

SAFETY OF SENIORS ACT OF 2008

APRIL 8, 2008.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. DINGELL, from the Committee on Energy and Commerce,  
submitted the following

R E P O R T

[To accompany H.R. 3701]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (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, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

CONTENTS

	Page
Amendment .....	1
Purpose and Summary .....	3
Background and Need for Legislation .....	3
Hearings .....	4
Committee Consideration .....	4
Committee Votes .....	4
Committee Oversight Findings .....	4
Statement of General Performance Goals and Objectives .....	4
New Budget Authority, Entitlement Authority, and Tax Expenditures .....	5
Earmarks and Tax and Tariff Benefits .....	5
Committee Cost Estimate .....	5
Congressional Budget Office Estimate .....	5
Federal Mandates Statement .....	6
Advisory Committee Statement .....	6
Constitutional Authority Statement .....	6
Applicability to Legislative Branch .....	6
Section-by-Section Analysis of the Legislation .....	6
Changes in Existing Law Made by the Bill, as Reported .....	8

AMENDMENT

The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Safety of Seniors Act of 2008”.

**SEC. 2. AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT.**

Part J of title III of the Public Health Service Act (42 U.S.C. 280b et seq.) is amended—

(1) by redesignating section 393B (as added by section 1401 of Public Law 106–386) as section 393C and transferring such section so that it appears after section 393B (as added by section 1301 of Public Law 106–310); and

(2) by inserting after section 393C (as redesignated by paragraph (1)) the following:

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

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

“(1) oversee and support a national education campaign to be carried out by a nonprofit organization with experience in designing and implementing national injury prevention programs, that is directed principally to older adults, their families, and health care providers, and 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, specializing, or demonstrating expertise, in falls or fall prevention, for the purpose of organizing State-level coalitions of appropriate State and local agencies, safety, health, senior citizen, and other organizations to design and carry out local education campaigns, focusing on reducing falls among older adults and preventing repeat falls.

“(b) RESEARCH.—

“(1) IN GENERAL.—The Secretary may—

“(A) conduct and support research to—

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

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

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

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

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

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

“(vii) improve the diagnosis, treatment, and rehabilitation of elderly fall victims and older adults at high risk for falls; and

“(viii) assess the risk of falls occurring in various settings;

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

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

“(D) evaluate the effectiveness of community programs designed to prevent falls among older adults.

“(2) EDUCATIONAL SUPPORT.—The Secretary, either directly or through awarding grants, contracts, or cooperative agreements to qualified organizations, institutions, or consortia of qualified organizations and institutions, specializing, or demonstrating expertise, in falls or fall prevention, may provide professional education for physicians and allied health professionals, and aging service providers in fall prevention, evaluation, and management.

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

“(1) Oversee and support demonstration and research projects to be carried out by qualified organizations, institutions, or consortia of qualified organizations and institutions, specializing, or demonstrating expertise, in falls or fall prevention, in the following areas:

“(A) A multistate demonstration project assessing the utility of targeted fall risk screening and referral programs.

“(B) Programs designed for community-dwelling older adults that utilize multicomponent fall intervention approaches, including physical activity, medication assessment and reduction when possible, vision enhancement, and home modification strategies.

“(C) Programs that are targeted to new fall victims who are at a high risk for second falls and which are designed to maximize independence and quality of life for older adults, particularly those older adults with functional limitations.

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

“(2)(A) Award grants, contracts, or cooperative agreements to qualified organizations, institutions, or consortia of qualified organizations and institutions, specializing, or demonstrating expertise, in falls or fall prevention, to design, implement, and evaluate fall prevention programs using proven intervention strategies in residential and institutional settings.

“(B) Award 1 or more grants, contracts, or cooperative agreements to 1 or more qualified organizations, institutions, or consortia of qualified organizations and institutions, specializing, or demonstrating expertise, in falls or fall prevention, in order to carry out a multistate demonstration project to implement and evaluate fall prevention programs using proven intervention strategies designed for single and multifamily residential settings with high concentrations of older adults, including—

“(i) identifying high-risk populations;

“(ii) evaluating residential facilities;

“(iii) conducting screening to identify high-risk individuals;

“(iv) providing fall assessment and risk reduction interventions and counseling;

“(v) coordinating services with health care and social service providers; and

“(vi) coordinating post-fall treatment and rehabilitation.

“(3) Award 1 or more grants, contracts, or cooperative agreements to qualified organizations, institutions, or consortia of qualified organizations and institutions, specializing, or demonstrating expertise, in falls or fall prevention, to conduct evaluations of the effectiveness of the demonstration projects described in this subsection.

