

S 1217

Keeping Seniors Safe From Falls Act of 2004

Congress: 108 (2003–2005, Ended)

Chamber: Senate

Policy Area: Health

Introduced: Jun 9, 2003

Current Status: Referred to the Subcommittee on Health.

Latest Action: Referred to the Subcommittee on Health. (Dec 1, 2004)

Official Text: <https://www.congress.gov/bill/108th-congress/senate-bill/1217>

Sponsor

Name: Sen. Enzi, Michael B. [R-WY]

Party: Republican • **State:** WY • **Chamber:** Senate

Cosponsors (8 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Mikulski, Barbara A. [D-MD]	D · MD		Jun 9, 2003
Sen. Murray, Patty [D-WA]	D · WA		Nov 4, 2003
Sen. Baucus, Max [D-MT]	D · MT		Jan 20, 2004
Sen. Grassley, Chuck [R-IA]	R · IA		Mar 10, 2004
Sen. Cochran, Thad [R-MS]	R · MS		Mar 25, 2004
Sen. Lautenberg, Frank R. [D-NJ]	D · NJ		Mar 25, 2004
Sen. Bingaman, Jeff [D-NM]	D · NM		Mar 29, 2004
Sen. Bunning, Jim [R-KY]	R · KY		Mar 31, 2004

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Dec 1, 2004
Health, Education, Labor, and Pensions Committee	Senate	Reported By	Oct 8, 2004

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
108 HR 3513	Related bill	Dec 4, 2003: Referred to the Subcommittee on Health.

Keeping Seniors Safe From Falls Act of 2004 - Amends the Public Health Service Act to require the Secretary of Health and Human Services to: (1) oversee and support a national education campaign focusing on reducing falls among older adults and preventing repeat falls; and (2) award grants, contracts, or cooperative agreements for local education campaigns.

Directs the Secretary to conduct and support research to: (1) improve the identification of older adults who have a high risk of falling; (2) improve data collection and analysis to identify fall risk and protective factors; (3) design, implement, and evaluate the most effective fall prevention interventions; (4) tailor effective strategies to reduce falls to specific populations of older adults; (5) maximize the dissemination of proven, effective fall prevention interventions; (6) improve the diagnosis, treatment, and rehabilitation of elderly fall victims; and (7) assess the risks of falls occurring in various settings.

Requires the Secretary to: (1) conduct research concerning the barriers to the adoption of proven fall prevention interventions; (2) conduct research to develop, implement, and evaluate the most effective approaches to reduce falls among high-risk older adults living in long-term care facilities; and (3) evaluate the effectiveness of community programs to prevent assisted living and nursing home falls among older adults.

Requires the Secretary to provide professional education for physicians and allied health professionals in fall prevention.

Directs the Secretary to oversee and support certain demonstration and research projects by qualified organizations, institutions, or consortia of qualified organizations and institutions, including: (1) a multistate demonstration project assessing the utility of targeted fall risk screening and referral programs; (2) programs utilizing multicomponent fall-intervention approaches; (3) programs designed to maximize independence and quality of life for older adults targeted at newly discharged fall victims; and (4) private sector and public-private partnerships to develop technology to prevent falls among older adults and to prevent or reduce injuries if falls occur.

Requires the Secretary to award grants, contracts, or cooperative agreements to: (1) design, implement, and evaluate fall prevention programs using proven intervention strategies in residential and institutional settings; (2) carry out a multistate demonstration project to implement and evaluate fall prevention programs designed for multifamily residential settings with high concentrations of older adults; and (3) conduct evaluations of the effectiveness of such demonstration projects.

Directs the Secretary to review and report to Congress on the effects of falls on health care costs, the potential for reducing falls, and the most effective strategies for reducing health care costs associated with falls.

Actions Timeline

- **Dec 1, 2004:** Referred to the Subcommittee on Health.
- **Nov 19, 2004:** Received in the House.
- **Nov 19, 2004:** Message on Senate action sent to the House.
- **Nov 19, 2004:** Referred to the House Committee on Energy and Commerce.
- **Nov 18, 2004:** Passed/agreed to in Senate: Passed Senate with an amendment and an amendment to the Title by Unanimous Consent.(consideration: CR S11508-11510; text as passed Senate: CR S11509-11510; text of measure as reported in Senate: CR S11508-11509)
- **Nov 18, 2004:** Passed Senate with an amendment and an amendment to the Title by Unanimous Consent. (consideration: CR S11508-11510; text as passed Senate: CR S11509-11510; text of measure as reported in Senate: CR S11508-11509)
- **Oct 8, 2004:** Committee on Health, Education, Labor, and Pensions. Reported by Senator Gregg with an amendment in the nature of a substitute and an amendment to the title. With written report No. 108-395.
- **Oct 8, 2004:** Committee on Health, Education, Labor, and Pensions. Reported by Senator Gregg with an amendment in the nature of a substitute and an amendment to the title. With written report No. 108-395.
- **Oct 8, 2004:** Placed on Senate Legislative Calendar under General Orders. Calendar No. 785.
- **Sep 22, 2004:** Committee on Health, Education, Labor, and Pensions. Ordered to be reported with an amendment in the nature of a substitute favorably.
- **Jun 9, 2003:** Introduced in Senate
- **Jun 9, 2003:** Sponsor introductory remarks on measure. (CR S7554-7555)
- **Jun 9, 2003:** Read twice and referred to the Committee on Health, Education, Labor, and Pensions.