

2748

2009-2010 Regular Sessions

I N S E N A T E

March 2, 2009

Introduced by Sen. GOLDEN -- read twice and ordered printed, and when printed to be committed to the Committee on Aging

AN ACT to amend the elder law, in relation to developing a fall and injury prevention program and creating a fall and injury prevention coordinating council

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 Section 1. The elder law is amended by adding a new section 224 to
2 read as follows:
3 S 224. FALL AND INJURY PREVENTION PROGRAM. 1. THE LEGISLATURE HEREBY
4 FINDS THAT ONE-THIRD OF OLDER ADULTS OVER AGE SIXTY-FIVE FALL EACH YEAR.
5 FALLS ARE THE LEADING CAUSE OF INJURY DEATHS AMONG INDIVIDUALS IN THIS
6 POPULATION GROUP. THE RISKS OF FALLING AND INJURY ARE INCREASINGLY
7 COMMON WITH ADVANCED AGE. OLDER ADULTS ARE HOSPITALIZED FOR FALL-RELATED
8 INJURIES FIVE TIMES MORE OFTEN THAN FOR INJURIES FROM OTHER CAUSES. IN
9 TWO THOUSAND THREE, FALLS AMONG OLDER ADULTS ACCOUNTED FOR TWELVE THOU-
10 SAND NINE HUNDRED DEATHS, ONE MILLION EIGHT HUNDRED THOUSAND EMERGENCY
11 DEPARTMENT VISITS, AND FOUR HUNDRED TWENTY-ONE HOSPITALIZATIONS. EIGHT-
12 Y-SEVEN PERCENT OF ALL FRACTURES AMONG OLDER ADULTS ARE DUE TO FALLS.
13 AMONG OLDER ADULTS WHO FALL, TWENTY TO THIRTY PERCENT SUFFER MODERATE TO
14 SEVERE INJURIES SUCH AS HIP FRACTURES OR HEAD TRAUMA THAT REDUCE MOBILI-
15 TY AND INDEPENDENCE, INCREASE THE RISK OF PREMATURE DEATH AND LEAD TO
16 SERIOUS HEALTH PROBLEMS. HOSPITAL ADMISSIONS FOR HIP FRACTURES HAVE
17 RISEN DRAMATICALLY AND THEY RESULT IN AN AVERAGE LENGTH OF STAY OF ONE
18 WEEK. GIVEN OUR AGING POPULATION, THE NUMBER OF HIP FRACTURES IS
19 EXPECTED TO EXCEED FIVE HUNDRED THOUSAND BY YEAR TWO THOUSAND FORTY.
20 TWENTY-FIVE PERCENT OF OLDER ADULTS WHO SUSTAIN A HIP FRACTURE REMAIN
21 INSTITUTIONALIZED FOR AT LEAST ONE YEAR AND FIFTY PERCENT OF ALL OLDER
22 PEOPLE HOSPITALIZED FOR HIP FRACTURES CANNOT RETURN HOME OR LIVE INDE-
23 PENDENTLY AFTER THEIR INJURY. TWENTY-FIVE PERCENT OF ADULTS AGE
24 SIXTY-FIVE AND OLDER WHO SUSTAIN HIP FRACTURES DIE WITHIN THE FIRST

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets [] is old law to be omitted.

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1 YEAR. ANNUALLY, MORE THAN SIXTY-FOUR THOUSAND INDIVIDUALS WHO ARE AGE
2 SIXTY-FIVE AND OLDER SUFFER A TRAUMATIC BRAIN INJURY AS A RESULT OF A
3 FALL. THE TOTAL COST OF ALL FALL INJURIES FOR PEOPLE AGE SIXTY-FIVE AND
4 OLDER WAS CALCULATED IN NINETEEN HUNDRED NINETY-FOUR TO BE TWENTY-SIX
5 BILLION THREE HUNDRED MILLION DOLLARS. BY THE YEAR TWO THOUSAND TWENTY
6 THE COST IS EXPECTED TO REACH FORTY-THREE BILLION EIGHT HUNDRED MILLION
7 DOLLARS. THEREFORE, THE LEGISLATURE FINDS THAT A STATE APPROACH TO
8 REDUCING FALLS AMONG OLDER ADULTS, WHICH FOCUSES ON THE DAILY LIFE OF
9 SENIOR CITIZENS IN RESIDENTIAL, INSTITUTIONAL AND COMMUNITY SETTINGS IS
10 NEEDED.

