Congress of the United States
Washington, DC 20515

March 24, 2023

The Honorable Robert Aderholt
Chair, Subcommittee on Labor,
Health and Human Services, Education,
and Related Agencies
U.S. House of Representatives
2358-B Rayburn House Office Building
Washington, D.C. 20515

The Honorable Rosa DeLauro
Ranking Member, Subcommittee on Labor,
Health and Human Service, Education,
and Related Agencies
U.S. House of Representatives
1036 Longworth House Office Building
Washington, D.C. 20003

The Honorable Tom Cole
Chair, Subcommittee on
Transportation, and Housing and Urban
Development, and Related Agencies
U.S. House of Representatives
2358-A Rayburn House Office Building
Washington, D.C. 20515

The Honorable Mike Quigley
Ranking Member, Subcommittee on Transportation,
and Housing and Urban Development, and Related
Agencies
U.S. House of Representatives
1036 Longworth House Office Building
Washington, D.C. 20003

Dear Chair Aderholt, Ranking Member DeLauro, Chair Cole, and Ranking Member Quigley:

Thank you for your continued support for our nation's families and seniors. As you begin your work on the Fiscal Year 2024 Labor, Health and Human Services, Education, and Related Agencies and Transportation, Housing and Urban Development, and Related Agencies Appropriations bills, we urge you to increase funding for programs aimed at preventing falls among older adults.

According to the CDC, 37 million older Americans report a fall each year, leading to 3 million emergency room visits and 36,000 tragic deaths. These falls are not only painful and traumatizing for seniors and their families, they also incur tremendous financial losses. Falls among adults aged 65 and older result in $50 billion in medical costs annually; $38 billion paid by Medicare and Medicaid, and $12 billion by private insurance or out-of-pocket. These falls may be largely prevented by addressing modifiable risk factors through coordinated federal efforts. Yet, our current investments in fall prevention are insufficient and siloed, and they pale in comparison to the price we pay on falls once they occur. **We can and must do better for our seniors and their families.**

Accordingly, we respectfully request that you make the following investments in your FY24 Appropriations bills:

1. Interagency Coordinating Committee on Healthy Aging and Age Friendly Communities
- **Account:** Department of Health and Human Services, Administration for Community Living, Aging and Disability Services
- **Description:** The *Supporting Older Americans Act of 2020* reauthorized the *Older Americans Act* (OAA) through 2025 and directs the Secretary of Health and Human Services to modernize the Interagency Coordinating Committee on Healthy Aging and Age Friendly Communities. While numerous federal agencies and programs support older Americans and aim to reduce falls, interagency coordination is critical to ensure these programs are effective and cohesive. In FY23, we

provided first-time funding of $1 million to the Coordinating Committee. We must continue to fund the Committee so that various federal agencies can coordinate fall prevention efforts.

- **Programmatic Request: We request a funding level of $2 million for FY24.**
- **FY23:** $1 million

2. Research, Demonstration, and Evaluation Center for the Aging Network

- **Account:** Department of Health and Human Services, Administration for Community Living, Aging and Disability Services
- **Description:** The 2020 OAA Reauthorization directed the Assistant Secretary of Aging to create a Research, Demonstration, and Evaluation Center for the Aging Network. Falls are the single greatest risk for older adults, impacting 36 million older adults each year, and ACL should use every tool available to reduce falls and ensure its fall prevention efforts are effective. The Center **researches** best practices on fall prevention and ensures the Aging Network is informed about the most promising practices in the field of fall prevention. It encourages **demonstration** programs through competitive grants to allow ACL to be innovative and respond to evolving evidence about what works to prevent and reduce risk of falls, and equip the Network with funding to implement those models. Finally, it implements **evaluation** of new and ongoing programs, what impact they have, and what opportunities there are for growth. The Committee provided $5 million in first-time funding in FY23, and we must continue to fund this Center to ensure our fall prevention investments are as effective as possible.
- **Programmatic Request: We request a funding level of $10 million for FY24.**
- **FY23:** $5 million

3. Elderly Fall Prevention

- **Account:** Department of Health and Human Services, Centers for Disease Control and Prevention, Injury Prevention and Control
- **Description:** The CDC's Stopping Elderly Accidents, Deaths, and Injuries (STEADI) Program provides clinicians with the tools they need to screen and assess fall risks in older adult patients, including medications, balance and vision issues, loss of strength, and other fall risks, and provides interventions to mediate these risks. One New York health system saw a 60 percent reduction in falls after beginning this program. The CDC recently released an updated STEADI best practices report and resources for clinicians. Doubling funding would allow CDC to use lessons learned from pilot programs to fund capacity-building in four additional states, four Tribes, and four local health departments or community paramedicine programs. CDC will continue to redefine STEADI tools, evaluate innovative strategies, and expand fall prevention assets.
- **Programmatic Request: We request a funding level of $6.1 million for FY24.**
- **FY23:** $3.05 million

