

[Committee Print]

[SHOWING THE TEXT OF THE BILL AS FORWARDED BY THE SUBCOMMITTEE
ON HEALTH ON MARCH 11, 2008]

110TH CONGRESS
1ST SESSION

H. R. 3701

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

SEPTEMBER 27, 2007

Mr. PALLONE (for himself and Mr. HALL of Texas) 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 “Safety of Seniors Act
5 of 2008”.

1 **SEC. 2. 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 by paragraph (1)) the following:

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

14 “(a) PUBLIC EDUCATION.—The Secretary may—

15 “(1) oversee and support a national education
16 campaign to be carried out by a nonprofit organiza-
17 tion with experience in designing and implementing
18 national injury prevention programs, that is directed
19 principally to older adults, their families, and health
20 care providers, and that focuses on reducing falls
21 among older adults and preventing repeat falls; and

22 “(2) award grants, contracts, or cooperative
23 agreements to qualified organizations, institutions,
24 or consortia of qualified organizations and institu-
25 tions, specializing, or demonstrating expertise, in
26 falls or fall prevention, for the purpose of organizing

1 State-level coalitions of appropriate State and local
2 agencies, safety, health, senior citizen, and other or-
3 ganizations to design and carry out local education
4 campaigns, focusing on reducing falls among older
5 adults and preventing repeat falls.

6 “(b) RESEARCH.—

7 “(1) IN GENERAL.—The Secretary may—

8 “(A) conduct and support research to—

9 “(i) improve the identification of older
10 adults who have a high risk of falling;

11 “(ii) improve data collection and anal-
12 ysis to identify fall risk and protective fac-
13 tors;

14 “(iii) design, implement, and evaluate
15 the most effective fall prevention interven-
16 tions;

17 “(iv) improve strategies that are prov-
18 en to be effective in reducing falls by tai-
19 loring these strategies to specific popu-
20 lations of older adults;

21 “(v) conduct research in order to
22 maximize the dissemination of proven, ef-
23 fective fall prevention interventions;

24 “(vi) intensify proven interventions to
25 prevent falls among older adults;

1 “(vii) improve the diagnosis, treat-
2 ment, and rehabilitation of elderly fall vic-
3 tims and older adults at high risk for falls;
4 and

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

7 “(B) conduct research concerning barriers
8 to the adoption of proven interventions with re-
9 spect to the prevention of falls among older
10 adults;

11 “(C) conduct research to develop, imple-
12 ment, and evaluate the most effective ap-
13 proaches to reducing falls among high-risk older
14 adults living in communities and long-term care
15 and assisted living facilities; and

16 “(D) evaluate the effectiveness of commu-
17 nity programs designed to prevent falls among
18 older adults.

19 “(2) EDUCATIONAL SUPPORT.—The Secretary,
20 either directly or through awarding grants, con-
21 tracts, or cooperative agreements to qualified organi-
22 zations, institutions, or consortia of qualified organi-
23 zations and institutions, specializing, or dem-
24 onstrating expertise, in falls or fall prevention, may
25 provide professional education for physicians and al-

1 lied health professionals, and aging service providers
2 in fall prevention, evaluation, and management.

3 “(c) DEMONSTRATION PROJECTS.—The Secretary
4 may carry out the following:

5 “(1) Oversee and support demonstration and
6 research projects to be carried out by qualified orga-
7 nizations, institutions, or consortia of qualified orga-
8 nizations and institutions, specializing, or dem-
9 onstrating expertise, in falls or fall prevention, in the
10 following areas:

11 “(A) A multistate demonstration project
12 assessing the utility of targeted fall risk screen-
13 ing and referral programs.

14 “(B) Programs designed for community-
15 dwelling older adults that utilize multicompo-
16 nent fall intervention approaches, including
17 physical activity, medication assessment and re-
18 duction when possible, vision enhancement, and
19 home modification strategies.

20 “(C) Programs that are targeted to new
21 fall victims who are at a high risk for second
22 falls and which are designed to maximize inde-
23 pendence and quality of life for older adults,
24 particularly those older adults with functional
25 limitations.

1 “(D) Private sector and public-private
2 partnerships to develop technologies to prevent
3 falls among older adults and prevent or reduce
4 injuries if falls occur.

5 “(2)(A) Award grants, contracts, or cooperative
6 agreements to qualified organizations, institutions,
7 or consortia of qualified organizations and institu-
8 tions, specializing, or demonstrating expertise, in
9 falls or fall prevention, to design, implement, and
10 evaluate fall prevention programs using proven inter-
11 vention strategies in residential and institutional set-
12 tings.

13 “(B) Award 1 or more grants, contracts, or co-
14 operative agreements to 1 or more qualified organi-
15 zations, institutions, or consortia of qualified organi-
16 zations and institutions, specializing, or dem-
17 onstrating expertise, in falls or fall prevention, in
18 order to carry out a multistate demonstration
19 project to implement and evaluate fall prevention
20 programs using proven intervention strategies de-
21 signed for single and multifamily residential settings
22 with high concentrations of older adults, including—

23 “(i) identifying high-risk populations;

24 “(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, specializing, or demonstrating expertise,
13 in falls or fall prevention, to conduct evaluations of
14 the effectiveness of the demonstration projects de-
15 scribed in this subsection.

16 “(d) PRIORITY.—In awarding grants, contracts, or
17 cooperative agreements under this section, the Secretary
18 may give priority to entities that explore the use of cost-
19 sharing with respect to activities funded under the grant,
20 contract, or agreement to ensure the institutional commit-
21 ment of the recipients of such assistance to the projects
22 funded under the grant, contract, or agreement. Such non-
23 Federal cost sharing contributions may be provided di-
24 rectly or through donations from public or private entities

1 and may be in cash or in-kind, fairly evaluated, including
2 plant, equipment, or services.

3 “(e) STUDY OF EFFECTS OF FALLS ON HEALTH
4 CARE COSTS.—

5 “(1) IN GENERAL.—The Secretary may conduct
6 a review of the effects of falls on health care costs,
7 the potential for reducing falls, and the most effective
8 strategies for reducing health care costs associated
9 with falls.

10 “(2) REPORT.—If the Secretary conducts the
11 review under paragraph (1), the Secretary shall, not
12 later than 36 months after the date of enactment of
13 the Safety of Seniors Act of 2008, submit to Congress
14 a report describing the findings of the Secretary
15 in conducting such review.”.