11 2. THE DIRECTOR, IN CONSULTATION WITH THE COMMISSIONER OF HEALTH, IS
12 HEREBY AUTHORIZED AND DIRECTED, TO THE EXTENT APPROPRIATIONS ARE AVAIL-
13 ABLE THEREFOR, TO DEVELOP THE FALL AND INJURY PREVENTION PROGRAM. THE
14 PURPOSE OF THE PROGRAM SHALL BE TO: (A) PROVIDE EFFECTIVE PUBLIC EDUCA-
15 TION STRATEGIES TO REDUCE FALLS AMONG OLDER ADULTS AND TO EDUCATE OLDER
16 ADULTS, FAMILY MEMBERS, EMPLOYERS, CAREGIVERS AND OTHERS; (B) INTENSIFY
17 SERVICES AND CONDUCT RESEARCH TO DETERMINE THE MOST EFFECTIVE APPROACHES
18 TO PREVENTING AND TREATING FALLS AMONG OLDER ADULTS; (C) SUPPORT DEMON-
19 STRATION PROGRAMS DESIGNED TO REDUCE THE RISK OF FALLS AND/OR INJURIES
20 CAUSED BY FALLS; AND (D) TO EVALUATE THE EFFECT OF FALLS ON HEALTH CARE
21 COSTS, THE POTENTIAL FOR REDUCING FALLS, AND THE MOST EFFECTIVE STRATE-
22 GIES FOR REDUCING HEALTH CARE COSTS ASSOCIATED WITH FALLS.

23 3. THE DIRECTOR, IN CONSULTATION WITH THE COMMISSIONER OF HEALTH, IS
24 HEREBY AUTHORIZED AND DIRECTED, TO THE EXTENT APPROPRIATIONS ARE AVAIL-
25 ABLE THEREFOR, TO: (A) OVERSEE AND SUPPORT A STATEWIDE EDUCATIONAL
26 CAMPAIGN AND AWARD GRANTS, CONTRACTS AND COOPERATIVE AGREEMENTS TO BE
27 CARRIED OUT BY QUALIFIED ORGANIZATIONS THAT FOCUSES ON REDUCING FALLS
28 AMONG OLDER ADULTS AND PREVENTING REPEAT FALLS; AND (B) AWARD GRANTS,
29 CONTRACTS OR COOPERATIVE AGREEMENTS TO QUALIFIED ORGANIZATIONS, INSTI-
30 TUTIONS OR CONSORTIA OF QUALIFIED ORGANIZATIONS AND INSTITUTIONS, FOR
31 THE PURPOSE OF ORGANIZING REGIONAL AND LOCAL COALITIONS OF APPROPRIATE
32 LOCAL AGENCIES, SAFETY, HEALTH, SENIOR CITIZEN, CITY PLANNING AND OTHER
33 ORGANIZATIONS TO DESIGN AND CARRY OUT LOCAL EDUCATION CAMPAIGNS, FOCUS-
34 ING ON REDUCING FALLS AMONG OLDER ADULTS, PREVENTING REPEAT FALLS, AND
35 PLANNING AND DESIGNING SAFE COMMUNITIES.

36 4. THE COMMISSIONER OF HEALTH, IN CONSULTATION WITH THE DIRECTOR, IS
37 HEREBY AUTHORIZED AND DIRECTED, TO THE EXTENT APPROPRIATIONS ARE AVAIL-
38 ABLE THEREFOR, TO: (A) OVERSEE AND SUPPORT A STATEWIDE EDUCATIONAL
39 CAMPAIGN AND AWARD GRANTS, CONTRACTS AND COOPERATIVE AGREEMENTS TO BE
40 CARRIED OUT BY QUALIFIED ORGANIZATIONS THAT FOCUSES ON EDUCATING PHYSI-
41 CIANS, ALLIED HEALTH PROFESSIONALS, NURSES, HOME CARE, CARE MANAGERS AND
42 CARE COORDINATORS UNDER CONTRACT WITH A DESIGNATED AGENCY ON AGING AND
43 OTHER SOCIAL SERVICES PERSONNEL ABOUT FALLS RISK, ASSESSMENT AND
44 PREVENTION; AND (B) AWARD GRANTS, CONTRACTS OR COOPERATIVE AGREEMENTS TO
45 QUALIFIED ORGANIZATIONS, INSTITUTIONS OR CONSORTIA OF QUALIFIED ORGAN-
46 IZATIONS AND INSTITUTIONS, INCLUDING NON-PROFIT SAFETY AND AGING RELATED
47 ORGANIZATIONS THAT HAVE A DEMONSTRATED INTEREST IN FALL PREVENTION,
48 SAFETY AND OLDER ADULTS ISSUES, FOR THE PURPOSE OF DESIGNING AND CARRY-
49 ING OUT STATE-LEVEL PROFESSIONAL EDUCATION CAMPAIGNS TO EDUCATE PHYSI-
50 CIANS, ALLIED HEALTH PROFESSIONALS, NURSES, HOME CARE, CARE MANAGERS AND
51 CARE COORDINATORS UNDER CONTRACT WITH A DESIGNATED AREA AGENCY ON AGING
52 AND OTHER SOCIAL SERVICES PERSONNEL ABOUT FALLS RISK, ASSESSMENT AND
53 PREVENTION.

