

SENATE No. 317

The Commonwealth of Massachusetts

In the Year Two Thousand Nine

Resolve relative to the prevention of falls in the elderly community.

1 **Resolved**, That there shall be a special commission on falls preventions to make an
2 investigation and comprehensive study of the effects of falls on older adults and the potential for
3 reducing the number of falls of older adults. The commission shall consist of 4 members of the
4 senate, 1 of whom shall be the senate chairperson of the joint committee on health care
5 financing, 1 of whom shall be the senate chairperson of the joint committee on elder affairs, 1 of
6 whom shall be a member of the majority party to be appointed by the president of the senate and
7 1 of whom shall be a member of the minority party to be appointed by the minority leader of the
8 senate; 4 members of the house of representatives, 1 of whom shall be the house chairperson of
9 the joint committee on health care financing, 1 of whom shall be the house chairperson of the
10 joint committee on elder affairs, 1 of whom shall be a member of the majority party to be
11 appointed by the speaker of the house of representatives and 1 of whom shall be a member of the
12 minority party to be appointed by the minority leader of the house of representatives, the
13 secretary of the executive office of health and human services or his designee, the commissioner
14 of the department of public health or his designee, the secretary of the executive office of elder
15 affairs or his designee, the director of MassHealth or his designee; and 6 members appointed by
16 the Governor, 1 of whom shall be a designee from the Home Care Alliance of Massachusetts, 1

17 of whom shall be a designee from the American Association of Retired Persons, 1 of whom shall
18 be a designee from the Massachusetts Extended Care Federation, 1 of whom shall be a designee
19 from the Massachusetts Councils on Aging, 1 of whom shall be a designee from the
20 Massachusetts Medical Society, and 1 of whom shall be a designee of the Massachusetts
21 Pharmacists Association.

22 The Commission on Falls Prevention shall conduct a review of the effects of falls of
23 older adults on health care costs, the potential for reducing the number of falls of older adults and
24 the most effective strategies for reducing falls and health care costs associated with falls. The
25 commission shall:

26 1. Consider strategies to improve data collection and analysis to identify fall risk, health
27 care cost data and protective factors;

28 2. Consider strategies to improve the identification of older adults who have a high risk of
29 falling;

30 3. Consider strategies to maximize the dissemination of proven, effective fall prevention
31 interventions and identify barriers to those interventions;

32 4. Assess the risk and measure the incidence of falls occurring in various settings;

33 5. Identify evidence-based strategies used by long-term care providers to reduce the rate
34 of falls among older adults and reduce the rate of hospitalizations related to falls.

35 6. Identify evidence-based community programs designed to prevent falls among older
36 adults;

37 7. Review falls prevention initiatives for community-based settings; and

38 8. Examine the components and key elements of the above falls prevention initiatives,
39 consider their applicability in Massachusetts and develop strategies for pilot testing,
40 implementation and evaluation.

41 The Commission on Falls Prevention shall submit a report to the secretary of health and
42 human services and the joint committee on health care financing, no later than November 2,
43 2009, that includes findings from their review, recommendations and suggested legislation. The
44 report must include recommendations for:

45 1. A statewide demonstration project assessing the utility of targeted fall risk screening
46 and referral programs;

47 2. Intervention approaches, including physical activity, medication assessment and
48 reduction of medication when possible, vision enhancement and home-modification strategies;

49 3. Strategies that promote collaboration between the medical community, including
50 physicians, long-term care providers, and pharmacist to reduce the rate of falls among their
51 patients;

52 4. Programs that are targeted to fall victims who are at a high risk for 2nd falls and that
53 are designed to maximize independence and quality of life for older adults, particularly those
54 older adults with functional limitations;

55 5. Programs that encourage partnerships to prevent falls among older adults and prevent
56 or reduce injuries when falls occur; and

57 6. Programs to encourage long-term care providers in Massachusetts to implement falls
58 prevention strategies which use specific interventions to help all patients avoid the risks for
59 falling in an effort to reduce hospitalizations and prolong a high quality of life.