

[First Reprint]

SENATE, No. 3379

STATE OF NEW JERSEY
218th LEGISLATURE

INTRODUCED JANUARY 24, 2019

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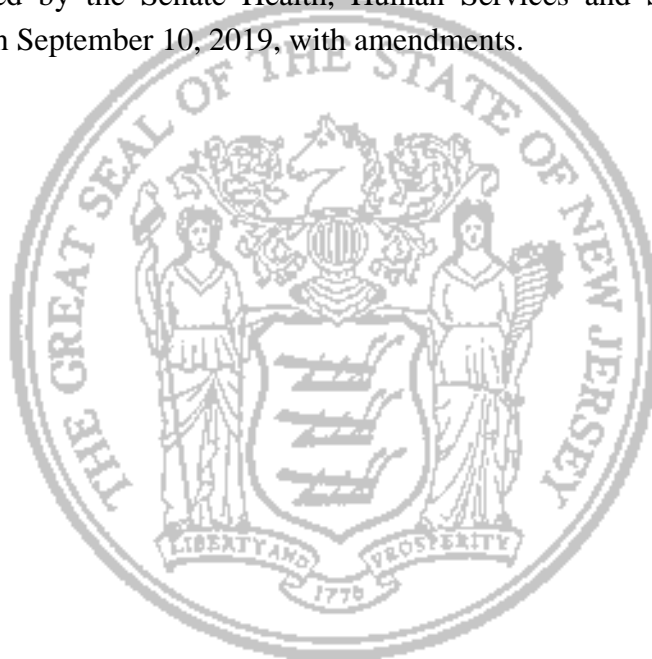
Senators A.R.Bucco, Greenstein, Madden and B.Smith

SYNOPSIS

Establishes “Comprehensive Geriatric Fall Prevention Pilot Program” in DHS; appropriates \$11.7 million.

CURRENT VERSION OF TEXT

As reported by the Senate Health, Human Services and Senior Citizens Committee on September 10, 2019, with amendments.



(Sponsorship Updated As Of: 9/11/2019)

1 AN ACT concerning geriatric falls and making an appropriation.

2

3 **BE IT ENACTED** by the Senate and General Assembly of the State
4 of New Jersey:

5

6 1. The Legislature finds and declares that:

7 a. Geriatric falls, which are the leading cause of death and
8 hospitalization among people 65 years of age or older in New
9 Jersey, constitute a costly public health crisis for New Jersey;

10 b. Reducing preventable adverse events, such as elder falls, is
11 an important aspect to improving the safety of elderly people in the
12 State;

13 c. Approximately 85 percent of fall-related hospitalizations and
14 77 percent of fall-related deaths occur among ¹**["elderly"]**¹ people
15 ¹who are¹ 75 years of age or older;

16 d. ¹**["On the national level, the number of hip fractures is**
17 **estimated to be]** Nationwide, it is estimated that¹ approximately
18 400,000 ¹**["per]** hip fractures occur each¹ year, with 90 percent of
19 ¹those¹ fractures occurring in patients older than 65 years of age
20 ¹**["and with projections]** . Moreover, it is projected¹ that this
21 number will increase ¹by a factor of¹ 50 percent by the year 2025;

22 e. The Medicaid program is funded equally by federal and
23 State money, and increased costs from the falls of elderly people
24 receiving health care benefits under the program mean additional
25 costs to the State;

26 f. AARP estimates that each year over 55,000 older New
27 Jersey residents suffer fall-related injuries resulting in emergency
28 room visits, hospitalizations, and long-term care ¹**["], and it]** It¹ is
29 estimated that ¹the¹ New Jersey Medicaid ¹program¹ will spend in
30 excess of \$1 billion per year on geriatric fall-related injuries;

31 g. The State should devote additional resources to research
32 regarding the prevention and treatment of falls in residential and
33 institutional settings;

34 h. A Statewide approach, which focuses on the daily life of
35 elderly people in residential, institutional, and community settings
36 and includes input from a wide range of organizations and
37 individuals, including family members and health care
38 professionals, is needed to help reduce elder falls;

39 i. Since 2000, several states have implemented fall prevention
40 programs for the elderly to reduce ¹the number of¹ falls and fall-
41 related injuries ¹**["],]**¹ and ¹to¹ reduce associated costs to their
42 Medicaid programs ¹**["; the]** . A¹ program in Pennsylvania
43 reportedly reduced fall-related hospitalizations by 64 percent and
44 cut acute care Medicaid costs by 80 percent for 2,394 elderly

EXPLANATION – Matter enclosed in bold-faced brackets **["thus"]** in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Senate SHH committee amendments adopted September 10, 2019.