“(d) PRIORITY.—In awarding grants, contracts, or cooperative agreements under this section, the Secretary may give priority to entities that explore the use of cost-sharing with respect to activities funded under the grant, contract, or agreement to ensure the institutional commitment of the recipients of such assistance to the projects funded under the grant, contract, or agreement. Such non-Federal cost sharing contributions may be provided directly or through donations from public or private entities and may be in cash or in-kind, fairly evaluated, including plant, equipment, or services.

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

“(1) IN GENERAL.—The Secretary may 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.

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

## PURPOSE AND SUMMARY

The purpose of H.R. 3701, the “Safety of Seniors Act of 2008”, is to amend the Public Health Service Act to direct the Secretary of Health and Human Services (HHS) to expand programs with respect to research and related activities concerning falls among older adults.

## BACKGROUND AND NEED FOR LEGISLATION

Falls represent a serious health risk for millions of older Americans. In the United States, one of every three persons age 65 or older falls each year. Falls are the leading cause of injury deaths and the most common cause of injuries and hospital admissions for trauma in older adults. According to the Centers for Disease Control and Prevention (CDC), in 2002, more than 12,800 people aged 65 and older died from fall-related injuries and more than 1.6 million seniors were treated in emergency departments for fall-related injuries. Hospital admissions for hip fractures among the elderly have increased from 321,000 admissions in 1988 to 327,000 in

2001. Annually, more than 80,000 individuals who are over 65 years of age sustain a traumatic brain injury as a result of a fall.

In addition to their effect on the quality of life of seniors and their families, falls also contribute to rising healthcare costs due to increased physician visits, emergency room use, and hospitalization. According to the CDC, the direct medical cost totaled \$179 million for fatal and \$19 billion for nonfatal fall injuries in 2000.

To address the effect of falls on seniors, their families, and healthcare costs, H.R. 3701 would focus ongoing Federal efforts to prevent falls among older adults by developing a national education campaign to reduce falls among older adults, by enhancing services and conducting research to determine the most effective approaches to preventing and treating falls among older adults, and by urging the Secretary of HHS to evaluate the effect of falls on healthcare costs, the potential for reducing falls, and the most effective strategies for reducing healthcare costs associated with falls.

#### HEARINGS

There were no hearings held in connection to the bill reported by the Committee.

#### COMMITTEE CONSIDERATION

Tuesday, March 11, 2008, the Subcommittee on Health met in open markup session and favorably forwarded H.R. 3701, amended, to the full Committee for consideration, by a voice vote. On Thursday, March 13, 2008, the full Committee met in open markup session and ordered H.R. 3701 favorably reported to the House, as amended by the Subcommittee on Health, by a voice vote. No amendments were offered during full Committee consideration.

#### COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list the record votes on the motion to report legislation and amendments thereto. There were no record votes taken on amendments or in connection with ordering H.R. 3701 reported to the House. A motion by Mr. Dingell to order H.R. 3701 favorably reported to the House, as amended, was agreed to by a voice vote.

#### COMMITTEE OVERSIGHT FINDINGS

Regarding clause 3(c)(1) of rule XIII of the Rules of the House of Representatives, the oversight findings of the Committee regarding H.R. 3701 are reflected in this report.

#### STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

The objective of H.R. 3701 is to amend the Public Health Service Act to authorize the Secretary of HHS to oversee and support a national education campaign focusing on reducing falls among older adults and preventing repeat falls and to award grants, contracts, or cooperative agreements to design and carry out local education campaigns. Specifically, the legislation directs HHS to (1) develop public education programs on fall prevention for the elderly, family members, caregivers, and others involved with the elderly; (2) en-

hance services and conduct research to determine the most effective approaches to preventing and treating falls among older adults; and (3) evaluate the effect of falls on healthcare costs, the potential for reducing falls, and the most effective strategies for reducing healthcare costs associated with falls.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX  
EXPENDITURES

Regarding compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee finds that H.R. 3701 would result in no new or increased budget authority, entitlement authority, or tax expenditures or revenues.

EARMARKS AND TAX AND TARIFF BENEFITS

Regarding compliance with clause 9 of rule XXI of the Rules of the House of Representatives, H.R. 3701 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9(d), 9(e), or 9(f) of rule XXI.

COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate on H.R. 3701 prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

CONGRESSIONAL BUDGET OFFICE ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the following is the cost estimate on H.R. 3701 provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

U.S. CONGRESS,  
CONGRESSIONAL BUDGET OFFICE,  
*Washington, DC, April 4, 2008.*

Hon. JOHN D. DINGELL,  
*Chairman, Committee on Energy and Commerce,  
House of Representatives, Washington, DC.*

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 3701, the Safety of Seniors Act of 2008.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Mindy Cohen.

Sincerely,

ROBERT A. SUNSHINE  
(For Peter R. Orszag, Director).

Enclosure.

*H.R. 3701—Safety of Seniors Act of 2008*

H.R. 3701 would modify the Public Health Service Act to authorize funding for programs to detect, prevent, and treat injuries due to falls among older adults. The bill would also direct the Secretary of Health and Human Services and the Centers for Disease Control and Prevention to undertake research, education, and other activi-

ties aimed at reducing the extent and effect of falls among older adults.

Based on historical spending patterns for similar activities, CBO estimates that implementing H.R. 3701 would cost \$1 million in 2009 and \$13 million over the 2009–2013 period, assuming the availability of appropriated funds. Enacting H.R. 3701 would not affect direct spending or receipts.

H.R. 3701 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act.

The estimated budgetary impact of H.R. 3701 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By fiscal year, in millions of dollars—				
	2009	2010	2011	2012	2013
CHANGES IN SPENDING SUBJECT TO APPROPRIATION					
Estimated Authorization Level .....	3	3	3	3	3
Estimated Outlays .....	1	3	3	3	3

The CBO staff contacts for this estimate are Tim Gronniger and Mindy Cohen. This estimate was approved by Keith J. Fontenot, Deputy Assistant Director for Health and Human Resources, Budget Analysis Division.

#### FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates regarding H.R. 3701 prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

#### ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act would be created by H.R. 3701.

#### CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 3(d)(1) of rule XIII of the Rules of the House of Representatives, the Committee finds that the Constitutional authority for H.R. 3701 is provided in the provisions of Article I, section 8, clause 1, that relate to expending funds to provide for the general welfare of the United States.

#### APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that H.R. 3701 does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act of 1995.

#### SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

##### *Section 1. Short title*

Section 1 establishes the short title of the Act as the “Safety of Seniors Act of 2008”.

*Section 2. Amendments to the Public Health Service Act*

Section 2 of this legislation amends Part J of title III of the Public Health Service Act (42 U.S.C. 280b et seq.) to add a new section 393D, Prevention of Falls Among Older Adults. Section 2 authorizes the Secretary of HHS to establish a national public education campaign to reduce falls among older adults and prevent repeat falls. It also establishes authority for the Secretary of HHS to make grants or enter into contracts or cooperative agreements to assist State-level coalitions in conducting local education campaigns to reduce falls and prevent repeat falls among older adults.

Section 2 authorizes the Secretary of HHS to conduct and support research in areas such as identifying older adults who have a high risk of falling; designing, implementing, and evaluating the most effective ways to prevent falls among older adults; tailoring proven fall reduction strategies to specific populations of older adults; improving diagnosis, treatment, and rehabilitation of older adults who have fallen and those at high risk for falls; and assessing the risk of falls occurring in various settings.

Section 2 authorizes the Secretary of HHS to conduct research concerning barriers to adopting proven fall prevention methods; developing, implementing, and evaluating the most effective approaches to reducing falls among high-risk older adults living in community settings, including long-term care and assisted living facilities; and evaluating the effectiveness of community programs designed to prevent falls among older adults. It also authorizes the Secretary of HHS to make grants or enter into contracts or cooperative agreements to provide professional education for physicians, allied health professionals, and aging service providers in fall prevention, evaluation, and management.

Section 2 authorizes the Secretary of HHS to oversee and support demonstration programs carried out by qualified organizations, institutions, or a consortium of qualified organizations to conduct the following (1) a multistate demonstration project assessing the utility of targeted fall-risk screening and referral programs; (2) programs that use multiple approaches to prevent falls; (3) programs targeting newly discharged fall victims at high risk for second falls; and (4) private sector and public-private partnerships to develop technology to prevent falls and prevent or reduce fall-related injuries.

Section 2 authorizes the Secretary of HHS to award grants, contracts, or cooperative agreements to design, implement, and evaluate fall prevention programs using proven intervention strategies in residential and institutional settings; and, to carry out a multistate demonstration project to implement and evaluate fall prevention programs using these strategies for single and multi-family residences with high concentrations of older adults. This section also authorizes the Secretary of HHS to award grants, contracts, or cooperative agreements to conduct evaluations of the effectiveness of the demonstration projects in this section.

