

**AMENDMENT IN THE NATURE OF A SUBSTITUTE  
TO H.R. 3701  
OFFERED BY MR. PALLONE OF NEW JERSEY**

Strike all after the enacting clause and insert the following:

**1 SECTION 1. SHORT TITLE.**

2       This Act may be cited as the “Safety of Seniors Act  
3 of 2008”.

**4 SEC. 2. AMENDMENTS TO THE PUBLIC HEALTH SERVICE  
5 ACT.**

6       Part J of title III of the Public Health Service Act  
7 (42 U.S.C. 280b et seq.) is amended—

8           (1) by redesignating section 393B (as added by  
9 section 1401 of Public Law 106–386) as section  
10 393C and transferring such section so that it ap-  
11 pears after section 393B (as added by section 1301  
12 of Public Law 106–310); and

13           (2) by inserting after section 393C (as redesi-  
14 gnated by paragraph (1)) the following:

**15 “SEC. 393D. PREVENTION OF FALLS AMONG OLDER  
16 ADULTS.**

17       “(a) PUBLIC EDUCATION.—The Secretary may—

1           “(1) oversee and support a national education  
2           campaign to be carried out by a nonprofit organiza-  
3           tion with experience in designing and implementing  
4           national injury prevention programs, that is directed  
5           principally to older adults, their families, and health  
6           care providers, and that focuses on reducing falls  
7           among older adults and preventing repeat falls; and

8           “(2) award grants, contracts, or cooperative  
9           agreements to qualified organizations, institutions,  
10          or consortia of qualified organizations and institu-  
11          tions, specializing, or demonstrating expertise, in  
12          falls or fall prevention, for the purpose of organizing  
13          State-level coalitions of appropriate State and local  
14          agencies, safety, health, senior citizen, and other or-  
15          ganizations to design and carry out local education  
16          campaigns, focusing on reducing falls among older  
17          adults and preventing repeat falls.

18          “(b) RESEARCH.—

19                 “(1) IN GENERAL.—The Secretary may—

20                         “(A) conduct and support research to—

21                                 “(i) improve the identification of older  
22                                 adults who have a high risk of falling;

23                                 “(ii) improve data collection and anal-  
24                                 ysis to identify fall risk and protective fac-  
25                                 tors;

1                   “(iii) design, implement, and evaluate  
2                   the most effective fall prevention interven-  
3                   tions;

4                   “(iv) improve strategies that are prov-  
5                   en to be effective in reducing falls by tai-  
6                   loring these strategies to specific popu-  
7                   lations of older adults;

8                   “(v) conduct research in order to  
9                   maximize the dissemination of proven, ef-  
10                  fective fall prevention interventions;

11                  “(vi) intensify proven interventions to  
12                  prevent falls among older adults;

13                  “(vii) improve the diagnosis, treat-  
14                  ment, and rehabilitation of elderly fall vic-  
15                  tims and older adults at high risk for falls;  
16                  and

17                  “(viii) assess the risk of falls occur-  
18                  ring in various settings;

19                  “(B) conduct research concerning barriers  
20                  to the adoption of proven interventions with re-  
21                  spect to the prevention of falls among older  
22                  adults;

23                  “(C) conduct research to develop, imple-  
24                  ment, and evaluate the most effective ap-  
25                  proaches to reducing falls among high-risk older

1 adults living in communities and long-term care  
2 and assisted living facilities; and

3 “(D) evaluate the effectiveness of commu-  
4 nity programs designed to prevent falls among  
5 older adults.

6 “(2) EDUCATIONAL SUPPORT.—The Secretary,  
7 either directly or through awarding grants, con-  
8 tracts, or cooperative agreements to qualified organi-  
9 zations, institutions, or consortia of qualified organi-  
10 zations and institutions, specializing, or dem-  
11 onstrating expertise, in falls or fall prevention, may  
12 provide professional education for physicians and al-  
13 lied health professionals, and aging service providers  
14 in fall prevention, evaluation, and management.

