

109TH CONGRESS
1ST SESSION

S. 1531

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, and Mrs. DOLE) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Keeping Seniors Safe
5 From Falls Act of 2005”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

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

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

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

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

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

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

19 **SEC. 3. AMENDMENTS TO THE PUBLIC HEALTH SERVICE**
20 **ACT.**

21 Part J of title III of the Public Health Service Act
22 (42 U.S.C. 280b et seq.) is amended—

23 (1) by redesignating section 393B (as added by
24 section 1401 of Public Law 106–386) as section
25 393C and transferring such section so that it ap-

1 appears after section 393B (as added by section 1301
2 of Public Law 106–310); and

3 (2) by inserting after section 393C (as redesign-
4 nated by paragraph (1)) the following:

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

7 “(a) PURPOSES.—The purposes of this section are—

8 “(1) to develop effective public education strate-
9 gies in a national initiative to reduce falls among
10 older adults in order to educate older adults, family
11 members, employers, caregivers, and others;

12 “(2) to intensify services and conduct research
13 to determine the most effective approaches to pre-
14 venting and treating falls among older adults; and

15 “(3) to require the Secretary to evaluate the ef-
16 fect of falls on health care costs, the potential for re-
17 ducing falls, and the most effective strategies for re-
18 ducing health care costs associated with falls.

19 “(b) PUBLIC EDUCATION.—The Secretary shall—

20 “(1) oversee and support a national education
21 campaign to be carried out by a nonprofit organiza-
22 tion with experience in designing and implementing
23 national injury prevention programs, that is directed
24 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,
5 or consortia of qualified organizations and institu-
6 tions, for the purpose of organizing State-level coalitions
7 of appropriate State and local agencies, safety,
8 health, senior citizen, and other organizations to de-
9 sign and carry out local education campaigns, focus-
10 ing on reducing falls among older adults and pre-
11 venting repeat falls.

12 “(c) 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-

1 loring these strategies to specific popu-
2 lations of older adults;

3 “(v) conduct research in order to
4 maximize the dissemination of proven, ef-
5 fective fall prevention interventions;

6 “(vi) intensify proven interventions to
7 prevent falls among older adults;

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

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

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

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

22 “(D) evaluate the effectiveness of commu-
23 nity programs designed to prevent falls among
24 older adults.

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

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

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

15 “(A) A multistate demonstration project
16 assessing the utility of targeted fall risk screen-
17 ing 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
25 fall victims who are at a high risk for second

1 falls and which are designed to maximize inde-
2 pendence and quality of life for older adults,
3 particularly those older adults with functional
4 limitations.

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

9 “(2)(A) Award grants, contracts, or cooperative
10 agreements to qualified organizations, institutions,
11 or consortia of qualified organizations and institu-
12 tions, to design, implement, and evaluate fall preven-
13 tion programs using proven intervention strategies
14 in residential and institutional settings.

15 “(B) Award 1 or more grants, contracts, or co-
16 operative agreements to 1 or more qualified organi-
17 zations, institutions, or consortia of qualified organi-
18 zations and institutions, in order to carry out a
19 multistate demonstration project to implement and
20 evaluate fall prevention programs using proven inter-
21 vention strategies designed for single and multi-
22 family residential settings with high concentrations
23 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 co-
10 operative agreements to qualified organizations, in-
11 stitutions, or consortia of qualified organizations and
12 institutions, to conduct evaluations of the effective-
13 ness of the demonstration projects described in this
14 subsection.

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

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

22 “(2) REPORT.—Not later than 36 months after
23 the date of enactment of the Keeping Seniors Safe
24 From Falls Act of 2005, the Secretary shall submit
25 to Congress a report describing the findings of the

1 Secretary in conducting the review under paragraph
2 (1).

3 “(f) AUTHORIZATION OF APPROPRIATIONS.—In
4 order to carry out this section, there are authorized to be
5 appropriated—

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

9 “(2) to carry out the State public education
10 campaign provisions of subsection (b)(2),
11 \$5,000,000 for each of fiscal years 2007 through
12 2009;

13 “(3) to carry out research projects described in
14 subsection (c), \$8,000,000 for each of fiscal years
15 2007 through 2009;

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

19 “(5) to carry out the demonstration and re-
20 search projects described in subsection (d)(2),
21 \$5,000,000 for each of fiscal years 2007 through
22 2009.”.

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