECTION 1. SHORT TITLE.

This Act may be cited as the “Safety of Seniors Act of 2007”.

SEC. 2. 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

42 USC 280b–1c.

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

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

42 USC 280b–1f.

“(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, specializing, or demonstrating expertise, in falls or fall prevention, 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, specializing, or demonstrating expertise, in falls or fall prevention, 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, specializing, or demonstrating expertise, in falls or fall prevention, 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, specializing, or demonstrating expertise, in falls or fall prevention, 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, specializing, or demonstrating expertise, in falls or fall prevention, 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, specializing, or demonstrating expertise, in falls or fall prevention, to conduct evaluations of the effectiveness of the demonstration projects described in this subsection.

“(d) PRIORITY.—In awarding grants, contracts, or cooperative agreements under this section, the Secretary may give priority to entities that explore the use of cost-sharing with respect to activities funded under the grant, contract, or agreement to ensure the institutional commitment of the recipients of such assistance to the projects funded under the grant, contract, or agreement. Such non-Federal cost sharing contributions may be provided directly or through donations from public or private entities and may be in cash or in-kind, fairly evaluated, including plant, equipment, or services.

“(e) 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.”.

Approved April 23, 2008.

LEGISLATIVE HISTORY—S. 845 (H.R. 3701):

HOUSE REPORTS: No. 110-569 accompanying H.R. 3701 (Comm. on Energy and Commerce).

SENATE REPORTS: No. 110-110 (Comm. on Health, Education, Labor, and Pensions).

CONGRESSIONAL RECORD:

Vol. 153 (2007): Aug. 1, considered and passed Senate.

Vol. 154 (2008): Apr. 8, considered and passed House.

WEEKLY COMPILATION OF PRESIDENTIAL DOCUMENTS, Vol. 44 (2008):