15 “(c) DEMONSTRATION PROJECTS.—The Secretary  
16 may carry out the following:

17 “(1) Oversee and support demonstration and  
18 research projects to be carried out by qualified orga-  
19 nizations, institutions, or consortia of qualified orga-  
20 nizations and institutions, specializing, or dem-  
21 onstrating expertise, in falls or fall prevention, in the  
22 following areas:

23 “(A) A multistate demonstration project  
24 assessing the utility of targeted fall risk screen-  
25 ing and referral programs.

1           “(B) Programs designed for community-  
2 dwelling older adults that utilize multicompo-  
3 nent fall intervention approaches, including  
4 physical activity, medication assessment and re-  
5 duction when possible, vision enhancement, and  
6 home modification strategies.

7           “(C) Programs that are targeted to new  
8 fall victims who are at a high risk for second  
9 falls and which are designed to maximize inde-  
10 pendence and quality of life for older adults,  
11 particularly those older adults with functional  
12 limitations.

13           “(D) Private sector and public-private  
14 partnerships to develop technologies to prevent  
15 falls among older adults and prevent or reduce  
16 injuries if falls occur.

17           “(2)(A) Award grants, contracts, or cooperative  
18 agreements to qualified organizations, institutions,  
19 or consortia of qualified organizations and institu-  
20 tions, specializing, or demonstrating expertise, in  
21 falls or fall prevention, to design, implement, and  
22 evaluate fall prevention programs using proven inter-  
23 vention strategies in residential and institutional set-  
24 tings.

1           “(B) Award 1 or more grants, contracts, or co-  
2           operative agreements to 1 or more qualified organi-  
3           zations, institutions, or consortia of qualified organi-  
4           zations and institutions, specializing, or dem-  
5           onstrating expertise, in falls or fall prevention, in  
6           order to carry out a multistate demonstration  
7           project to implement and evaluate fall prevention  
8           programs using proven intervention strategies de-  
9           signed for single and multifamily residential settings  
10          with high concentrations of older adults, including—

11                   “(i) identifying high-risk populations;

12                   “(ii) evaluating residential facilities;

13                   “(iii) conducting screening to identify high-  
14          risk individuals;

15                   “(iv) providing fall assessment and risk re-  
16          duction interventions and counseling;

17                   “(v) coordinating services with health care  
18          and social service providers; and

19                   “(vi) coordinating post-fall treatment and  
20          rehabilitation.

21           “(3) Award 1 or more grants, contracts, or co-  
22           operative agreements to qualified organizations, in-  
23           stitutions, or consortia of qualified organizations and  
24           institutions, specializing, or demonstrating expertise,  
25           in falls or fall prevention, to conduct evaluations of

1 the effectiveness of the demonstration projects de-  
2 scribed in this subsection.

3 “(d) PRIORITY.—In awarding grants, contracts, or  
4 cooperative agreements under this section, the Secretary  
5 may give priority to entities that explore the use of cost-  
6 sharing with respect to activities funded under the grant,  
7 contract, or agreement to ensure the institutional commit-  
8 ment of the recipients of such assistance to the projects  
9 funded under the grant, contract, or agreement. Such non-  
10 Federal cost sharing contributions may be provided di-  
11 rectly or through donations from public or private entities  
12 and may be in cash or in-kind, fairly evaluated, including  
13 plant, equipment, or services.

14 “(e) STUDY OF EFFECTS OF FALLS ON HEALTH  
15 CARE COSTS.—

16 “(1) IN GENERAL.—The Secretary may conduct  
17 a review of the effects of falls on health care costs,  
18 the potential for reducing falls, and the most effec-  
19 tive strategies for reducing health care costs associ-  
20 ated with falls.

21 “(2) REPORT.—If the Secretary conducts the  
22 review under paragraph (1), the Secretary shall, not  
23 later than 36 months after the date of enactment of  
24 the Safety of Seniors Act of 2008, submit to Con-

1       gress a report describing the findings of the Sec-  
2       retary in conducting such review.”.