

118TH CONGRESS
2D SESSION

H. R. 9179

To amend title 38, United States Code, to establish the Office of Falls Prevention of the Department of Veterans Affairs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 26, 2024

Ms. BUDZINSKI (for herself, Ms. LOIS FRANKEL of Florida, Mrs. KIGGANS of Virginia, Mr. BERGMAN, and Mr. BILIRAKIS) introduced the following bill; which was referred to the Committee on Veterans' Affairs, and in addition to the Committee on Education and the Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title 38, United States Code, to establish the Office of Falls Prevention of the Department of Veterans Affairs, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Supporting Access to
5 Falls Education and prevention and Strengthening Train-
6 ing Efforts and Promoting Safety initiatives for Veterans

1 Act of 2024” or the “SAFE STEPS for Veterans Act of
2 2024”.

3 **SEC. 2. ESTABLISHMENT OF OFFICE OF FALLS PREVEN-**
4 **TION OF DEPARTMENT OF VETERANS AF-**
5 **FAIRS.**

6 (a) ESTABLISHMENT OF OFFICE.—

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.—

13 “(1) ESTABLISHMENT AND OPERATION.—The
14 Under Secretary for Health shall establish and oper-
15 ate in the Veterans Health Administration the Office
16 of Falls Prevention (in this section referred to as the
17 ‘Office’).

18 “(2) LOCATION OF OFFICE.—The Office shall
19 be located at the Central Office of the Department.

20 “(3) LEADERSHIP.—

21 “(A) HEAD.—The head of the Office is the
22 Chief Officer of Falls Prevention (in this sec-
23 tion referred to as the ‘Chief Officer’).

24 “(B) REPORTING.—The Chief Officer shall
25 report to the Under Secretary for Health.

1 “(4) STAFFING AND SUPPORT.—The Under
2 Secretary for Health shall provide the Office with
3 such staff and other support as may be necessary
4 for the Office to carry out effectively the functions
5 of the Office under this section.

6 “(5) REORGANIZATION.—The Under Secretary
7 for Health may reorganize existing offices within the
8 Veterans Health Administration as of the date of
9 the enactment of this section in order to avoid dupli-
10 cation with the functions of the Office.

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

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

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

24 “(3) To monitor and identify deficiencies in
25 standards of care for the provision of health care

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

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

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

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

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

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

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

14 “(c) PUBLIC EDUCATION CAMPAIGN.—The Chief Of-
15 ficer shall—

16 “(1) oversee and support a national education
17 campaign that—

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

21 “(B) focuses on—

22 “(i) reducing falls, falls with major in-
23 jury, and repeat falls for veterans receiving
24 care under the laws administered by the
25 Secretary; and

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

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

12 “(d) RESEARCH ON FALLS PREVENTION PROGRAMS
13 FOR VETERAN POPULATIONS.—

14 “(1) IN GENERAL.—The Chief Officer shall
15 work with the Office of Research and Development
16 of the Department and the National Institute on
17 Aging to develop research for evidence-based falls
18 prevention programs that will benefit veterans, in-
19 cluding—

20 “(A) programs that overlap with the prior-
21 ities of the Department;

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

24 “(C) programs that may include partici-
25 pants with multiple comorbidities.

1 “(2) MATTERS TO BE INCLUDED.—The re-
2 search required under paragraph (1) shall include
3 the following:

4 “(A) Research in supporting veterans with
5 and without service-connected disabilities receiv-
6 ing home modification grants under section
7 1717 or 2101 of this title.

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

12 “(C) Research addressing medication man-
13 agement and polypharmacy as risk factors for
14 falls prevention and developing recommenda-
15 tions for providers and electronic health records
16 systems of the Department to monitor for vet-
17 erans at risk of falls based on use of certain
18 medications.

19 “(D) Research on improvements for safe
20 patient handling and mobility among veterans,
21 particularly in facilities (both medical and non-
22 medical) that are not spinal cord injury centers.

23 “(3) SUBJECT MATTER EXPERT PANEL.—

24 “(A) IN GENERAL.—The Secretary and the
25 Director of the National Institute on Aging

1 shall establish a joint subject matter expert
2 panel to develop recommendations as required
3 under paragraph (2)(B).

4 “(B) MEMBERSHIP.—The subject matter
5 expert panel required under subparagraph (A)
6 shall be comprised of eight members, of
7 which—

8 “(i) four shall be appointed by the
9 Secretary; and

10 “(ii) four shall be appointed by the
11 Director of the National Institute on
12 Aging.”.

