SENATE, No. 520

STATE OF NEW JERSEY

219th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

Sponsored by:
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SYNOPSIS

Establishes "Comprehensive Geriatric Fall Prevention Pilot Program" in DHS; appropriates $11.7 million.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.

AN ACT concerning geriatric falls and making an appropriation.

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

1. The Legislature finds and declares that:

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

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

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

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

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

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

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

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

i. Since 2000, several states have implemented fall prevention programs for the elderly to reduce the number of falls and fall-related injuries and to reduce associated costs to their Medicaid programs. A program in Pennsylvania reportedly reduced fall-related hospitalizations by 64 percent and cut acute care Medicaid costs by 80 percent for 2,394 elderly Medicaid recipients over a three-year period. Florida reportedly achieved a 60 percent reduction in injurious falls among 6,060 older Medicaid recipients, and its Medicaid program achieved a return of $2.40 for every dollar invested in the program. New York State’s Medicaid fall

prevention program enjoyed similarly successful results, with a return of over $3.00 for every dollar invested in its program;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

STATEMENT

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

Specifically, the bill directs the Director of the Division of Aging Service in DHS to contract with a qualified organization to administer the pilot program principally to elderly Medicaid recipients, their

families and caregivers, and health care professionals, to focus on reducing the risk of falls. The program is to be established in such counties as to be proportional to the number of Medicare-Medicaid dual eligible beneficiaries in the State and in such other urban areas as are deemed appropriate by the director. To the extent practicable, the pilot program is to incorporate strategies to achieve the following goals:

- to increase awareness of fall risk factors and actions that can reduce falls;
- to provide state-of-the-art individualized fall risk assessments;
- to provide proven individualized counseling on risk mitigation strategies;
- to implement strategies that are proven effective in reducing subsequent falls by elderly fall victims;
- to expand proven interventions that prevent falls by elderly recipients;
- to improve the diagnosis, treatment, and rehabilitation of elderly fall victims; and
- to assess the risk of falls occurring in various settings.

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

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