

**AMENDMENT TO RULES COMMITTEE PRINT 119-**

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**OFFERED BY MS. BUDZINSKI OF ILLINOIS**

At the appropriate place in subtitle B of title XVII,  
insert the following:

1 **SECTION 17\_\_\_ . ESTABLISHMENT OF OFFICE OF FALLS**  
2 **PREVENTION OF DEPARTMENT OF VETERANS**  
3 **AFFAIRS AND FALL PREVENTION REQUIRE-**  
4 **MENTS.**

5 (a) ESTABLISHMENT OF OFFICE OF FALLS PREVEN-  
6 TION.—

7 (1) IN GENERAL.—Subchapter I of chapter 73  
8 of title 38, United States Code, is amended by in-  
9 serting after section 7310A the following new sec-  
10 tion:

11 **“§ 7310B. Office of Falls Prevention**

12 “(a) OFFICE.—(1) The Under Secretary for Health  
13 shall establish and operate in the Veterans Health Admin-  
14 istration the Office of Falls Prevention (in this section re-  
15 ferred to as the ‘Office’).

16 “(2) The Office shall be located at the Central Office  
17 of the Department.

1           “(3)(A) The head of the Office is the Chief Officer  
2 of Falls Prevention (in this section referred to as the  
3 ‘Chief Officer’).(B) The Chief Officer shall report to the  
4 Under Secretary for Health.

5           “(4) The Under Secretary for Health shall provide  
6 the Office with such staff and other support as may be  
7 necessary for the Office to carry out effectively the func-  
8 tions of the Office under this section.

9           “(5) The Under Secretary for Health may reorganize  
10 existing offices within the Veterans Health Administration  
11 as of the date of the enactment of this section in order  
12 to avoid duplication with the functions of the Office.

13           “(b) FUNCTIONS.—The functions of the Office in-  
14 clude the following:

15                 “(1) To provide a central office for monitoring  
16 and encouraging the activities of the Veterans  
17 Health Administration with respect to the provision,  
18 evaluation, and improvement of health care services  
19 relating to falls prevention provided to veterans by  
20 the Department, with the goal of averting costly  
21 health care utilization while decreasing the incidence  
22 of falls.

23                 “(2) To develop and implement standards of  
24 care for the provision by the Department of health  
25 care services relating to falls prevention.

1           “(3) To monitor and identify deficiencies in  
2 standards of care for the provision of health care  
3 services relating to falls prevention, to provide tech-  
4 nical assistance to medical facilities of the Depart-  
5 ment, to provide technical assistance to programs of  
6 the Department that support veterans in their own  
7 homes, to address and remedy deficiencies of such  
8 facilities and programs, and to perform oversight of  
9 implementation of such standards of care.

10           “(4) To monitor and identify deficiencies in  
11 standards of care for the provision of health care  
12 services relating to falls prevention through the com-  
13 munity pursuant to this title and to provide rec-  
14 ommendations to the appropriate office to address  
15 and remedy any deficiencies.

16           “(5) To oversee distribution of resources and  
17 information related to falls prevention for veterans  
18 under this title.

19           “(6) To promote the expansion and improve-  
20 ment of clinical, research, and educational activities  
21 of the Veterans Health Administration with respect  
22 to health care services relating to falls prevention,  
23 including research activities on falls prevention con-  
24 ducted between the Office of Research and Develop-

1       ment of the Department and the National Institute  
2       on Aging.

3           “(7) To promote the development or expansion  
4       of rigorous quality assessment or improvement proc-  
5       esses designed to prevent falls, including through co-  
6       ordination and collaboration with offices within the  
7       Department determined appropriate by the Sec-  
8       retary.

9           “(8) To coordinate home modification and ad-  
10      aptation programs administered by the Under Sec-  
11      retary for Benefits under chapter 21 of this title and  
12      the Under Secretary for Health under section  
13      1717(a)(2) of this title.

14          “(9) To carry out such other duties as the  
15      Under Secretary for Health may require.

16      “(c) PUBLIC EDUCATION CAMPAIGN.—The Chief Of-  
17      ficer shall—

18          “(1) oversee and support a national education  
19      campaign that—

20              “(A) is directed principally to veterans de-  
21              termined to be at risk for falls, their families,  
22              and their health care providers; and

23              “(B) focuses on—

24                  “(i) reducing falls, falls with major in-  
25                  jury, and repeat falls for veterans receiving

1 care under the laws administered by the  
2 Secretary; and

3 “(ii) increasing awareness of available  
4 benefits, grants, devices, or services pro-  
5 vided by the Department that would aid  
6 veterans in reducing falls and preventing  
7 repeat falls; and

8 “(2) award grants or contracts to qualified or-  
9 ganizations for the purpose of supporting local edu-  
10 cation campaigns focusing on reducing falls, falls  
11 with major injury, and repeat falls for veterans re-  
12 ceiving care under the laws administered by the Sec-  
13 retary.

