

**Opening Statement**  
**Senator Susan Collins**  
**“Falls Prevention: National, State, and Local Solutions to Better Support Seniors”**  
**October 16, 2019**

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Good morning. Each year, the Senate Aging Committee releases a bipartisan annual report on an issue affecting older Americans. Today's hearing on the prevention of falls is the subject of our report this year and represents the culmination of much work on this important issue. Nearly 200 organizations, representing patients, clinicians, community service providers, and others, have contributed valuable insights and recommendations on ways to reduce falls and related injuries. We'll hear more about that this morning.

Falls are the leading cause of fatal and non-fatal injuries for older Americans, often leading to a downward spiral with serious consequences. In addition to the physical and emotional trauma of falls, the financial toll is staggering. In the United States, the total cost of fall-related injuries is approximately \$50 billion annually, and that is expected to double to \$100 billion by the year 2030. Seventy-five percent of these costs are borne by the Medicare and Medicaid programs.

While we tend to attribute falls to external factors like uneven sidewalks or icy stairs, clinicians also attribute them to such factors as medications, medical reasons, or muscle strength. One key cause is osteoporosis, which can be especially dangerous for people who are completely unaware that they suffer from low bone density.

While Medicare covers bone density testing, reimbursement rates have been slashed by 70 percent since 2006, resulting in 2.3 million fewer women being tested. As a result, it is estimated that more than 40,000 *additional* hip fractures occur each year, which results in nearly 10,000 additional deaths. I've introduced the *Increasing Access to Osteoporosis Testing for Medicare Beneficiaries Act* with Senator Ben Cardin to reverse these harmful reimbursement cuts.

I'd like to recognize Ann Elderkin, who is with us today, and has assisted us greatly with this legislation. She is the executive director for the American Society for Bone and Mineral Research and a resident of Cape Elizabeth, Maine

Another major risk factor for falls among seniors is medications. Ninety percent of older Americans take at least one prescription medicine, and 36 percent take five or more. Taking multiple prescription drugs can cause interaction problems that increase the risk of falls, like vision disturbances, confusion, and sleepiness. Certain frequently prescribed drugs themselves can also trigger side effects that increase the risk of falls. These medications often are not tested adequately in older adults. At my request, the fiscal year 2020 FDA funding bill directs the agency to assess the impacts of drug interactions and ensure that older adults are adequately represented in clinical trials. To address this risk factor, we must also encourage medication reconciliation in the Medicare Annual Wellness Visits.

In addition to medical factors, the Committee heard from stakeholders about the importance of education and community interventions. For example, MaineHealth, my state's largest health care organization, developed a peer-led program called "A Matter of Balance" in 2003. It aims to increase activity levels, improve balance, and reduce the fear of falling for older adults.

Let me provide an example. Ginny, is 90 years old and lives alone in coastal Maine. Last winter, she slipped and fell down her front steps. She signed up for "A Matter of Balance" but was really unsure how it would help. Her improvements exceeded expectations, including more than just physical progress. Over the course of the class, her confidence increased. Ginny shared that her fear of falling often kept her alone, essentially imprisoned in her own home. With the support from the group, she is now getting out and socializing, including a recent trip to an island off the Maine coast. Since 2006, more than 6,200 Mainers have participated in the program, which is now in 46 states across the country.

Home health, especially occupational therapy, is another falls prevention tool. I have introduced the *Home Health Payment Innovation Act* with Senator Debbie Stabenow that would give Medicare Advantage and Accountable Care Organizations flexibility to waive the antiquated "homebound" definition so that more people can receive these services. Senators Scott, Sinema, Burr, and Rosen have already cosponsored this bill. Medicare Advantage is already starting to expand this benefit, which is a welcome first step.

Home modification is another strategy to prevent falls. Senator King and I have introduced the *Senior and Disability Home Modification Assistance Initiative Act* to coordinate programs that provide home modification resources and to help people age in their own homes.

As the chair of the Transportations and Housing Appropriations Subcommittee, I recently created and set aside some grant funding for this very purpose.

Last month, the Senate unanimously approved a resolution spearheaded by our Committee, marking the first day of fall – September 23rd – "National Falls Prevention Awareness Day." We're a little bit late, but I hope that this hearing will also help to promote awareness. Now is the time, and now is our opportunity, to take action to prevent falls. Our report includes recommendations to key federal agencies to take steps to reduce falls, and we will be following up with those agencies. So for everybody's benefit, here is a copy of our annual report on falls preventions. The committee has given it its stamp of approval, it is bipartisan, and I am very pleased that we'll be able to share this with everyone who has an interest. I now am pleased to turn to our ranking member, Senator Casey.