4. CMS Home Modification Coverage

- **Account:** Department of Health and Human Services, Centers for Medicare and Medicaid Services, Program Management
- **Description:** Nearly 80 percent of older adult falls occur in the home. Most falls are preventable, and simple home modifications have been shown to reduce falls. Approximately one in three falls can be prevented by a home modification, and the costs saved by a prevented fall are estimated to be six times the cost of the intervention.
- **Report Language Request:** *Home Modifications*—The Committee acknowledges the efforts of Medicare Advantage plans to offer home modification benefits, which are proven to help reduce falls. The Committee requests CMS provide a report to Congress within 90 days of this Act with

available data on the estimated falls reduced through home modifications and the feasibility of expanding this benefit to traditional Medicare.

5. Medicare Payment Model for Fall Risk Screening

- **Account:** Department of Health and Human Services, Centers for Medicare and Medicaid Services, Program Management
- **Description:** The CDC's Stopping Elderly Accidents, Deaths, and Injuries (STEADI) initiative provides clinicians with tools and resources to assess and address patients' fall risks. The CDC estimates that for every 5,000 clinicians who adopt the STEADI system, one million falls could be prevented in a five-year period, saving $3.5 billion. However, according to a CDC survey, only one-fifth of providers reported awareness of STEADI resources. Clinicians need financial incentives to take the time to familiarize themselves with and implement the STEADI screening.
- **Report Language Request:** *Fall Risk Screening*—The Committee is concerned by the rising prevalence in falls, fall-related injuries, and fall-related deaths among older adults, costing CMS over $38 billion per year. While the CDC's STEADI model has been proven to help reduce falls and fall-related expenses, few providers implement this tool, refer patients to appropriate interventions, and conduct follow-up on uptake of interventions. The Committee directs CMS to conduct a feasibility study on the creation of a new separate payment to providers to incentivize standard fall risk screenings, assessment, and referral to help Medicare patients address fall risks. The Committee requests CMS provide a report back to Congress within 90 days of enactment of this Act.

6. Medicare Demonstration for Community-Based Fall Prevention Programming

- **Account:** Department of Health and Human Services, Centers for Medicare and Medicaid Services, Program Management
- **Description:** Community-based programming has been proven to be an effective tool to reduce chronic conditions, including diabetes through the Diabetes Prevention Program, and could serve as a model in helping reduce falls among seniors. For example, the "Matter of Balance" program has reduced one fall-related hospital admission per 20 participants, and each senior that participates in the program saves an estimated $938 in medical expenses per year.
- **Report Language Request:** *Community-Based Fall Prevention*—The Committee recognizes the impact of community-based programming in reducing older adult falls and lowering costs, and is concerned about the lack of access to these programs for many seniors. The Committee directs the Center for Medicare and Medicaid Innovation to test a pilot program providing Medicare payments to community-based organizations for evidence-based fall prevention programs for seniors.

7. Improved Accountability Measures for Fall Prevention in Alternative Payment Models

- **Account:** Department of Health and Human Services, Centers for Medicare and Medicaid Services, Program Management
- **Description:** Accountable Care Organizations (ACOs), Medicare Advantage plans, and other alternative payment models have financial incentives to improve outcomes and reduce costs for their patients. CMS currently includes the number of patients screened for fall risks as a quality measure for alternative payment models and Medicare Advantage Plans, but could increase incentives to reduce falls by including the number of falls-related hospital admissions in evaluating outcomes.
- **Report Language Request:** *Improved Incentives for Fall Prevention*—The Committee recognizes the unique role that alternative payment models and Medicare Advantage Plans can play in reducing falls among older adults. The Committee encourages CMS to strengthen the existing fall screening quality measure by evaluating reduction in falls for alternative payment models and Medicare

Advantage Plans, in order to incentivize health care organizations and plans to utilize the full range of tools to prevent falls.

