

SENATE No.

The Commonwealth of Massachusetts

PRESENTED BY:

Moore, Richard (SEN)

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:

An Act to Prevent Falls Among Older Adults

PETITION OF:

NAME:

Moore, Richard (SEN)

DISTRICT/ADDRESS:

Worcester and Norfolk

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE SENATE, NO. S00422 OF .]

The Commonwealth of Massachusetts

In the Year Two Thousand and 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:

1 SECTION 1. Chapter 19A of the general laws, as appearing in the 2006 Official Edition,
2 is hereby 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
7 through a research-based social marketing campaign that will change the social norm of how
8 falls are perceived by reframing the current view that falls are an inevitable consequence of
9 aging, to the 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
13 professional organizations to promote the most effective approaches to preventing and treating
14 falls among older adults; and to create a clearinghouse of information and resources about falls
15 and best practices for falls prevention;

16

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

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

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

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

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

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

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

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

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

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

47 (b) Public Education

48 The Secretary of Elder Affairs shall--

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

52 (2) award grants, contracts, or cooperative agreements to qualified organizations, institutions, or
53 consortia of qualified organizations and institutions, for the purpose of organizing a state-level
54 coalition of appropriate state and local agencies, safety, health, senior citizen, city planning, and
55 other organizations to design and carry out local education campaigns, focusing on reducing falls
56 among older adults, preventing repeat falls, and planning and designing safe communities.

57 (c) Professional Education.

58 The Secretary of Elder Affairs shall--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

100 (e) Demonstration Projects

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

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

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

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

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

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

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

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

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

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

134 (ii) Demonstration projects that assess the effectiveness of clinical risk factor screening and
135 management and that is integrated with the Aging Services Network of residential programs and

136 services capable of providing long-range supportive environments and activity programs to
137 affect behavior change and falls risk.

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

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

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

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

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

152 (2) Not later than 36 months after the date of the enactment of this act and annually thereafter,
153 the Secretary shall submit a report describing the findings of the Secretary with regard to
154 reduction of falls among older adults and the progress toward achievement of the goals outlined
155 in subsections (a)(3) subparagraphs (A) through (H) of this section, and the projected cost

156 savings to the joint committee on elder affairs, the joint committee on health care financing, and
157 the senate and house committees on ways and means.

158

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

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

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

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

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

170 (5) 87 percent of all fractures among older adults are due to falls.

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

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

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

179 (9) 25 percent of older adults who sustain hip fractures remain institutionalized for at least one
180 year and 50 percent of all older people hospitalized for hip fractures cannot return home or live
181 independently after their injury, never returning to their prior level of mobility.

182 (10) 25 percent of adults age 65 or older who sustain a hip fracture die within a year.

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

185 (12) The total cost of all fall injuries for people age 65 and older was calculated in 1994 to be
186 \$27,300,000,000 (in 2004 dollars). By 2020 the cost of fall injuries is expected to reach
187 \$43,800,000,000 annually.

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