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:

Section 1. The elder law is amended by adding a new section 224 to read as follows:

S 224. FALL AND INJURY PREVENTION PROGRAM. 1. THE LEGISLATURE HEREBY FINDS THAT ONE-THIRD OF OLDER ADULTS OVER AGE SIXTY-FIVE FALL EACH YEAR. FALLS ARE THE LEADING CAUSE OF INJURY DEATHS AMONG INDIVIDUALS IN THIS POPULATION GROUP. THE RISKS OF FALLING AND INJURY ARE INCREASINGLY COMMON WITH ADVANCED AGE. OLDER ADULTS ARE HOSPITALIZED FOR FALL-RELATED INJURIES FIVE TIMES MORE OFTEN THAN FOR INJURIES FROM OTHER CAUSES. IN TWO THOUSAND THREE, FALLS AMONG OLDER ADULTS ACCOUNTED FOR TWELVE THOUSAND NINE HUNDRED DEATHS, ONE MILLION EIGHT HUNDRED THOUSAND EMERGENCY DEPARTMENT VISITS, AND FOUR HUNDRED TWENTY-ONE HOSPITALIZATIONS. EIGHTY-SEVEN PERCENT OF ALL FRACTURES AMONG OLDER ADULTS ARE DUE TO FALLS. AMONG OLDER ADULTS WHO FALL, TWENTY TO THIRTY PERCENT SUFFER MODERATE TO SEVERE INJURIES SUCH AS HIP FRACTURES OR HEAD TRAUMA THAT REDUCE MOBILITY AND INDEPENDENCE, INCREASE THE RISK OF PREMATURE DEATH AND LEAD TO SERIOUS HEALTH PROBLEMS. HOSPITAL ADMISSIONS FOR HIP FRACTURES HAVE RISEN DRAMATICALLY AND THEY RESULT IN AN AVERAGE LENGTH OF STAY OF ONE WEEK. GIVEN OUR AGING POPULATION, THE NUMBER OF HIP FRACTURES IS EXPECTED TO EXCEED FIVE HUNDRED THOUSAND BY YEAR TWO THOUSAND FORTY. TWENTY-FIVE PERCENT OF OLDER ADULTS WHO SUSTAIN A HIP FRACTURE REMAIN 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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PEOPLE HOSPITALIZED FOR HIP FRACTURES CANNOT RETURN HOME OR LIVE INDEPENDENTLY AFTER THEIR INJURY. TWENTY-FIVE PERCENT OF ADULTS AGE SIXTY-FIVE AND OLDER WHO SUSTAIN HIP FRACTURES DIE WITHIN THE FIRST YEAR. ANNUALLY, MORE THAN SIXTY-FOUR THOUSAND INDIVIDUALS WHO ARE AGE SIXTY-FIVE AND OLDER SUFFER A TRAUMATIC BRAIN INJURY AS A RESULT OF A FALL. THE TOTAL COST OF ALL FALL INJURIES FOR PEOPLE AGE SIXTY-FIVE AND OLDER WAS CALCULATED IN NINETEEN HUNDRED NINETY-FOUR TO BE TWENTY-SIX BILLION THREE HUNDRED MILLION DOLLARS. BY THE YEAR TWO THOUSAND TWENTY THE COST IS EXPECTED TO REACH FORTY-THREE BILLION EIGHT HUNDRED MILLION DOLLARS. THEREFORE, THE LEGISLATURE FINDS THAT A STATE APPROACH TO REDUCING FALLS AMONG OLDER ADULTS, WHICH FOCUSES ON THE DAILY LIFE OF SENIOR CITIZENS IN RESIDENTIAL, INSTITUTIONAL AND COMMUNITY SETTINGS IS NEEDED.

