

United States Senate

WASHINGTON, DC 20510

September 19, 2022

The Honorable Dr. Rochelle Walensky
Director
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, Georgia 30329

The Honorable Alison Barkoff
Acting Administrator
Administration for Community Living
330 C St SW
Washington, DC 20201

Dear Director Walensky and Acting Administrator Barkoff

In 2019, falls were responsible for more than 3 million emergency room visits for adults aged 65 and older, and more than 34,000 deaths. We know that you are aware of the often avoidable tragedy of fall injuries that occur hundreds of times every single day across America, and that a significant portion of these falls are preventable. We thank you both for your efforts to ensure those at-risk for falls and associated health consequences have access to information and care that can prevent fall occurrences. Your agencies have developed research and information that can reduce the numbers of these preventable falls and therefore, better protect the health and well-being of older adults and people with disabilities.

In 2019, as part of the Supporting Older Americans Act (P.L. 116-131), the most recent reauthorization of the Older Americans Act, Congress required the Comptroller General to conduct “an inventory of federal programs... that support evidence-based fall prevention, home assessments, and home modifications for older individuals and individuals with disabilities,” as well as to require the Government Accountability Office (GAO) to issue a set of recommendations from their reporting. On July 28, 2022, the GAO issued their report, titled: “Older Adults and Adults with Disabilities: Federal Programs Provide Support for Preventing Falls, but Program Reach is Limited.”¹

In this report, GAO identified three recommendations for the Centers for Disease Control and Prevention (CDC) and the Administration for Community Living (ACL), and we would like to know your plans to carry out these recommendations, and what steps your agencies are already taking to reduce the incidence of avoidable falls.

As you know, accidental falls are the single leading injury-related cause of death among adults aged 65 or older, and a leading source of health care expenditures for Medicare and Medicaid. It has been estimated medical costs for fall-related injuries were \$50 billion for 2015 alone, and

¹ <https://www.gao.gov/products/gao-22-105276>

three quarters of that cost was borne by Medicare and Medicaid.² As a larger number of people age into Medicare, these figures are only expected to rise. It is also well documented that most falls occur at home and that many are preventable. In light of this information, we believe the Centers for Disease Control and Prevention (CDC) and the Administration for Community Living (ACL) can each enhance efforts to protect seniors and people with disabilities from avoidable falls. We also believe the Centers for Medicare and Medicaid Services (CMS) must take additional steps as a payor to reduce falls. With collaborative efforts, CMS, ACL, and CDC fall prevention programs can be complementary to one another and prevent serious injuries to hundreds of thousands of Americans. By working together, across government, we can tackle this preventable threat to the health and independence of older adults and people with disabilities.

We write to you to draw attention to the findings of the GAO report and to request details of your plans to incorporate the recommendations of the report into the prevention activities of your agencies in the coming months of 2022 and beyond.

The recommendations from the GAO report were as follows:

1.) The Director of the CDC should expand the scope of its analysis of Behavioral Risk Factor Surveillance System (BRFSS) data to include the prevalence of falls and fall-related injuries among adults under age 65 who may be at higher risk of falls, including adults with disabilities, and, as appropriate, share findings with ACL and other agencies overseeing relevant programmatic efforts. For example:

- CDC could analyze existing BRFSS data on adults aged 45 to 64 and share findings, as appropriate.
- CDC could propose asking adults aged 18 to 44 the two BRFSS fall-related questions, as part of the survey update process.

2.) The Administrator of ACL should identify a collaborative mechanism to facilitate sustained information sharing on all populations at risk of falls and in need of evidence-based fall prevention, home modifications, or home assessments. For example, this could be accomplished by establishing an interagency working group or by building upon the existing efforts to expand the reach of the Housing and Services Resource Center.

3.) The Administrator of ACL should share and highlight information on falls risk and related resources for adults with disabilities who are younger than 60 more prominently among its disability network to inform state and local planning efforts. For example, to the extent possible and appropriate, ACL could work with CDC to highlight relevant falls data and leverage existing resources on fall prevention.

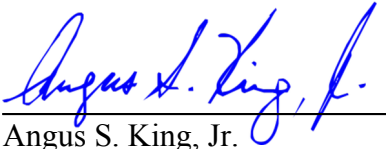
² Medicare and Medicaid paid an estimated \$28.9 billion and \$8.7 billion, respectively, for fall-related medical costs in 2015. Florence C.S., et al., "Medical Costs of Fatal and Nonfatal Falls in Older Adults," *Journal of the American Geriatrics Society*, vol. 66, no. 4 (2018)

Please provide us with the following information about your plans to address the GAO recommendations:

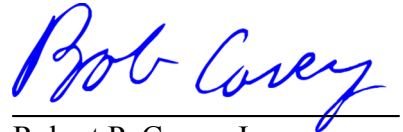
- On what timeline will the CDC and the ACL carry out these recommendations?
- What additional steps, beyond those recommended by the GAO, are the CDC and ACL taking to improve falls prevention?
- What Congressional action is needed to improve CDC's and ACL's implementation efforts to prevent falls for seniors and adults with disabilities?

An ounce of prevention is worth a pound of cure. By further investing in fall prevention, we can reduce serious injuries for the hundreds of thousands of individuals who experience preventable falls each year. Your efforts to communicate prevention strategies and coordinate across federal agencies has the potential to save lives, reduce costs borne by the Medicare and Medicaid programs, and help older adults and people with disabilities continue to live the highest quality of life in their own homes and communities. We look forward to your responses, and we look forward to working with you to promote health, safety and independence among the country's seniors and people with disabilities.

Sincerely,



Angus S. King, Jr.
United States Senator



Robert P. Casey, Jr.
United States Senator