14 “(d) RESEARCH ON FALLS PREVENTION PROGRAMS  
15 FOR VETERAN POPULATIONS.—(1) The Chief Officer  
16 shall work with the Office of Research and Development  
17 of the Department and the National Institute on Aging  
18 to develop research for evidence-based falls prevention pro-  
19 grams that will benefit veterans, including—

20 “(A) programs that overlap with the priorities  
21 of the Department;

22 “(B) programs that may focus on or be of par-  
23 ticular benefit to veterans; and

24 “(C) programs that may include participants  
25 with multiple comorbidities.

1           “(2) The research required under paragraph (1) shall  
2 include the following:

3           “(A) Research in supporting veterans with and  
4 without service-connected disabilities receiving home  
5 modification grants under section 1717 or 2101 of  
6 this title.

7           “(B) Development of recommendations for falls  
8 prevention interventions for veterans with service-  
9 connected disabilities, including home modification  
10 interventions.

11           “(C) Research addressing medication manage-  
12 ment and polypharmacy as risk factors for falls pre-  
13 vention and developing recommendations for pro-  
14 viders and electronic health records systems of the  
15 Department to monitor for veterans at risk of falls  
16 based on use of certain medications.

17           “(D) Research on improvements for safe pa-  
18 tient handling and mobility among veterans, particu-  
19 larly in facilities (both medical and non-medical)  
20 that are not spinal cord injury centers.

21           “(3)(A) The Secretary and the Director of the Na-  
22 tional Institute on Aging shall establish a joint subject  
23 matter expert panel to develop recommendations as re-  
24 quired under paragraph (2)(B).

1 “(B) The subject matter expert panel required under  
2 subparagraph (A) shall be comprised of eight members,  
3 of which—

4 “(i) four shall be appointed by the Secretary;  
5 and

6 “(ii) four shall be appointed by the Director of  
7 the National Institute on Aging.”.

8 (2) ESTABLISHMENT OF JOINT SUBJECT MAT-  
9 TER EXPERT PANEL.—Not later than 180 days after  
10 the date of the enactment of this Act, the Secretary  
11 of Veterans Affairs and the Director of the National  
12 Institute on Aging shall establish the joint subject  
13 matter expert panel required under section  
14 7310B(d)(3) of title 38, United States Code, as  
15 added by paragraph (1).

16 (3) CLERICAL AMENDMENT.—The table of sec-  
17 tions at the beginning of such chapter is amended  
18 by inserting after the item relating to section 7310A  
19 the following new item:

“7310B. Office of Falls Prevention.”.

20 (b) EXPANSION OF INTERAGENCY COORDINATING  
21 COMMITTEE ON HEALTHY AGING AND AGE-FRIENDLY  
22 COMMUNITIES.—Section 203(c) of the Older Americans  
23 Act of 1965 (42 U.S.C. 3013(c)) is amended—

1           (1) in paragraph (2), by inserting “the Sec-  
2           retary of Veterans Affairs,” after “the Commissioner  
3           of Social Security,”; and

4           (2) in paragraph (7), in the matter preceding  
5           subparagraph (A)—

6                   (A) by inserting “the Committee on Vet-  
7                   erans’ Affairs of the House of Representatives,”  
8                   after “the Committee on Ways and Means of  
9                   the House of Representatives,”; and

10                   (B) by inserting “the Committee on Vet-  
11                   erans’ Affairs of the Senate,” after “the Com-  
12                   mittee on Health, Education, Labor, and Pen-  
13                   sions of the Senate,”.

14           (c) SAFE HANDLING TRANSFER TECHNIQUES.—Not  
15           later than 180 days after the date of the enactment of  
16           this Act, the Secretary of Veterans Affairs shall issue or  
17           update directives of the Veterans Health Administration  
18           for facilities and providers relating to safe patient han-  
19           dling and mobility policies at the national, Veterans Inte-  
20           grated Service Network, and health-care system levels,  
21           which shall include the following:

22                   (1) Requiring biennial training for providers,  
23                   including that all providers be trained in safe patient  
24                   handling and use of mobility aids and mobility tech-  
25                   niques.



1           (2) Requiring that any medical facility where  
2 patients may need assistance with transfer or mobil-  
3 ity have access to safe patient handling and mobility  
4 technology appropriate for the setting to enable safe  
5 transfer and mobilization for access to care and ac-  
6 tivities of daily living for veterans who are paralyzed  
7 or who need assistance with mobility.

8           (3) Requiring that all emergency settings have  
9 immediate access to safe patient handling and mobil-  
10 ity technology to enable safe transfer, fall recovery,  
11 and repositioning.

12       (d) PILOT PROGRAM ON FALLS PREVENTION INTER-  
13 VENTIONS TIED TO RESIDENTIAL ADAPTATIONS AND AL-  
14 TERATIONS.—

15           (1) DETERMINATION.—The Secretary of Vet-  
16 erans Affairs shall determine the feasibility and ad-  
17 visability of carrying out a pilot program to provide  
18 home improvements and structural alterations to  
19 prevent falls for all veterans eligible for those serv-  
20 ices under the laws administered by the Secretary.