13 (2) ESTABLISHMENT OF JOINT SUBJECT MAT-
14 TER EXPERT PANEL.—Not later than 180 days after
15 the date of the enactment of this Act, the Secretary
16 of Veterans Affairs and the Director of the National
17 Institute on Aging shall establish the joint subject
18 matter expert panel required under section
19 7310B(d)(3) of title 38, United States Code, as
20 added by paragraph (1).

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

“7310B. Office of Falls Prevention.”.

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

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

8 (2) in paragraph (7), in the matter preceding
9 subparagraph (A)—

10 (A) by inserting “the Committee on Vet-
11 erans’ Affairs of the House of Representatives,”
12 after “the Committee on Ways and Means of
13 the House of Representatives,”; and

14 (B) by inserting “the Committee on Vet-
15 erans’ Affairs of the Senate,” after “the Com-
16 mittee on Health, Education, Labor, and Pen-
17 sions of the Senate,”.

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

1 (1) Requiring biennial training for providers,
2 including that all providers be trained in safe patient
3 handling and use of mobility aids and mobility tech-
4 niques.

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

12 (3) Requiring that all emergency settings have
13 immediate access to safe patient handling and mobil-
14 ity technology to enable safe transfer, fall recovery,
15 and repositioning.

16 (d) PILOT PROGRAM ON FALLS PREVENTION INTER-
17 VENTIONS TIED TO RESIDENTIAL ADAPTATIONS AND AL-
18 TERATIONS.—

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

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

4 (A) indicating the plans of the Secretary to
5 carry out a pilot program to provide home im-
6 provements and structural alterations to pre-
7 vent falls for all veterans eligible for those serv-
8 ices under the laws administered by the Sec-
9 retary; or

10 (B) specifying why the Secretary deter-
11 mined under paragraph (1) that it is not fea-
12 sible or advisable to carry out such a pilot pro-
13 gram.

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

25 (e) REPORT ON FALLS PREVENTION INITIATIVES.—

1 (1) IN GENERAL.—Not later than two years
2 after the date of the enactment of this Act, or one
3 year after the appointment of the Chief Officer of
4 Falls Prevention of the Department of Veterans Af-
5 fairs established under section 7310B(a)(3)(A) of
6 title 38, United States Code, as added by subsection
7 (a)(1), whichever occurs first, the Chief Officer, or
8 the Under Secretary for Health of the Department
9 of Veterans Affairs if a Chief Officer has not yet
10 been appointed, shall submit to Congress a report on
11 falls prevention initiatives within the Department.

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

15 (A) screening procedures at facilities of the
16 Veterans Health Administration for risk of falls
17 and the prevalence of resulting falls prevention
18 interventions;

19 (B) the use by the Department of elec-
20 tronic health record documentation for risk of
21 falls among veterans;

22 (C) the number of home modification
23 grants provided under either the Home Im-
24 provements and Structural Alterations Program
25 of the Department under section 1717 of title

1 38, United States Code, or the Specially Adapt-
2 ed Housing Program of the Department under
3 section 2101 of such title;

4 (D) the extent to which grants provided
5 under the programs specified under subpara-
6 graph (C) prevent falls among veterans and any
7 recommendations with respect to such programs
8 in the case of falls among veterans that were
9 not prevented;

10 (E) for veterans eligible for the Home Im-
11 provements and Structural Alterations Program
12 of the Department under section 1717 of title
13 38, United States Code, pursuant to subsection
14 (a)(2)(B) of such section, the number of home
15 modification grants provided to each veteran in
16 receipt of such a grant;

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

1 (G) home evaluation processes that are
2 conducted in connection with awards made
3 under the programs specified under subpara-
4 graph (C) and any recommendations for im-
5 proving the evaluation and review process;

6 (H) reporting programs and software of
7 the Department used to capture incidences of
8 falls in care sites of the Veterans Health Ad-
9 ministration and other veterans' settings;

10 (I) limitations on uptake and use of cur-
11 rent prevention, screening, and intervention
12 programs designed to address falls prevention;
13 and

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

20 **SEC. 3. ESTABLISHMENT OF FALLS ASSESSMENT AND FALL**
21 **PREVENTION SERVICE REQUIREMENTS FOR**
22 **VETERANS.**

23 (a) **REQUIRED NURSING HOME CARE.**—Section
24 1710A of title 38, United States Code, is amended by
25 striking subsection (d) and inserting the following:

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

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

10 (b) EXTENDED CARE SERVICES.—Section 1710B(a)
11 of such title is amended by adding at the end the following
12 new paragraph:

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

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