

109TH CONGRESS
2^D SESSION

H. R. 5608

To amend the Public Health Service Act to direct the Secretary of Health and Human Services to intensify programs with respect to research and related activities concerning falls among older adults.

IN THE HOUSE OF REPRESENTATIVES

JUNE 14, 2006

Mr. HALL (for himself and 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 intensify programs with respect to research and related activities concerning falls among older adults.

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 2006”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) One third of older adults over age 65 fall
2 each year. Falls are the leading cause of injury
3 deaths among individuals for this population with
4 risk of falling and injury rates increasingly common
5 with advanced age.

6 (2) Older adults are hospitalized for fall-related
7 injuries five times more often than for injuries from
8 other causes.

9 (3) In 2003, falls among older adults accounted
10 for 12,900 deaths, 1,800,000 emergency department
11 visits, and 421,000 hospitalizations.

12 (4) In 2003, unintentional falls accounted for
13 more than 62.7 percent of nonfatal injuries for peo-
14 ple age 65 or older.

15 (5) 87 percent of all fractures among older
16 adults are due to falls.

17 (6) Among older adults who fall, 20 to 30 per-
18 cent suffer moderate to severe injuries such as hip
19 fractures or head traumas that reduce mobility and
20 independence, increase the risk of premature death,
21 and lead to serious health problems.

22 (7) Hospital admissions for hip fractures
23 among the elderly have increased from 231,000 ad-
24 missions in 1988 to 338,000 in 1999, with an aver-
25 age hospital stay of one week.

1 (8) From 2000 to 2040, the number of people
2 age 65 or older is projected to increase from 34.8
3 million to 77.2 million. Given our aging population,
4 by the year 2040, the number of hip fractures is ex-
5 pected to exceed 500,000.

6 (9) 25 percent of older adults who sustain hip
7 fractures remain institutionalized for at least one
8 year and 50 percent of all older people hospitalized
9 for hip fractures cannot return home or live inde-
10 pendently after their injury, never returning to their
11 prior level of mobility.

12 (10) 25 percent of adults age 65 or older who
13 sustain a hip fracture die within a year.

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

17 (12) The total cost of all fall injuries for people
18 age 65 and older was calculated in 1994 to be
19 \$27,300,000,000 (in 2004 dollars). By 2020 the
20 cost of fall injuries is expected to reach
21 \$43,800,000,000 annually.

22 (13) A national approach to reducing falls
23 among older adults, which focuses on the daily life
24 of senior citizens in residential, institutional, and
25 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 redesign-
11 nated and transferred by paragraph (1)) the fol-
12 lowing:

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

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

16 “(1) to develop effective public education strate-
17 gies in a national initiative to reduce falls among
18 older adults and to educate older adults, family
19 members, employers, caregivers, and others;

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

23 “(3) to support demonstration projects designed
24 to reduce the risk of falls and/or injuries caused by
25 falls; and

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

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

6 “(1) oversee and support a national education
7 campaign and award grants, contracts, and coopera-
8 tive agreements to be carried out by qualified orga-
9 nizations that focuses on reducing falls among older
10 adults and preventing repeat falls; and

11 “(2) award grants, contracts, or cooperative
12 agreements to qualified organizations, institutions,
13 or consortia of qualified organizations and institu-
14 tions, for the purpose of organizing State-level coalitions
15 of appropriate State and local agencies, safety,
16 health, senior citizen, city planning, and other orga-
17 nizations to design and carry out local education
18 campaigns, focusing on reducing falls among older
19 adults, preventing repeat falls, and planning and de-
20 signing safe communities.

21 “(c) PROFESSIONAL EDUCATION.—The Secretary
22 shall—

23 “(1) oversee and support a national education
24 campaign and award grants, contracts, and coopera-
25 tive agreements to be carried out by qualified orga-

1 nizations that focuses on educating physicians, allied
2 health professionals, and related providers of health
3 and safety services about falls risk, assessment and
4 prevention; and

5 “(2) award grants, contracts, or cooperative
6 agreements to qualified organizations, institutions,
7 or consortia of qualified organizations and institu-
8 tions, including nonprofit safety and aging-related
9 organizations that have a demonstrated interest in
10 fall prevention, safety and older adult issues, for the
11 purpose of designing and carrying out State-level
12 professional education campaigns to educate physi-
13 cians, allied health professionals, and related pro-
14 viders of health and safety services about falls risk,
15 assessment and prevention.

16 “(d) RESEARCH.—The Secretary shall award grants,
17 contracts, or cooperative agreements to qualified organiza-
18 tions, institutions, or consortia of qualified organizations
19 and institutions, to—

20 “(1) conduct and support research to—

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

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

1 “(C) design, implement, and evaluate the
2 most effective fall prevention interventions;

3 “(D) design, implement, and evaluate
4 medication management interventions;

5 “(E) improve strategies that are proven to
6 be effective in reducing falls by tailoring these
7 strategies to specific populations of older adults;

8 “(F) conduct research in order to maxi-
9 mize the dissemination of proven, effective fall
10 prevention interventions;

11 “(G) intensify proven interventions to pre-
12 vent falls among older adults;

13 “(H) improve the diagnosis, treatment,
14 and rehabilitation of elderly fall victims; and

15 “(I) assess the risk of falls occurring in
16 various settings; to include the role of the envi-
17 ronment of falls and the effectiveness of envi-
18 ronment interventions on preventing falls;

19 “(2) conduct research concerning barriers to
20 the adoption of proven interventions with respect to
21 the prevention of falls among older adults;

22 “(3) conduct research to develop, implement,
23 and evaluate the most effective approaches to reduc-
24 ing falls among high-risk older adults living in long-
25 term care facilities;

1 “(4) evaluate the effectiveness of community
2 programs to prevent assisted living and nursing
3 home falls among older adults;

4 “(5) conduct research to identify effective strat-
5 egies in home modifications to promote independent
6 living and a reduction in falls; and

7 “(6) identify an existing Web site, or establish
8 a Web site, to serve as an information clearinghouse
9 and repository of falls research and activities being
10 conducted by agencies, organizations, academic insti-
11 tutions and related groups.