21           (2) PLAN.—Not later than one year after the  
22 date of the enactment of this Act, the Secretary  
23 shall submit to Congress a report—

24                   (A) indicating the plans of the Secretary to  
25 carry out a pilot program to provide home im-

1           provements and structural alterations to pre-  
2           vent falls for all veterans eligible for those serv-  
3           ices under the laws administered by the Sec-  
4           retary; or

5                   (B) specifying why the Secretary deter-  
6           mined under paragraph (1) that it is not fea-  
7           sible or advisable to carry out such a pilot pro-  
8           gram.

9           (3) REPORT ON LESSONS LEARNED.—If the  
10          Secretary carries out the pilot program described in  
11          paragraph (1), not later than 180 days after the ter-  
12          mination of the pilot program, the Chief Officer of  
13          Falls Prevention of the Department of Veterans Af-  
14          fairs established under section 7310B(a)(3)(A) of  
15          title 38, United States Code, as added by subsection  
16          (a)(1), shall submit to Congress a report on lessons  
17          learned from the pilot program and any rec-  
18          ommendations on extending or expanding the pilot  
19          program.

20          (e) REPORT ON FALLS PREVENTION INITIATIVES.—

21                   (1) IN GENERAL.—Not later than two years  
22          after the date of the enactment of this Act, or one  
23          year after the appointment of the Chief Officer of  
24          Falls Prevention of the Department of Veterans Af-  
25          fairs established under section 7310B(a)(3)(A) of

1 title 38, United States Code, as added by subsection  
2 (a)(1), whichever occurs first, the Chief Officer, or  
3 the Under Secretary for Health of the Department  
4 of Veterans Affairs if a Chief Officer has not yet  
5 been appointed, shall submit to Congress a report on  
6 falls prevention initiatives within the Department.

7 (2) ELEMENTS.—The report required by para-  
8 graph (1) shall evaluate, for the three-year period  
9 preceding the date of the enactment of this Act—

10 (A) screening procedures at facilities of the  
11 Veterans Health Administration for risk of falls  
12 and the prevalence of resulting falls prevention  
13 interventions;

14 (B) the use by the Department of elec-  
15 tronic health record documentation for risk of  
16 falls among veterans;

17 (C) the number of home modification  
18 grants provided under either the Home Im-  
19 provements and Structural Alterations Program  
20 of the Department under section 1717 of title  
21 38, United States Code, or the Specially Adapt-  
22 ed Housing Program of the Department under  
23 section 2101 of such title;

24 (D) the extent to which grants provided  
25 under the programs specified under subpara-

1 graph (C) prevent falls among veterans and any  
2 recommendations with respect to such programs  
3 in the case of falls among veterans that were  
4 not prevented;

5 (E) for veterans eligible for the Home Im-  
6 provements and Structural Alterations Program  
7 of the Department under section 1717 of title  
8 38, United States Code, pursuant to subsection  
9 (a)(2)(B) of such section, the number of home  
10 modification grants provided to each veteran in  
11 receipt of such a grant;

12 (F) the types of providers that have con-  
13 ducted medical assessments leading to a rec-  
14 ommendation for a home modification tied to  
15 medical necessity, and any recommendations for  
16 legislative or administrative action to expand  
17 the list of providers eligible to conduct medical  
18 assessments leading to a recommendation for a  
19 home modification;

20 (G) home evaluation processes that are  
21 conducted in connection with awards made  
22 under the programs specified under subpara-  
23 graph (C) and any recommendations for im-  
24 proving the evaluation and review process;

1 (H) reporting programs and software of  
2 the Department used to capture incidences of  
3 falls in care sites of the Veterans Health Ad-  
4 ministration and other veterans' settings;

5 (I) limitations on uptake and use of cur-  
6 rent prevention, screening, and intervention  
7 programs designed to address falls prevention;  
8 and

9 (J) recommendations for the Secretary of  
10 Veterans Affairs to work with the Centers for  
11 Disease Control and Prevention, or other enti-  
12 ties determined appropriate by the Secretary, to  
13 better capture data on falls by a veteran occur-  
14 ring in the home or in the community.

15 (f) **REQUIRED NURSING HOME CARE.**—Section  
16 1710A of title 38, United States Code, is amended by  
17 striking subsection (d) and inserting the following:

18 “(d) In the case of an individual determined by a phy-  
19 sician to have fallen or to have been at risk of falling dur-  
20 ing the previous one-year period, the Secretary shall en-  
21 sure that a licensed physical therapist or a licensed occu-  
22 pational therapist conducts a falls risk assessment for the  
23 individual and provides fall prevention services during the  
24 stay of the individual in the nursing home.

1       “(e) The provisions of subsection (a) shall terminate  
2 on September 30, 2028.”.

3       (g) EXTENDED CARE SERVICES.—Section 1710B(a)  
4 of such title is amended by adding at the end the following  
5 new paragraph:

6               “(7) The conduct of an annual falls risk assess-  
7 ment and the provision of fall prevention services by  
8 a licensed physical therapist or licensed occupational  
9 therapist.”.

