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.

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 people over 65.

(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 persons 75 and 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 hospital-
ized and 4,000 of these individuals die.

(9) The rate of fall-induced traumatic brain in-
juries for individuals 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 elder-
ly persons continue to climb much faster than infla-
tion and population growth. Direct costs alone will
exceed $32,000,000,000 in 2020.

(12) The Federal Government should devote ad-
ditional resources to research regarding the preven-
tion 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, ar-
chitects, 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. PURPOSES.

The purposes of this Act are—

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

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

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

SEC. 4. AMENDMENT TO 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:
"PART R—PREVENTION OF ELDER FALLS"

"SEC. 399AA. PUBLIC AND PROFESSIONAL EDUCATION."

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

"(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; and

"(3) provide grants and contracts to qualified organizations and institutions for the purpose of providing state-of-the-art continued education to health and allied health professionals to effect geriatric fall prevention.

"(b) DEFINITION.—For purposes of this section, the term ‘allied health professionals’ has the meaning given such term in section 799B."
“SEC. 399AA-1. 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 with a high risk of falls;

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

“(C) improve strategies that are proven to be effective in reducing subsequent falls by elderly fall victims;

“(D) expand proven interventions to prevent elder falls;

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

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

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

“(3) 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 related to the community-based and populations-based aspects of elder falls prevention 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 and contracts 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. In awarding these grants and contracts, the Secretary shall give appropriate priority to projects that show proven capacity to be self supporting within two years after the onset of the project.

“SEC. 399AA–2. DEMONSTRATION PROJECTS.

“(a) IN GENERAL.—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 in the following areas:

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

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

“(C) Private sector and public-private partnerships, involving home remodeling, home design and remodeling (in accordance with accepted building codes and standards) and nursing home and hospital patient supervision.

“(D) Private sector and public-private partnerships to develop technology to prevent falls and prevent or reduce injuries if falls occur.
“(E) Hospital-based geriatric fall prevention and treatment centers.

“(F) Medicaid sponsored community projects for comprehensive geriatric fall prevention of the type recently adopted by the States of Pennsylvania, New York, and Florida whereby Medicaid elders are comprehensively screened, counseled, referred, case managed, and otherwise so treated as to reduce hospital admissions for fall related injuries by 60 percent or more.

“(G) Provide grants to not less than four States and to four hospitals to expand the programs identified in subparagraphs (E) and (F). In selecting State grantees under this subparagraph, the Secretary shall give appropriate priority to States that have adopted legislation that either—

“(i) adopts Medicaid-sponsored comprehensive fall prevention projects; or

“(ii) requires allied health professional licensing boards to provide at least 1 hour of continuing education per year on geriatric fall prevention.
In all demonstration projects under this paragraph, the Secretary shall give appropriate priority to projects that show proven capacity to be self supporting within 2 years of the onset of the project.

“(2)(A) Provide grants and contracts to qualified organizations and institutions to design and carry out elder falls prevention programs 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 elder falls prevention programs targeted toward 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 counseling, 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.

“(b) DEFINITION.—For purposes of this section, the term ‘Medicaid’ means the program under title XIX of the Social Security Act.
SEC. 399AA–3. AUTHORIZATION OF APPROPRIATIONS.

“(a) In General.—In order to carry out the provisions of this part, there are authorized to be appropriated—

“(1) to carry out the national public education provisions described in section 399AA(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(2), $4,000,000 for each of fiscal years 2004 through 2006;

“(3) to carry out the professional and educational campaign provision of section 399AA(3), $5,000,000 for each of fiscal years 2004 through 2006;

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

“(5) to carry out the demonstration projects described in section 399AA–2(1), $11,000,000 for each of fiscal years 2004 through 2006; and

“(6) to carry out the demonstration and research projects described in section 399AA–2(2), $8,000,000 for each of fiscal years 2004 through 2006.
“(b) ALLOCATION.—In the case of each program for 
which an authorization of appropriations is established in 
subsection (a) and under which program the Secretary is 
authorized to make awards of grants or contracts to pri-
ivate entities, the Secretary shall reserve from the amount 
appropriated under such subsection for the program not 
less than 30 percent for making such awards.”.

SEC. 5. REVIEW OF REIMBURSEMENT POLICIES.

(a) IN GENERAL.—The Secretary of Health and 
Human Services shall undertake a review of the effects 
of elder falls on the costs of the programs under titles 
XVIII and XIX of the Social Security Act (referred to in 
this section as the “Medicare” and “Medicaid” programs, 
respectively) 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 Medicare and Medicaid in order to determine if addi-
tional fall-related education, prevention, and early preven-
tion services should be covered or reimbursement guide-
lines should be modified.

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