

HR 3513

Elder Fall Prevention Act of 2003

Congress: 108 (2003–2005, Ended)

Chamber: House

Policy Area: Health

Introduced: Nov 18, 2003

Current Status: Referred to the Subcommittee on Health.

Latest Action: Referred to the Subcommittee on Health. (Dec 4, 2003)

Official Text: <https://www.congress.gov/bill/108th-congress/house-bill/3513>

Sponsor

Name: Rep. Pallone, Frank, Jr. [D-NJ-6]

Party: Democratic • **State:** NJ • **Chamber:** House

Cosponsors (5 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Jackson, Jesse L., Jr. [D-IL-2]	D · IL		Jan 27, 2004
Rep. Udall, Tom [D-NM-3]	D · NM		Mar 30, 2004
Rep. Pastor, Ed [D-AZ-4]	D · AZ		Apr 2, 2004
Rep. Moore, Dennis [D-KS-3]	D · KS		May 4, 2004
Rep. Kennedy, Patrick J. [D-RI-1]	D · RI		Jun 15, 2004

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Dec 4, 2003

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
108 S 1217	Related bill	Dec 1, 2004: Referred to the Subcommittee on Health.

Elder Fall Prevention Act of 2003 - Amends the Public Health Service Act to direct the Administration on Aging within the Department of Health and Human Services to: (1) oversee and support a three-year national education campaign by the National Safety Council focusing on ways to reduce the risk of elder falls and prevent repeat falls; (2) provide grants for State coalitions for local education campaigns addressing reduction and prevention of elder falls; and (3) provide grants and contracts for continuing education to health professionals to effect geriatric fall prevention.

Requires the Secretary of Health and Human Services to: (1) conduct and support research concerning various topics, including high-risk elders, risk and protective factors, fall reduction strategies, fall prevention interventions, diagnosis and treatment of victims, barriers to adopting proven interventions, and the effectiveness of community programs in preventing assisted living and nursing home falls; (2) support the development of ways to reduce falls among very high risk elders; and (3) award grants to enable organizations to provide professional education for physicians and health professionals in elder fall prevention.

Requires the Secretary, acting through the Director of the Centers for Disease Control and Prevention, to oversee and support demonstration and research projects to be carried out by the Council and other qualified organizations in the following areas: (1) a multi-State demonstration project assessing the utility of targeted fall risk screening and referral programs; (2) programs targeting newly-discharged fall victims at high risk for second falls; (3) private-public partnerships to develop technologies to prevent falls and prevent or reduce injuries from falls; (4) hospital-based fall prevention and treatment centers; (5) Medicaid sponsored community projects of the type adopted by Pennsylvania, New York, and Florida; and (6) grants to States and hospitals to expand such hospital and Medicaid programs.

Requires the Secretary to provide grants for: (1) fall prevention programs in residential and institutional settings; and (2) demonstration program evaluations.

Directs the Secretary to review the effects of falls on the costs of the Medicare and Medicaid programs and the potential for reducing costs by expanding covered services. States that such review shall include a review of reimbursement policies.

Actions Timeline

- **Dec 4, 2003:** Referred to the Subcommittee on Health.
- **Nov 18, 2003:** Introduced in House
- **Nov 18, 2003:** Referred to the House Committee on Energy and Commerce.

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