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Committee on Rules  
Committee on Budget  
Committee on Education and Labor  
Committee on Armed Services

**Congress of the United States**  
**House of Representatives**  
**Washington, DC 20515**

April 28, 2021

Chair Rosa DeLauro  
House Appropriations Committee  
Subcommittee on Labor, Health and Human  
Services, and Education  
2368-B Rayburn HOB  
Washington, DC 20515

Ranking Member Tom Cole  
House Appropriations Subcommittee  
on Labor, Health and Human  
Services, and Education  
2358-B Rayburn HOB  
Washington, DC 20515

Dear Chairwoman DeLauro and Ranking Member Cole:

As you work to develop the Fiscal Year 2022 (FY22) Labor, Health and Human Services, and Education Appropriations bill, I write to request strong support for protecting the health, safety, and independence of our nation's older adults, with FY22 investments in falls prevention and home modifications.

Older adult falls are common, costly, and often preventable. They represent the leading cause of preventable death among adults 65 years of age and older. In the United States, about one in four adults (28%) age 65 and older report falling each year. This resulted in nearly 36 million falls in 2018. While not all falls result in an injury, over 8 million of those who fell in 2018 reported an injury that required medical treatment or restricted their activity for at least one day. An older adult dies from a fall every 16 minutes.

The annual direct medical costs for falls injuries is over \$50 billion, including \$29 billion in Medicare spending and \$9 billion in Medicaid spending. The cost of treating falls is projected to increase to over \$101 billion by 2030.

An October 2019 report released by the Senate Special Committee on Aging (Falls Prevention: National, State, and Local Solutions to Better Support Seniors) stated: "The Committee

recommends continued investment in programs that offer home safety evaluations and modifications, as well as improved dissemination of information on public and private resources available for home assessments and modifications.”

Given that disability and frailty are among the strongest predictors of nursing home admission, home modifications are the most effective intervention to empower older adults to age in place and decrease the demands on the health care system. Nevertheless, many older adults are not aware of the benefits of home modifications. Only 6% of older persons utilize insurance or government services for home modifications; low-income persons can rarely afford them. Home modification is funded and administered at local, state, and national levels by an array of disparate programs in a variety of agencies with different eligibility requirements, caps on expenditures, and types of allowable modifications.

The 2020 Older Americans Act (OAA) reauthorization included provisions to increase accessibility for aging Americans and individuals with disabilities through home modifications, like ramps and railings. However, for the coordination of programs and dissemination of resources to consumers to effectively take place, an investment in the Administration of Community Living’s (ACL) authority to deliver on these efforts is needed.

We request that the Subcommittee fund the Aging Network Support Activities line item, at a minimum, at the \$16.3 million level authorized for FY22 endorsed in the bicameral, bipartisan OAA reauthorization compromise. We also request that the Subcommittee fund ACL falls prevention, which is authorized under Title IV of OAA, at \$10 million in FY22.

The 2019 Senate Aging Committee report on older adult falls also stated: “The Committee recommends continued investment in the development of and expanded access to evidenced-based falls-prevention programs to ensure greater awareness of the risk of falls among older adults and promote preventive steps that can be taken to avoid a fall.”

The Administration for Community Living provides training and program translation to improve access to evidence-based programs in local communities to prevent falls among older adults. These much-needed funds will expand access for seniors to attend evidence-based programs that leverage community networks linking clinical treatment and community services, reduce or eliminate risk factors, reduce health care costs associated with emergency room, physician, hospital and rehab visits. For example, the Tai Chi Moving for Better Balance program has produced a 55% reduction in falls, with a 509% return on investment.

The CDC houses the experience required to institute public health strategies to create a safety system for older adults. With the implementation of its Stopping Elderly Accidents, Deaths and Injuries (STEADI) toolkit, the CDC provides easy and effective resources for professionals who work with older adults daily, including physicians and pharmacists. They also evaluate fall prevention strategies to help communities identify the best, evidence-based efforts to prevent falls and keep older adults safe and independent. The Senate Aging Committee also

recommended, in the aforementioned report, strengthening screening and referral pathways and taking steps to ensure greater utilization of CDC's STEADI resources.

We request that the Subcommittee fund CDC elder falls activities at \$4.1 million in FY22.

Thank you for considering this important request. This funding request is a relatively small investment when compared with the return it could provide in ensuring and enhancing the safety, health and independence of our nation's seniors.

Sincerely,



JOSEPH D. MORELLE  
Member of Congress

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Member of Congress

/s/  
SUZANNE BONAMICI  
Member of Congress

/s/  
SHEILA JACKSON LEE  
Member of Congress

/s/  
MIKE LEVIN  
Member of Congress

/s/  
ZOE LOFGREN  
Member of Congress