

S T A T E O F N E W Y O R K

2748--A

2009-2010 Regular Sessions

I N S E N A T E

March 2, 2009

Introduced by Sens. GOLDEN, HANNON, RANZENHOFER -- read twice and ordered printed, and when printed to be committed to the Committee on Aging -- recommitted to the Committee on Aging in accordance with Senate Rule 6, sec. 8 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

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

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

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1 PEOPLE HOSPITALIZED FOR HIP FRACTURES CANNOT RETURN HOME OR LIVE INDE-
2 PENDENTLY AFTER THEIR INJURY. TWENTY-FIVE PERCENT OF ADULTS AGE
3 SIXTY-FIVE AND OLDER WHO SUSTAIN HIP FRACTURES DIE WITHIN THE FIRST
4 YEAR. ANNUALLY, MORE THAN SIXTY-FOUR THOUSAND INDIVIDUALS WHO ARE AGE
5 SIXTY-FIVE AND OLDER SUFFER A TRAUMATIC BRAIN INJURY AS A RESULT OF A
6 FALL. THE TOTAL COST OF ALL FALL INJURIES FOR PEOPLE AGE SIXTY-FIVE AND
7 OLDER WAS CALCULATED IN NINETEEN HUNDRED NINETY-FOUR TO BE TWENTY-SIX
8 BILLION THREE HUNDRED MILLION DOLLARS. BY THE YEAR TWO THOUSAND TWENTY
9 THE COST IS EXPECTED TO REACH FORTY-THREE BILLION EIGHT HUNDRED MILLION
10 DOLLARS. THEREFORE, THE LEGISLATURE FINDS THAT A STATE APPROACH TO
11 REDUCING FALLS AMONG OLDER ADULTS, WHICH FOCUSES ON THE DAILY LIFE OF
12 SENIOR CITIZENS IN RESIDENTIAL, INSTITUTIONAL AND COMMUNITY SETTINGS IS
13 NEEDED.

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

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

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

1 5. (A) THERE IS HEREBY ESTABLISHED THE FALL AND INJURY PREVENTION
2 COORDINATING COUNCIL HEREINAFTER REFERRED TO IN THIS SECTION AS THE
3 "COUNCIL" TO FACILITATE INTERAGENCY PLANNING AND POLICY, DEVELOPMENT, TO
4 PROVIDE RECOMMENDATIONS TO THE DIRECTOR AND THE COMMISSIONER OF HEALTH
5 RELATING TO THE PROVISIONS OF SUBDIVISIONS TWO, THREE AND FOUR OF THIS
6 SECTION AND TO PROVIDE A CONTINUING FORUM FOR CONCERNS, DISCUSSION AND
7 BEST PRACTICES RELATED TO FALLS AND THE PREVENTION OF FALLS AMONG THE
8 ELDERLY.

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

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

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

44 S 2. This act shall take effect immediately.
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