54 5. (A) THERE IS HEREBY ESTABLISHED THE FALL AND INJURY PREVENTION
55 COORDINATING COUNCIL HEREINAFTER REFERRED TO IN THIS SECTION AS THE
56 "COUNCIL" TO FACILITATE INTERAGENCY PLANNING AND POLICY, DEVELOPMENT, TO

1 PROVIDE RECOMMENDATIONS TO THE DIRECTOR AND THE COMMISSIONER OF HEALTH
2 RELATING TO THE PROVISIONS OF SUBDIVISIONS TWO, THREE AND FOUR OF THIS
3 SECTION AND TO PROVIDE A CONTINUING FORUM FOR CONCERNS, DISCUSSION AND
4 BEST PRACTICES RELATED TO FALLS AND THE PREVENTION OF FALLS AMONG THE
5 ELDERLY.

6 (B) THE COUNCIL SHALL BE COMPRISED OF EIGHTEEN MEMBERS. THE MEMBERSHIP
7 OF THE COUNCIL SHALL INCLUDE THE COMMISSIONER OF HEALTH, THE DIRECTOR
8 AND THE COMMISSIONER OF EDUCATION. THESE OFFICIALS MAY DESIGNATE REPRESENTATIVES TO ACT ON THEIR BEHALF. THE GOVERNOR, THE TEMPORARY PRESIDENT
9 OF THE SENATE AND THE SPEAKER OF THE ASSEMBLY SHALL EACH APPOINT FIVE
10 MEMBERS WHO HAVE KNOWLEDGE OF AND EXPERTISE IN FALLS AND FALL AND INJURY
11 PREVENTION AMONG OLDER ADULTS. THERE SHALL BE NO FEWER THAN FIVE
12 MEMBERS FROM NON-PROFIT ORGANIZATIONS REPRESENTING SENIOR CITIZEN ISSUES
13 AND OF THESE FIVE, NO FEWER THAN TWO SHALL BE REPRESENTATIVE OF STATE-
14 WIDE NON-PROFIT SENIOR CITIZEN ORGANIZATIONS.

15 (C) AT LEAST FIVE COMMUNITY FORUMS SHALL BE ORGANIZED WITHIN ONE YEAR
16 OF THE EFFECTIVE DATE OF THIS SECTION TO GAIN INPUT FROM CONSUMERS,
17 PROVIDERS, KEY RESEARCHERS IN THE FIELD AND OTHER INTERESTED PARTIES TO
18 PROVIDE INPUT AND DIRECTION ON DEVELOPING A NEW YORK STATE PLAN FOR
19 REDUCING FALLS AMONG OLDER ADULTS, WHICH FOCUSES ON THE DAILY LIFE OF
20 SENIOR CITIZENS IN RESIDENTIAL, INSTITUTIONAL AND COMMUNITY SETTINGS AS
21 NEEDED. SUCH STATE PLAN SHALL INCLUDE BUT NOT BE LIMITED TO IDENTIFYING
22 BEST PRACTICES IN IDENTIFYING THOSE AT RISK OF FALLS, BEST PRACTICES IN
23 REDUCING FALLS, BEST INTERVENTIONS FOR CAREGIVERS TO HELP REDUCE
24 INSTANCES OF FALLS, BEST APPROACHES TO TRAINING DOCTORS, NURSES AND
25 OTHER MEDICAL AND NON-MEDICAL PROFESSIONALS AND PARAPROFESSIONALS, AND
26 ANY OTHER RECOMMENDATIONS DEEMED NECESSARY.

27 6. THE COUNCIL SHALL MEET QUARTERLY THE FIRST YEAR AND AT LEAST TWICE
28 ANNUALLY EACH YEAR THEREAFTER OR MORE FREQUENTLY AS ITS BUSINESS SHALL
29 REQUIRE. THE COMMUNITY FORUMS IN THE FIRST YEAR OF IMPLEMENTATION SHALL
30 COUNT AS A FORMAL MEETING OF THE COUNCIL. THE STATE SHALL NOT BE
31 RESPONSIBLE FOR COSTS, TRAVEL AND OTHER INCIDENTAL OR CONTINGENT
32 EXPENSES OF COUNCIL MEMBERS. THE COUNCIL SHALL PROVIDE REPORTS TO THE
33 GOVERNOR AND THE LEGISLATURE ON OR BEFORE JUNE THIRTIETH, TWO THOUSAND
34 TEN AND BY JUNE THIRTIETH OF EVERY OTHER YEAR THEREAFTER. SUCH REPORTS
35 SHALL INCLUDE, BUT NOT BE LIMITED TO, RECOMMENDATIONS FOR STATE POLICY
36 RELATING TO FALLS AND REDUCING FALLS AMONG OLDER ADULTS, THE INSTANCES
37 OF FALLS AMONG OLDER ADULTS IN NEW YORK STATE AND THE RESULTS OF THESE
38 FALLS, AN ANALYSIS OF THE EFFECT OF THE EDUCATION AND OUTREACH EFFORTS
39 AND A REVIEW OF SERVICES INITIATED AND COORDINATED AMONG PUBLIC AND
40 PRIVATE AGENCIES TO MEET THE NEEDS OF THIS SECTION.

41 S 2. This act shall take effect immediately.
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