12 “(e) DEMONSTRATION PROJECTS.—

13 “(1) COLLABORATIONS BETWEEN HEALTH
14 CARE PROVIDERS AND AGING SERVICES NETWORK.—

15 “(A) IN GENERAL.—The Secretary shall
16 oversee and support demonstration projects
17 through grants, contracts, and cooperative
18 agreements designed to reduce the risk of falls,
19 or injuries caused by falls, or both, in frail older
20 adults, emphasizing projects that foster collabo-
21 ration between health care providers and the
22 aging services network, including the following:

23 “(i) Demonstrations that target at-
24 risk older adult populations, particularly

1 those with functional limitations, to maxi-
2 mize their independence and quality of life.

3 “(ii) Demonstrations that assess the
4 effectiveness of clinical risk factor screen-
5 ing and management when linked to com-
6 munity-based programs and services that
7 support behavior change, activity, and
8 other appropriate interventions.

9 “(iii) Demonstrations that assess the
10 feasibility and effectiveness of offering evi-
11 dence-based behavior change and physical
12 activity interventions that address falls risk
13 in accessible non-medical settings, with
14 linkages to health care providers.

15 “(iv) Private sector and public-private
16 partnerships to develop technology to pre-
17 vent falls among older adults and prevent
18 or reduce injuries if falls occur, including
19 technology designed to measure, assess,
20 and rate the traction of consumer flooring
21 materials, floor polishes, and walkway
22 agents.

23 “(B) EVALUATIONS.—The Secretary shall
24 award one or more grants, contracts, or cooper-
25 ative agreements to a qualified research organi-

1 zation or university, as determined by the Sec-
2 retary, to conduct evaluations of the effective-
3 ness of the demonstration projects described in
4 subparagraph (A).

5 “(2) COLLABORATIONS BETWEEN HEALTH
6 CARE PROVIDERS AND RESIDENTIAL AND INSTITU-
7 TIONAL SETTINGS.—

8 “(A) IN GENERAL.—The Secretary shall
9 oversee and support demonstration projects de-
10 signed to reduce the risk of falls, or injuries
11 caused by falls, or both, in frail older adults,
12 emphasizing projects that foster collaboration
13 between health care providers and residential
14 and institutional settings, including the fol-
15 lowing:

16 “(i) A multi-State demonstration
17 project to implement and evaluate fall pre-
18 vention programs using proven interven-
19 tion strategies designed for multifamily
20 residential settings with high concentra-
21 tions of appropriate at-risk populations of
22 older adults to maximize independence and
23 quality of life, particularly those with func-
24 tional limitations. For purposes of carrying
25 out such project, the Secretary shall award

1 one or more grants, contracts, or coopera-
2 tive agreements to one or more qualified
3 organizations, institutions, or consortia of
4 qualified organizations and institutions.

5 “(ii) Demonstration projects that as-
6 sess the effectiveness of clinical risk factor
7 screening and management and that is in-
8 tegrated with the Aging Services Network
9 of residential programs and services capa-
10 ble of providing long-range supportive envi-
11 ronments and activity programs to affect
12 behavior change and falls risk.

13 “(iii) Evidence-based, residential and
14 institutional programs that promote the
15 adoption of healthy behaviors and en-
16 hanced physical activity level, and that ad-
17 dress other appropriate risk factors to re-
18 duce the risk of falls.

19 “(iv) Private sector and public-private
20 partnerships to develop technology to pre-
21 vent falls among older adults and prevent
22 or reduce injuries if falls occur.

23 “(B) EVALUATIONS.—The Secretary shall
24 award one or more grants, contracts, or coopera-
25 tive agreements to a qualified research organi-

1 zation or university, as determined by the Sec-
2 retary, to conduct evaluations of the effective-
3 ness of the demonstration projects described in
4 subparagraph (A).

5 “(f) STUDY OF EFFECTS OF FALLS ON HEALTH
6 CARE COSTS.—

7 “(1) IN GENERAL.—The Secretary shall con-
8 duct a review of the effects of falls on health care
9 costs, the potential for reducing falls, and the most
10 effective strategies for reducing health care costs as-
11 sociated with falls.

12 “(2) REPORT.—Not later than 36 months after
13 the date of the enactment of the Keeping Seniors
14 Safe From Falls Act of 2006, the Secretary shall
15 submit to Congress a report describing the findings
16 of the Secretary in conducting the review under
17 paragraph (1).

18 “(g) AUTHORIZATION OF APPROPRIATIONS.—For the
19 purpose of carrying out this section, there is authorized
20 to be appropriated \$35,000,000 for each of the fiscal years
21 2007 through 2010.”.

○