

# SENATE NO. 422

## **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:*

1 SECTION 1. Chapter 19A of the general laws, as appearing in the 2004 Official Edition, is hereby  
2 amended by inserting after section 4C, the following new section:-

3 Section 4D. Falls Prevention Program.

4 (a) The purposes of this section are--

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

10 (2) to intensify services and conduct research to identify, synthesize, and translate information on  
11 falls prevention from interdisciplinary research into best practices and to disseminate the

12 information to target audiences including health care and aging service providers and professional  
13 organizations to promote the most effective approaches to preventing and treating falls among older  
14 adults; and to create a clearinghouse of information and resources about falls and best practices for  
15 falls prevention;

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

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

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

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

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

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

32 (F) Health care, housing, and other service providers will become more aware of, and promote,  
33 home safety measures including, but not limited to, information, assessments, and adaptive  
34 equipment that reduce home hazards, improve independent functioning, and lower the risk of falls.

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

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

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

44 (b) Public Education

45 The Secretary of Elder Affairs shall--

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

49 (2) award grants, contracts, or cooperative agreements to qualified organizations,  
50 institutions, or consortia of qualified organizations and institutions, for the purpose  
51 of organizing a State-level coalition of appropriate State and local agencies, safety,

52 health, senior citizen, city planning, and other organizations to design and carry out  
53 local education campaigns, focusing on reducing falls among older adults,  
54 preventing repeat falls, and planning and designing safe communities.

55 (c ) Professional Education.

56 The Secretary of Elder Affairs shall--

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

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

73 (d) Research.

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

76 (1) conduct and support research to--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

105 (e) Demonstration Projects

106 (1) COLLABORATIONS BETWEEN HEALTH CARE PROVIDERS AND  
107 AGING SERVICES NETWORK-

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

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

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

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

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

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

133 (2) COLLABORATIONS BETWEEN HEALTH CARE PROVIDERS AND  
134 RESIDENTIAL AND INSTITUTIONAL SETTINGS-

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

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

148 (ii) Demonstration projects that assess the effectiveness of clinical  
149 risk factor screening and management and that is integrated with the

150 Aging Services Network of residential programs and services capable  
151 of providing long-range supportive environments and activity  
152 programs to affect behavior change and falls risk.

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

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

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

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

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

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

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

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

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

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

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

188 (5) 87 percent of all fractures among older adults are due to falls.

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

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

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

197 (9) 25 percent of older adults who sustain hip fractures remain institutionalized for at least one year  
198 and 50 percent of all older people hospitalized for hip fractures cannot return home or live  
199 independently after their injury, never returning to their prior level of mobility.

200 (10) 25 percent of adults age 65 or older who sustain a hip fracture die within a year.

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

203 (12) The total cost of all fall injuries for people age 65 and older was calculated in 1994 to be  
204 \$27,300,000,000 (in 2004 dollars). By 2020 the cost of fall injuries is expected to reach  
205 \$43,800,000,000 annually.

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

