SENATE DOCKET, NO. FILED ON: 12/30/2008

**SENATE . . . . . . . . . . . . . . . No.**

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The Commonwealth of Massachusetts

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PRESENTED BY:

**Moore, Richard (SEN)**

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*To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General  
 Court assembled:*

The undersigned legislators and/or citizens respectfully petition for the passage of the accompanying bill:

Resolve Relative to the Prevention of Falls in the Elderly Community

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

PETITION OF:

|  |  |
| --- | --- |
| Name: | District/Address: |
| Moore, Richard (SEN) | Worcester and Norfolk |

The Commonwealth of Massachusetts

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

In the Year Two Thousand and Nine

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**RESOLVE**

Resolved,

That there shall be a special commission on falls preventions to make an investigation and comprehensive study of the effects of falls on older adults and the potential for reducing the number of falls of older adults. The commission shall consist of 4 members of the senate, 1 of whom shall be the senate chairperson of the joint committee on health care financing, 1 of whom shall be the senate chairperson of the joint committee on elder affairs, 1 of whom shall be a member of the majority party to be appointed by the president of the senate and 1 of whom shall be a member of the minority party to be appointed by the minority leader of the senate; 4 members of the house of representatives, 1 of whom shall be the house chairperson of the joint committee on health care financing, 1 of whom shall be the house chairperson of the joint committee on elder affairs, 1 of whom shall be a member of the majority party to be appointed by the speaker of the house of representatives and 1 of whom shall be a member of the minority party to be appointed by the minority leader of the house of representatives, the secretary of the executive office of health and human services or his designee, the commissioner of the department of public health or his designee, the secretary of the executive office of elder affairs or his designee, the director of MassHealth or his designee; and 6 members appointed by the Governor, 1 of whom shall be a designee from the Home Care Alliance of Massachusetts, 1 of whom shall be a designee from the American Association of Retired Persons, 1 of whom shall be a designee from the Massachusetts Extended Care Federation, 1 of whom shall be a designee from the Massachusetts Councils on Aging, 1 of whom shall be a designee from the Massachusetts Medical Society, and 1 of whom shall be a designee of the Massachusetts Pharmacists Association.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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