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SENATE . . . . . No. 318

The Commonwealth of Massachusetts

In the Year Two Thousand Nine

An Act to Prevent Falls Among Older Adults.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Chapter 19A of the general laws, as appearing in the 2006 Official Edition, is hereby amended by inserting after section 4C, the following new section:-

Section 4D. Falls Prevention Program.

(a) The purposes of this section are--

(1) to develop effective public education strategies in a statewide initiative to reduce falls among older adults and to educate older adults, family members, employers, caregivers, and others through a research-based social marketing campaign that will change the social norm of how falls are perceived by reframing the current view that falls are an inevitable consequence of aging, to the understanding that falls are caused by known risks and can be prevented;

(2) to intensify services and conduct research to identify, synthesize, and translate information on falls prevention from interdisciplinary research into best practices and to disseminate the information to target audiences including health care and aging service providers and professional organizations to promote the most effective approaches to preventing and

treating falls among older adults; and to create a clearinghouse of information and resources about falls and best practices for falls prevention;

(3) to support demonstration projects designed to reduce the risk of falls and/or injuries caused by falls and by promoting coordinated assessment and intervention targeted toward the known risk factors for falling; including, but not limited to, achievement of the following goals:

(A) All older adults will have knowledge of, and access to, effective programs and services that preserve or improve their physical mobility and lower the risk of falls.

(B) Health care and other service providers will be more aware of, and actively promote, strategies and community resources/programs designed to improve older adult physical mobility and lower the risk of falls.

(C) All older adults will become aware that falling is a common adverse effect of some prescription and nonprescription medications and discuss these effects with their health care providers.

(D) Health care providers will be aware that falling is a common adverse effect of some prescription and nonprescription medications, and therefore will adopt a standard of care that balances the benefits and harms of older adult medication use.

(E) All older adults will have knowledge of and access to home safety measures including, but not limited to, information, assessments, and home modification that reduce home hazards, improve independent functioning, and lower the risk of falls.

(F) Health care, housing, and other service providers will become more aware of, and promote, home safety measures including, but not limited to, information, assessments, and

adaptive equipment that reduce home hazards, improve independent functioning, and lower the risk of falls.

(G) All older adults will have access to community environments that lower the risk of falls, and facilitate full participation, mobility, and independent functioning.

(H) Public officials such as community and transportation planners, community service providers, and those responsible for the maintenance and repairs, will be aware of, and actively promote, community environments that lower the risk of falls.

(4) to require the Secretary of Elder Affairs in cooperation with the Department of Public Health and Commonwealth Medicine within the University of Massachusetts Medical School to evaluate the effect of falls on health care costs, the potential for reducing falls, and the most effective strategies for reducing health care costs associated with falls.

(b) Public Education

The Secretary of Elder Affairs shall--

(1) oversee and support a statewide education campaign and award grants, contracts, and cooperative agreements to be carried out by qualified organizations that focuses on reducing falls among older adults and preventing repeat falls; and

(2) award grants, contracts, or cooperative agreements to qualified organizations, institutions, or consortia of qualified organizations and institutions, for the purpose of organizing a state-level coalition of appropriate state and local agencies, safety, health, senior citizen, city planning, and other organizations to design and carry out local education campaigns, focusing on

reducing falls among older adults, preventing repeat falls, and planning and designing safe communities.

(c) Professional Education.

The Secretary of Elder Affairs shall--

(1) oversee and support a statewide education campaign and award grants, contracts, and cooperative agreements to be carried out by qualified organizations including, but not limited to, the Massachusetts Medical Society, the Massachusetts Hospital Association, the Massachusetts Extended Care Federation, the Massachusetts Home Care Alliance, the Board of Registration in Medicine, the Board of Registration in Nursing, the Board of Registration in Pharmacy, and the Board of Registration of Nursing Home Administrators, that focuses on educating physicians, allied health professionals, and related providers of health and safety services about falls risk, assessment and prevention; and

(2) award grants, contracts, or cooperative agreements to qualified organizations, institutions, or consortia of qualified organizations and institutions, including nonprofit safety and aging-related organizations that have a demonstrated interest in fall prevention, safety and older adult issues, for the purpose of designing and carrying out State-level professional education campaigns to educate physicians, allied health professionals, and related providers of health and safety services about falls risk, assessment and prevention.

(d) Research.

