

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO
SENATE, No. 1060

with committee amendments

STATE OF NEW JERSEY

DATED: OCTOBER 6, 2022

The Senate Health, Human Services and Senior Citizens Committee reports favorably and Senate Bill No. 1060 with committee amendments.

As amended, this bill establishes a three-year "Comprehensive Geriatric Fall Prevention Pilot Program" in the Department of Human Services (DHS), which will be modeled after successful programs adopted in other states. Such programs have reportedly reduced falls and fall-related injuries and have significantly reduced fall-related costs to the states' Medicaid programs. Under the bill, the pilot program is to target at least 6,000 Medicaid recipients 60 years of age and older to receive proven fall-prevention services, and is to designate at least 6,000 Medicaid recipients 60 years of age and older to serve as a control group to measure the comparative effects of the pilot program.

Specifically, the bill directs the Director of the Division of Aging Services in DHS to contract with a qualified organization to administer the pilot program to eligible participants, their families and caregivers, and health care professionals, to focus on reducing the risk of falls. The bill provides that an individual will be eligible to participate in the Comprehensive Geriatric Fall Prevention Pilot Program if the individual is: (1) currently enrolled in the State Medicaid program; (2) 60 years of age or older; (3) a resident of New Jersey; (4) not currently a long-term resident of a nursing home or other institutional setting; (5) not currently a hospice care patient; and (6) not currently enrolled in any special Medicaid programs or waivers in which the participant's plan of care documents already includes the delivery of services designed to reduce the risk of falls.

The program is to be established in such counties as to be proportional to the number of Medicaid beneficiaries in the State and in such other urban areas as are deemed appropriate by the director. To the extent practicable, the pilot program is to incorporate strategies to achieve the following goals:

- to increase awareness of fall risk factors and actions that can reduce falls;

- to provide state-of-the-art individualized fall risk assessments;
- to provide proven individualized counseling on risk mitigation strategies;
- to implement strategies that are proven effective in reducing subsequent falls by elderly fall victims;
- to expand proven interventions that prevent falls by the elderly;
- to improve the diagnosis, treatment, and rehabilitation of elderly fall victims; and
- to assess the risk of falls occurring in various settings.

The bill also directs the Commissioner of DHS to review the effects of falls on costs to the State Medicaid program and the potential for reducing those costs by implementing proven fall prevention services. This review is to include, but not be limited to, a review of the reimbursement policy of the State Medicaid program in order to determine if additional services should be covered or if reimbursement guidelines for fall prevention-related services should be modified. No later than three years after the effective date of this bill, the commissioner is to evaluate the cost-effectiveness of the pilot program, report any findings to the Legislature, and include recommendations regarding Statewide implementation of a geriatric fall prevention program.

Finally, the bill appropriates \$11.7 million from the General Fund to DHS for the purpose of carrying out the pilot program. This bill, however, is intended to be financially self-supporting, as reductions in the number of fall-related injuries, and resulting nursing home admissions, are anticipated to result in savings to the State Medicaid program.

COMMITTEE AMENDMENTS:

The committee amendments revise the bill's findings and declarations section to remove references to individuals living in institutional settings and clarify that the comprehensive geriatric fall prevention pilot program should be community-based.

The committee amendments clarify that, out of the 6,000 program participants, 3,000 participants who are high risk will receive intensive fall prevention programs and 3,000 participants who are lower risk will receive a less intensive but effective program.

The committee amendments remove the word "elderly" from certain parts of the bill and establish specific eligibility requirements for program participants, including a minimum age of 60 for program participants.

The committee amendments make various technical changes to the bill concerning grammar and usage.