Section 2 authorizes the Secretary of HHS to review the effects of falls on healthcare costs, the potential for reducing falls, and the most effective strategies for reducing fall-related healthcare costs. If such review is conducted, the Secretary is required to submit a report to Congress describing the findings. The report must be sub-

mitted no later than 36 months after the date of the bill's enactment.

#### CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

### PUBLIC HEALTH SERVICE ACT

\* \* \* \* \*

#### TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

\* \* \* \* \*

#### PART J—PREVENTION AND CONTROL OF INJURIES

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#### SEC. [393B.] 393C. USE OF ALLOTMENTS FOR RAPE PREVENTION EDUCATION.

(a) \* \* \*

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#### SEC. 393D. PREVENTION OF FALLS AMONG OLDER ADULTS.

(a) *PUBLIC EDUCATION.*—*The Secretary may—*

(1) *oversee and support a national education campaign to be carried out by a nonprofit organization with experience in designing and implementing national injury prevention programs, that is directed principally to older adults, their families, and health care providers, and 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, specializing, or demonstrating expertise, in falls or fall prevention, for the purpose of organizing State-level coalitions of appropriate State and local agencies, safety, health, senior citizen, and other organizations to design and carry out local education campaigns, focusing on reducing falls among older adults and preventing repeat falls.*

(b) *RESEARCH.*—

(1) *IN GENERAL.*—*The Secretary may—*

(A) *conduct and support research to—*

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

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

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

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



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

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

(vii) improve the diagnosis, treatment, and rehabilitation of elderly fall victims and older adults at high risk for falls; and

(viii) assess the risk of falls occurring in various settings;

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

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

(D) evaluate the effectiveness of community programs designed to prevent falls among older adults.

(2) **EDUCATIONAL SUPPORT.**—*The Secretary, either directly or through awarding grants, contracts, or cooperative agreements to qualified organizations, institutions, or consortia of qualified organizations and institutions, specializing, or demonstrating expertise, in falls or fall prevention, may provide professional education for physicians and allied health professionals, and aging service providers in fall prevention, evaluation, and management.*

(c) **DEMONSTRATION PROJECTS.**—*The Secretary may carry out the following:*

(1) *Oversee and support demonstration and research projects to be carried out by qualified organizations, institutions, or consortia of qualified organizations and institutions, specializing, or demonstrating expertise, in falls or fall prevention, in the following areas:*

(A) *A multistate demonstration project assessing the utility of targeted fall risk screening and referral programs.*

(B) *Programs designed for community-dwelling older adults that utilize multicomponent fall intervention approaches, including physical activity, medication assessment and reduction when possible, vision enhancement, and home modification strategies.*

(C) *Programs that are targeted to new fall victims who are at a high risk for second falls and which are designed to maximize independence and quality of life for older adults, particularly those older adults with functional limitations.*

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

(2)(A) *Award grants, contracts, or cooperative agreements to qualified organizations, institutions, or consortia of qualified organizations and institutions, specializing, or demonstrating expertise, in falls or fall prevention, to design, implement, and evaluate fall prevention programs using proven intervention strategies in residential and institutional settings.*

(B) Award 1 or more grants, contracts, or cooperative agreements to 1 or more qualified organizations, institutions, or consortia of qualified organizations and institutions, specializing, or demonstrating expertise, in falls or fall prevention, in order to carry out a multistate demonstration project to implement and evaluate fall prevention programs using proven intervention strategies designed for single and multifamily residential settings with high concentrations of older adults, including—

- (i) identifying high-risk populations;
- (ii) evaluating residential facilities;
- (iii) conducting screening to identify high-risk individuals;
- (iv) providing fall assessment and risk reduction interventions and counseling;
- (v) coordinating services with health care and social service providers; and
- (vi) coordinating post-fall treatment and rehabilitation.

(3) Award 1 or more grants, contracts, or cooperative agreements to qualified organizations, institutions, or consortia of qualified organizations and institutions, specializing, or demonstrating expertise, in falls or fall prevention, to conduct evaluations of the effectiveness of the demonstration projects described in this subsection.

(d) PRIORITY.—In awarding grants, contracts, or cooperative agreements under this section, the Secretary may give priority to entities that explore the use of cost-sharing with respect to activities funded under the grant, contract, or agreement to ensure the institutional commitment of the recipients of such assistance to the projects funded under the grant, contract, or agreement. Such non-Federal cost sharing contributions may be provided directly or through donations from public or private entities and may be in cash or in-kind, fairly evaluated, including plant, equipment, or services.

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

(1) IN GENERAL.—The Secretary may 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.

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

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