The Secretary of Elder Affairs shall award grants, contracts, or cooperative agreements to qualified organizations, institutions, or consortia of qualified organizations and institutions, to--

(1) conduct and support research to--

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

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

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

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

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

(F) conduct research in order to maximize the dissemination of proven, effective fall prevention interventions;

(G) intensify proven interventions to prevent falls among older adults;

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

(I) assess the risk of falls occurring in various settings; to include the role of the environment of falls and the effectiveness of environment interventions on preventing falls;

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

(3) conduct research to develop, implement, and evaluate the most effective approaches to reducing falls among high-risk older adults living in long-term care facilities;

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

(5) conduct research to identify effective strategies in home modifications to promote independent living and a reduction in falls; and

(6) identify an existing Web site, or establish a Web site, to serve as an information clearinghouse and repository of falls research and activities being conducted by agencies, organizations, academic institutions and related groups.

(e) Demonstration Projects

(1) Collaborations between health care providers and aging services networks-

(A) The Secretary of Elder Affairs shall oversee and support demonstration projects through grants, contracts, and cooperative agreements designed to reduce the risk of falls, or injuries caused by falls, or both, in frail older adults, emphasizing projects that foster collaboration between health care providers and the aging services network, including the following:

(i) Demonstrations that target at-risk older adult populations, particularly those with functional limitations, to maximize their independence and quality of life.

(ii) Demonstrations that assess the effectiveness of clinical risk factor screening and management when linked to community-based programs and services that support behavior change, activity, and other appropriate interventions.

(iii) Demonstrations that assess the feasibility and effectiveness of offering evidence-based behavior change and physical activity interventions that address falls risk in accessible non-medical settings, with linkages to health care providers.

(iv) Private sector and public-private partnerships to develop technology to prevent falls among older adults and prevent or reduce injuries if falls occur, including technology designed to measure, assess, and rate the traction of consumer flooring materials, floor polishes, and walkway agents.

(B) Evaluations - The Secretary shall award one or more grants, contracts, or cooperative agreements to a qualified research organization or university, as determined by the Secretary, to conduct evaluations of the effectiveness of the demonstration projects described in subparagraph (A).

(2) Collaborations between health care providers and residential and institutional settings-

(A) The Secretary shall oversee and support demonstration projects designed to reduce the risk of falls, or injuries caused by falls, or both, in frail older adults, emphasizing projects that foster collaboration between health care providers and residential and institutional settings, including the following:

(i) One or more regional demonstration projects to implement and evaluate fall prevention programs using proven intervention strategies designed for multifamily residential settings with high concentrations of appropriate at-risk populations of older adults to maximize independence and quality of life, particularly those with functional limitations. For purposes of carrying out such project, the Secretary shall award one or more grants, contracts, or cooperative

agreements to one or more qualified organizations, institutions, or consortia of qualified organizations and institutions.

(ii) Demonstration projects that assess the effectiveness of clinical risk factor screening and management and that is integrated with the Aging Services Network of residential programs and services capable of providing long-range supportive environments and activity programs to affect behavior change and falls risk.

(iii) Evidence-based, residential and institutional programs that promote the adoption of healthy behaviors and enhanced physical activity level, and that address other appropriate risk factors to reduce the risk of falls.

(iv) Private sector and public-private partnerships to develop technology to prevent falls among older adults and prevent or reduce injuries if falls occur.

(B) Evaluations - The Secretary shall award one or more grants, contracts, or cooperative agreements to a qualified research organization or university, as determined by the Secretary, to conduct evaluations of the effectiveness of the demonstration projects described in subparagraph (A).

(f) Study of Effects of Falls on Health Care Costs.

(1) The Secretary shall conduct a review of the effects of falls on health care costs, the potential for reducing falls, and the most effective strategies for reducing health care costs associated with falls. The Division of Medical Assistance, the Department of Public Health, and other agencies of state government are directed to support and assist the secretary in said review.

(2) Not later than 36 months after the date of the enactment of this act and annually thereafter, the Secretary shall submit a report describing the findings of the Secretary with regard to reduction of falls among older adults and the progress toward achievement of the goals outlined in subsections (a)(3) subparagraphs (A) through (H) of this section, and the projected cost savings to the joint committee on elder affairs, the joint committee on health care financing, and the senate and house committees on ways and means.

Explanatory Note: The Centers for Disease Control and Prevention's National Center for Injury Prevention and Control reports that:

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

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

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

(4) In 2003, unintentional falls accounted for more than 62.7 percent of nonfatal injuries for people age 65 or older.

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

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

(7) Hospital admissions for hip fractures among the elderly have increased from 231,000 admissions in 1988 to 338,000 in 1999, with an average hospital stay of one week.

(8) From 2000 to 2040, the number of people age 65 or older is projected to increase from 34.8 million to 77.2 million. Given our aging population, by the year 2040, the number of hip fractures is expected to exceed 500,000.

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

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

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

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

(13) A statewide approach to reducing falls among older adults, which focuses on the daily life of senior citizens in residential, institutional, and community settings, is needed.