2. THE DIRECTOR, IN CONSULTATION WITH THE COMMISSIONER OF HEALTH, IS HEREBY AUTHORIZED AND DIRECTED, TO THE EXTENT APPROPRIATIONS ARE AVAILABLE THEREFOR, TO DEVELOP THE FALL AND INJURY PREVENTION PROGRAM. THE PURPOSE OF THE PROGRAM SHALL BE TO: (A) PROVIDE EFFECTIVE PUBLIC EDUCATION STRATEGIES TO REDUCE FALLS AMONG OLDER ADULTS AND TO EDUCATE OLDER ADULTS, FAMILY MEMBERS, EMPLOYERS, CAREGIVERS AND OTHERS; (B) INTENSIFY SERVICES AND CONDUCT RESEARCH TO DETERMINE THE MOST EFFECTIVE APPROACHES TO PREVENTING AND TREATING FALLS AMONG OLDER ADULTS; (C) SUPPORT DEMONSTRATION PROGRAMS DESIGNED TO REDUCE THE RISK OF FALLS AND/OR INJURIES CAUSED BY FALLS; AND (D) TO EVALUATE THE EFFECT OF FALLS ON HEALTH CARE COSTS, THE POTENTIAL FOR REDUCING FALLS, AND THE MOST EFFECTIVE STRATEGIES FOR REDUCING HEALTH CARE COSTS ASSOCIATED WITH FALLS.

3. THE DIRECTOR, IN CONSULTATION WITH THE COMMISSIONER OF HEALTH, IS HEREBY AUTHORIZED AND DIRECTED, TO THE EXTENT APPROPRIATIONS ARE AVAILABLE THEREFOR, TO: (A) OVERSEE AND SUPPORT A STATEWIDE EDUCATIONAL CAMPAIGN AND AWARD GRANTS, CONTRACTS AND COOPERATIVE AGREEMENTS TO BE CARRIED OUT BY QUALIFIED ORGANIZATIONS THAT FOCUSES ON REDUCING FALLS AMONG OLDER ADULTS AND PREVENTING REPEAT FALLS; AND (B) AWARD GRANTS, CONTRACTS OR COOPERATIVE AGREEMENTS TO QUALIFIED ORGANIZATIONS, INSTITUTIONS OR CONSORTIA OF QUALIFIED ORGANIZATIONS AND INSTITUTIONS, FOR THE PURPOSE OF ORGANIZING REGIONAL AND LOCAL COALITIONS OF APPROPRIATE LOCAL AGENCIES, SAFETY, HEALTH, SENIOR CITIZEN, CITY PLANNING AND OTHER ORGANIZATIONS TO DESIGN AND CARRY OUT LOCAL EDUCATION CAMPAIGNS, FOCUSING ON REDUCING FALLS AMONG OLDER ADULTS, PREVENTING REPEAT FALLS, AND PLANNING AND DESIGNING SAFE COMMUNITIES.

4. THE COMMISSIONER OF HEALTH, IN CONSULTATION WITH THE DIRECTOR, IS HEREBY AUTHORIZED AND DIRECTED, TO THE EXTENT APPROPRIATIONS ARE AVAILABLE THEREFOR, TO: (A) OVERSEE AND SUPPORT A STATEWIDE EDUCATIONAL CAMPAIGN AND AWARD GRANTS, CONTRACTS AND COOPERATIVE AGREEMENTS TO BE CARRIED OUT BY QUALIFIED ORGANIZATIONS THAT FOCUSES ON EDUCATING PHYSICIANS, ALLIED HEALTH PROFESSIONALS, NURSES, HOME CARE, CARE MANAGERS AND CARE COORDINATORS UNDER CONTRACT WITH A DESIGNATED AGENCY ON AGING AND OTHER SOCIAL SERVICES PERSONNEL ABOUT FALLS RISK, ASSESSMENT AND PREVENTION; AND (B) AWARD GRANTS, CONTRACTS OR COOPERATIVE AGREEMENTS TO QUALIFIED ORGANIZATIONS, INSTITUTIONS OR CONSORTIA OF QUALIFIED ORGANIZATIONS AND INSTITUTIONS, INCLUDING NON-PROFIT SAFETY AND AGING RELATED ORGANIZATIONS THAT HAVE A DEMONSTRATED INTEREST IN FALL PREVENTION, SAFETY AND OLDER ADULTS ISSUES, FOR THE PURPOSE OF DESIGNING AND CARRYING OUT STATE-LEVEL PROFESSIONAL EDUCATION CAMPAIGNS TO EDUCATE PHYSICIANS, ALLIED HEALTH PROFESSIONALS, NURSES, HOME CARE, CARE MANAGERS AND CARE COORDINATORS UNDER CONTRACT WITH A DESIGNATED AREA AGENCY ON AGING AND OTHER SOCIAL SERVICES PERSONNEL ABOUT FALLS RISK, ASSESSMENT AND PREVENTION.

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

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

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

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

S 2. This act shall take effect immediately.