



General Assembly

Substitute Bill No. 1226

January Session, 2007

* SB01226APP 050407 *

AN ACT ESTABLISHING A FALL PREVENTION PROGRAM.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 19a-4i of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2007*):

3 (a) There shall be, within the Department of Public Health, an Office
4 of Injury Prevention, whose purpose shall be to coordinate and expand
5 prevention and control activities related to intentional and
6 unintentional injuries. The duties of said office shall include, but are
7 not limited to, the following: (1) To serve as a data coordinator and
8 analysis source of mortality and injury statistics for other state
9 agencies; (2) to integrate an injury and violence prevention focus
10 within the Department of Public Health; (3) to develop collaborative
11 relationships with other state agencies and private and community
12 organizations to establish programs promoting injury prevention,
13 awareness and education to reduce automobile, motorcycle and
14 bicycle injuries and interpersonal violence, including homicide, child
15 abuse, youth violence, domestic violence, sexual assault and elderly
16 abuse; (4) to support the development of comprehensive community-
17 based injury and violence prevention initiatives within cities and
18 towns of the state; and (5) to develop sources of funding to establish
19 and continue programs to promote prevention of intentional and
20 unintentional injuries.

21 (b) The Office of Injury Prevention shall establish a fall prevention
22 program. Within such program, the office shall:

23 (1) Promote and support research to: (A) Improve the identification,
24 diagnosis, treatment and rehabilitation of older adults and others who
25 have a high risk of falling; (B) improve data collection and analysis to
26 identify risk factors for falls and factors that reduce the likelihood of
27 falls; (C) design, implement and evaluate the most effective fall
28 prevention interventions; (D) improve intervention strategies that have
29 been proven effective in reducing falls by tailoring such strategies to
30 specific populations of older adults; (E) maximize the dissemination of
31 proven, effective fall prevention interventions; (F) assess the risk of
32 falls occurring in various settings; (G) identify barriers to the adoption
33 of proven interventions with respect to the prevention of falls among
34 older adults; (H) develop, implement and evaluate the most effective
35 approaches to reducing falls among high-risk older adults living in
36 communities and long-term care and assisted living facilities; and (I)
37 evaluate the effectiveness of community programs designed to prevent
38 falls among older adults.

39 (2) Establish, in consultation with the Commissioner of Social
40 Services, a professional education program in fall prevention,
41 evaluation and management for physicians, allied health professionals
42 and other health care providers who provide services for the elderly in
43 this state. The commissioner may contract for the establishment of
44 such program through (A) a request for proposal process, (B) a
45 competitive grant program, or (C) cooperative agreements with
46 qualified organizations, institutions or consortia of qualified
47 organizations and institutions.

48 (3) Oversee and support demonstration and research projects to be
49 carried out by organizations, institutions or consortia of organizations
50 and institutions deemed qualified by the Office of Injury Prevention.
51 Such demonstration and research projects shall be in the following
52 areas:

53 (A) Targeted fall risk screening and referral programs;

54 (B) Programs designed for community-dwelling older adults that
55 use fall intervention approaches, including physical activity,
56 medication assessment and reduction of medication when possible,
57 vision enhancement and home-modification strategies;

58 (C) Programs that target new fall victims who are at a high risk for
59 second falls and that are designed to maximize independence and
60 quality of life for older adults, particularly those older adults with
61 functional limitations;

62 (D) Private sector and public-private partnerships to develop
63 technologies to prevent falls among older adults and prevent or reduce
64 injuries when falls occur; and

65 (4) Award grants to, or enter into contracts or cooperative
66 agreements with, organizations, institutions or consortia of
67 organizations and institutions deemed qualified by the Office of Injury
68 Prevention to design, implement and evaluate fall prevention
69 programs using proven intervention strategies in residential and
70 institutional settings.

71 Sec. 2. (*Effective from passage*) (a) The Commissioner of Public Health
72 shall convene a working group to study the effects of falls on health
73 care costs, the potential for reducing falls and the most effective
74 strategies for reducing health care costs associated with falls. The
75 working group shall consist of the Commissioners of Public Health
76 and Social Services and the Executive Director of the Commission on
77 Aging, or their designees, the chairpersons and ranking members of
78 the joint standing committee of the General Assembly having
79 cognizance of matters relating to public health, or their designees, and
80 any other person the Commissioner of Public Health and the
81 chairpersons of the joint standing committee of the General Assembly
82 having cognizance of matters relating to public health deem necessary.

83 (b) The Commissioner of Public Health may enter into contracts

84 with consultants to assist in the completion of the study authorized by
85 this section.

86 (c) Not later than January 1, 2008, the Commissioner of Public
87 Health shall submit, in accordance with the provisions of section 11-4a
88 of the general statutes, a report of the working group's findings and
89 recommendations to the joint standing committees of the General
90 Assembly having cognizance of matters relating to public health and
91 social services and to the select committee of the General Assembly
92 having cognizance of matters relating to aging.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2007</i>	19a-4i
Sec. 2	<i>from passage</i>	New section

PH *Joint Favorable Subst.*

HS *Joint Favorable*

APP *Joint Favorable*