

ASSEMBLY, No. 3081

STATE OF NEW JERSEY 219th LEGISLATURE

INTRODUCED FEBRUARY 20, 2020

Sponsored by:

Assemblywoman ANNETTE QUIJANO

District 20 (Union)

SYNOPSIS

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

CURRENT VERSION OF TEXT

As introduced.



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 Jersey,
9 constitute a costly public health crisis for New Jersey;

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

12 c. Approximately 85 percent of fall-related hospitalizations and
13 77 percent of fall-related deaths occur among people who are 75 years
14 of age or older;

15 d. Nationwide, it is estimated that approximately 400,000 hip
16 fractures occur each year, with 90 percent of those fractures occurring
17 in patients older than 65 years of age. Moreover, it is projected that
18 this number will increase by a factor of 50 percent by the year 2025;

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

23 f. AARP estimates that each year over 55,000 older New Jersey
24 residents suffer fall-related injuries resulting in emergency room visits,
25 hospitalizations, and long-term care. It is estimated that the New
26 Jersey Medicaid program will spend in excess of \$1 billion per year on
27 geriatric fall-related injuries;

28 g. The State should devote additional resources to research
29 regarding the prevention and treatment of falls in residential and
30 institutional settings;

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

36 i. Since 2000, several states have implemented fall prevention
37 programs for the elderly to reduce the number of falls and fall-related
38 injuries and to reduce associated costs to their Medicaid programs. A
39 program in Pennsylvania reportedly reduced fall-related
40 hospitalizations by 64 percent and cut acute care Medicaid costs by 80
41 percent for 2,394 elderly Medicaid recipients over a three-year period.
42 Florida reportedly achieved a 60 percent reduction in injurious falls
43 among 6,060 older Medicaid recipients, and its Medicaid program
44 achieved a return of \$2.40 for every dollar invested in the program.
45 New York State's Medicaid fall prevention program enjoyed similarly
46 successful results, with a return of over \$3.00 for every dollar invested
47 in its program;

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

5 k. This act is intended to be financially self-supporting, as it is
6 anticipated that reductions in the number and severity of fall-related
7 injuries, as well as resulting nursing home admissions, will result in
8 savings to the State Medicaid program.

9
10 2. a. There is established, in the Department of Human Services,
11 a three-year "Comprehensive Geriatric Fall Prevention Pilot Program"
12 under which at least 6,000 Medicaid recipients 60 years of age or over
13 will receive proven fall-prevention services, including, but not limited
14 to, proven interventions that prevent falls and rehabilitative services
15 for fall victims that help prevent subsequent falls. This pilot program
16 shall provide intensive fall prevention programs for the elderly
17 Medicaid recipients most in need of such services, as determined by
18 the Commissioner of Human Services, and shall provide a less
19 intensive but effective program for all Medicare-Medicaid dual
20 eligible beneficiaries. The purpose of this program shall be to develop
21 effective strategies to reduce elder falls and the associated costs of
22 those falls. The pilot program shall also designate at least 6,000
23 Medicaid recipients 60 years of age or over to serve as a control group
24 to measure the comparative effects of the pilot program.

25 b. The Director of the Division of Aging Services in the
26 Department of Human Services shall contract with a qualified
27 organization to administer the pilot program principally to elderly
28 Medicaid recipients, their families and caregivers, and health care
29 professionals. The program shall focus on ways to reduce the risk of
30 falls, and to the extent practicable, shall incorporate strategies to
31 achieve the following goals:

32 (1) to increase awareness among elderly recipients, physicians,
33 pharmacists, allied health professionals, community-based health
34 organizations, and others, of fall risk factors and actions that can
35 reduce falls;

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

41 (3) to provide proven individualized counseling on risk mitigation
42 strategies, including consultation with family members of elderly
43 recipients, caregivers, and providers, where appropriate;

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

46 (5) to expand proven interventions that prevent falls by elderly
47 recipients;

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

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

4 c. The director shall establish the pilot program in such counties
5 as to be proportional to the number of Medicare-Medicaid dual eligible
6 beneficiaries in the State and in such other urban areas as deemed
7 appropriate.

8
9 3. The Commissioner of Human Services shall undertake a
10 review of the effects of falls on costs to the State Medicaid
11 program, and the potential for reducing those costs by implementing
12 proven fall prevention services. This review shall include, but not
13 be limited to, a review of the reimbursement policy of the State
14 Medicaid program in order to determine if additional services
15 should be covered or if reimbursement guidelines for fall
16 prevention-related services should be modified.

17 Not later than three years after the effective date of this act, the
18 commissioner shall evaluate the cost-effectiveness of the pilot
19 program and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-
20 19.1), report to the Legislature any findings and recommendations,
21 including recommendations for Statewide implementation of a
22 geriatric fall prevention program.

23
24 4. There is appropriated \$11.7 million from the General Fund
25 to the Department of Human Services for the purpose of carrying
26 out the pilot program in accordance with this act.

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

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32 STATEMENT

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34 This bill establishes a three-year "Comprehensive Geriatric Fall
35 Prevention Pilot Program" in the Department of Human Services
36 (DHS), which will be modeled on successful programs adopted in
37 other states. Such programs have reportedly reduced falls and fall-
38 related injuries and have significantly reduced fall-related costs to the
39 states' Medicaid programs. Under the bill, the pilot program is to
40 target at least 6,000 Medicaid recipients 60 years of age and older to
41 receive proven fall-prevention services, and is to designate at least
42 6,000 Medicaid recipients 60 years of age and older to serve as a
43 control group to measure the comparative effects of the pilot program.

44 Specifically, the bill directs the Director of the Division of Aging
45 Service in DHS to contract with a qualified organization to administer
46 the pilot program principally to elderly Medicaid recipients, their
47 families and caregivers, and health care professionals, to focus on
48 reducing the risk of falls. The program is to be established in such

1 counties as to be proportional to the number of Medicare-Medicaid
2 dual eligible beneficiaries in the State and in such other urban areas as
3 are deemed appropriate by the director. To the extent practicable, the
4 pilot program is to incorporate strategies to achieve the following
5 goals:

- 6 • to increase awareness of fall risk factors and actions that can
7 reduce falls;
- 8 • to provide state-of-the-art individualized fall risk assessments;
- 9 • to provide proven individualized counseling on risk mitigation
10 strategies;
- 11 • to implement strategies that are proven effective in reducing
12 subsequent falls by elderly fall victims;
- 13 • to expand proven interventions that prevent falls by elderly
14 recipients;
- 15 • to improve the diagnosis, treatment, and rehabilitation of
16 elderly fall victims; and
- 17 • to assess the risk of falls occurring in various settings.

18 The bill also directs the Commissioner of DHS to review the
19 effects of falls on costs to the State Medicaid program and the
20 potential for reducing those costs by implementing proven fall
21 prevention services. This review is to include, but not be limited to, a
22 review of the reimbursement policy of the State Medicaid program in
23 order to determine if additional services should be covered or if
24 reimbursement guidelines for fall prevention-related services should
25 be modified. No later than three years after the effective date of this
26 bill, the commissioner is to evaluate the cost-effectiveness of the pilot
27 program, report any findings to the Legislature, and include
28 recommendations regarding Statewide implementation of a geriatric
29 fall prevention program.

30 Finally, the bill appropriates \$11.7 million from the General Fund
31 to DHS for the purpose of carrying out the pilot program. This bill,
32 however, is intended to be financially self-supporting, as reductions in
33 the number of fall-related injuries, and resulting nursing home
34 admissions, are anticipated to result in savings to the State Medicaid
35 program.