8. ACL Elder Falls Prevention
- **Account:** Department of Health and Human Services, Administration for Community Living, Aging and Disability Services Programs
- **Description:** This competitive grant program awards funds to domestic public and private nonprofit entities, state agencies, community-based organizations, universities, and tribal organizations, as well as the ACL National Falls Prevention Resource Center. The purpose of this program is to bring to scale and sustain evidence-based falls prevention programs that have been proven to reduce falls, fear of falling, and fall-related injuries in older adults. In FY23, we gave this program its first funding boost since FY14 in response to increased demand due to our rapidly aging population. At most, resources have been provided to 34 states.
- **Programmatic Request: We request a funding level of $15 million for FY24.**
- **FY23: $7.5 million**

9. OAA Title III-D Preventive Health
- **Account:** Department of Health and Human Services, Administration for Community Living, Aging and Disability Services Programs
- **Description:** OAA Title III-D funding supports a variety of healthy aging programs aimed to reduce disease and injury among older adults, including fall prevention and home-modifications. Fall prevention includes evidence-based strategies and education to help older adults improve balance and strength, reduce fall risks in their homes, and know what to do in the event of a fall. The current funding is insufficient when stretched out among all 50 states, D.C., and the territories, as well as Area Agencies on Aging (AAA) and local service providers.
- **Programmatic Request: We request a funding level of $53 million for FY24.**
- **FY23: $26.339 million**

10. ACL Aging Network Support Activities
- **Account:** Department of Health and Human Services, Administration for Community Living, Aging and Disability Services Programs
- **Description:** Aging Network Support resources invest in training and technical assistance, innovation and dissemination of best practices, and coordination of strategies and services throughout the Aging Network.
- **Programmatic Request: We request a funding level of $60 million for FY24.**
- **FY23: $30.461 million**

11. Aging-in-Place Home Modification Grants
- **Account:** Department of Housing and Urban Development, Office of Lead Hazard Control and Healthy Homes, Lead Hazard Reduction
- **Description:** This program assists nonprofit organizations, state and local governments, and public housing authorities in undertaking comprehensive programs that make safety and functional home modifications and limited repairs to meet the needs of low-income elderly homeowners. This enables low-income elderly persons and individuals with disabilities to remain in their homes by making modifications to reduce risk of falling, improve general safety, increase accessibility, and improve functional abilities. Home modifications allow older adults to remain in their homes safely rather than moving into congregate care facilities.
- **Programmatic Request: We request a funding level of $60 million for FY24.**

- **FY23: $30 million**

Once again, we thank you for your leadership on the Labor, Health and Human Services, Education, and Related Agencies, and Transportation, Housing and Urban Development, and Related Agencies Appropriations bills, and we are eager to work with you on these requests.

Sincerely,

Lois Frankel
Member of Congress

Joseph D. Morelle
Member of Congress

Eleanor Holmes Norton
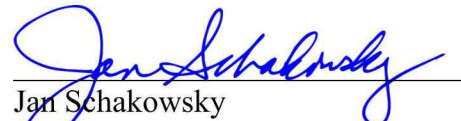Member of Congress

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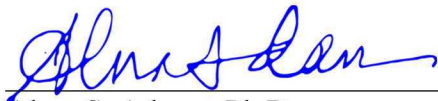
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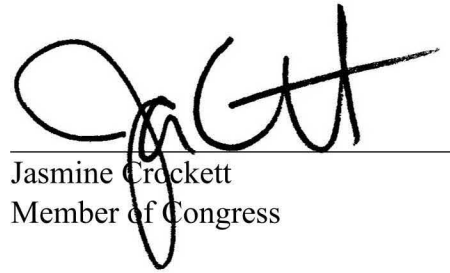
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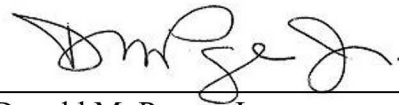
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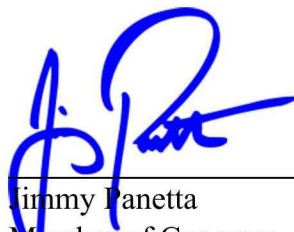
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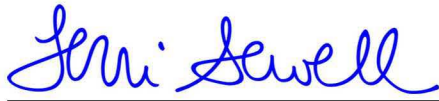
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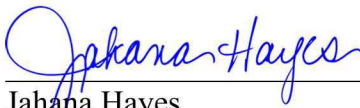Member of Congress
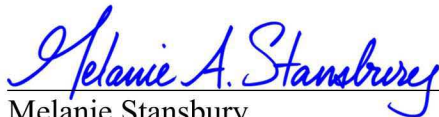
Jamaal Bowman, Ed.D.
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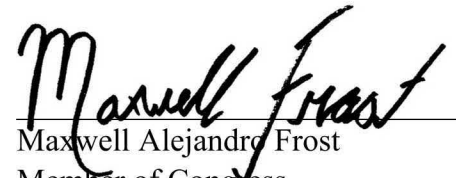Shontel M. Brown
Member of Congress

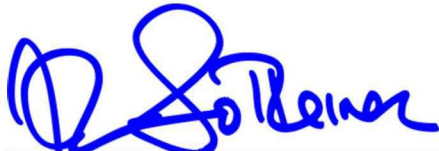Ann McLane Kuster
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