1 Medicaid recipients over a three-year period **[';]** .¹ Florida
2 reportedly achieved a **['reduction of']** 60 percent **'reduction'** in
3 injurious falls among 6,060 older Medicaid recipients, and its
4 Medicaid program achieved a return of \$2.40 for every dollar
5 invested in the program **[';]** .¹ New York State's Medicaid fall
6 prevention program enjoyed similarly successful results, with a
7 return of over \$3.00 for every dollar invested in its program;

8 j. New Jersey should join these states in reducing the
9 frequency, severity, and cost of geriatric falls by establishing a
10 comprehensive geriatric fall prevention pilot program modeled on
11 successful programs adopted in other states; and

12 k. This act is intended to be financially self-supporting, **['due**
13 **to the]** **as it is'** anticipated **'that reductions in the number and**
14 **severity of fall-related injuries, as well as resulting nursing home**
15 **admissions, will result in'** savings **['by]** **to'** the State Medicaid
16 program **[',** as fall injuries are reduced, and nursing home
17 admissions are likewise reduced**']** .

18

19 2. a. There is established, in the Department of Human
20 Services, a three-year "Comprehensive Geriatric Fall Prevention
21 Pilot Program" **['targeting]** **under which'** at least **['10,000]** **6,000'**
22 Medicaid recipients 60 years of age or over **['to]** **will'**
23 proven fall-prevention services, including, but not limited to,
24 proven interventions that prevent falls and rehabilitative services
25 for fall victims that help prevent subsequent falls. This pilot
26 program shall provide intensive fall prevention programs for the
27 elderly Medicaid recipients most in need of such services, as
28 determined by the Commissioner of Human Services, and shall
29 provide a less intensive but effective program for all Medicare-
30 Medicaid dual eligible beneficiaries. The purpose of this program
31 shall be to develop effective strategies to reduce elder falls and
32 **['their]** **the'** associated costs **'of those falls. The pilot program**
33 **shall also designate at least 6,000 Medicaid recipients 60 years of**
34 **age or over to serve as a control group to measure the comparative**
35 **effects of the pilot program'** .

36 b. The Director of the Division of Aging Services in the
37 Department of Human Services shall contract with a qualified
38 organization to administer the pilot program principally to elderly
39 Medicaid recipients, their families and caregivers, and health care
40 professionals. The program shall focus on ways to reduce the risk
41 of falls, and to the extent practicable, shall incorporate strategies to
42 achieve the following goals:

43 (1) to increase awareness among elderly recipients, physicians,
44 pharmacists, allied health professionals, community-based health
45 organizations, and others, of fall risk factors and actions that can
46 reduce falls;

1 (2) to provide state-of-the-art individualized fall risk
2 assessments, including computerized dynamic posturography,
3 application of logistical aggression models for pharmaceutical fall
4 risk, occupational and physical therapy analysis of gait and balance
5 disorders, and effective risk assessment;

6 (3) to provide proven individualized counseling on risk
7 mitigation strategies, including consultation with family members
8 of elderly recipients, ¹~~care givers~~ caregivers¹, and providers,
9 where appropriate;

10 (4) to implement strategies that are proven effective in reducing
11 subsequent falls by elderly fall victims;

12 (5) to expand proven interventions that prevent falls by elderly
13 recipients;

14 (6) to improve the diagnosis, treatment, and rehabilitation of
15 elderly fall victims; and

16 (7) to assess the risk of falls occurring in various settings.

17 c. The director shall establish the pilot program in such
18 counties as to be proportional to the number of Medicare-Medicaid
19 dual eligible beneficiaries in the State and in such other urban areas
20 as deemed appropriate.

21

22 3. The Commissioner of Human Services shall undertake a
23 review of the effects of falls on costs to the State Medicaid
24 program, and the potential for reducing those costs by implementing
25 proven fall prevention services. This review shall include, but not
26 be limited to, a review of the reimbursement policy of the State
27 Medicaid program in order to determine if additional services
28 should be covered or if reimbursement guidelines for fall
29 prevention-related services should be modified.

30 Not later than three years after the effective date of this act, the
31 commissioner shall evaluate the cost-effectiveness of the pilot
32 program and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-
33 19.1), report to the Legislature any findings and recommendations,
34 including recommendations for Statewide implementation of a
35 geriatric fall prevention program.

36

37 4. There is appropriated ¹~~[\$26]~~ \$11.7¹ million from the
38 General Fund to the Department of Human Services for the purpose
39 of carrying out the pilot program in accordance with this act.

40

41 5. This act shall take effect immediately, and shall expire upon
42 the filing of the report required pursuant to section 3 of this act.