

# United States Senate

WASHINGTON DC 20510

May 6, 2009

Dear Colleague:

I ask you to sign the attached letter to encourage the Senate Appropriations Committee to allocate \$10 million through the Centers for Disease Control and Prevention's (CDC) "Unintentional Injury and Prevention" account to allow the National Center for Injury Prevention and Control (NCIPC) to comprehensively address the widespread, expensive, yet preventable incidence of older adult falls.

CDC reports the mortality rate from falls among older Americans has increased by an alarming 39% between 1999 and 2005. Each year, one in three older Americans falls and about 30% of those who fall require medical treatment. In 2005, approximately 1.8 million older adults were treated in emergency departments for nonfatal injuries from falls, more than 433,000 of these patients were hospitalized, and nearly 16,000 died.

The cost of doing nothing is staggering. CDC reports that \$19.2 billion is spent annually on treating older adults for the effects of falls: \$12 billion for hospitalization, \$4 billion for emergency department visits, and \$3 billion for outpatient care. If we cannot stem this rate of increase, it is projected that direct treatment costs will reach \$54.9 billion annually in 2020, at which time the cost to Medicare would be \$32.4 billion.

As the nation's elderly population dramatically increases, we must act responsibly on their behalf. Existing pilot programs offer promising solutions. Additional federal resources will become a magnet for supplementary state, private, and foundation funding to conduct research, evaluate demonstrations, offer public education, and educate health professionals. Interventions include comprehensive clinical assessments, exercise programs to improve balance and strength, management of medications, correction of vision, and reduction of home hazards.

Your support for this cause is backed by the Falls Free Coalition Advocacy Work Group, including leading experts representing the aging community, public health professions, and safety experts, such as the Home Safety Council, the National Council on Aging, the National Safety Council, the State and Territorial Injury Prevention Directors Association, the American Occupational Therapy Association and the American Physical Therapy Association. While Congress took a major step forward in preventing older adult falls with passage of the *Safety of Seniors Act of 2007* the enactment was after the House and Senate mark-ups of the FY 2009 Labor-HHS-Education Appropriations bills.

Older adult falls are widespread, very costly, and often preventable. Only \$2 million was spent through the CDC in FY 2010 on older adult falls prevention to address a \$19.2 billion and growing problem. We need to invest more to prevent older adult falls. I encourage you to sign this letter and help us prioritize older adult fall prevention. The deadline to sign on is **Tuesday, May 12, 2009**. For more information, please contact contact Mona Shah at 4-4654, or [mona\\_shah@help.senate.gov](mailto:mona_shah@help.senate.gov)

Sincerely,



Barbara A. Mikulski  
United States Senator

# United States Senate

WASHINGTON, DC 20510

May 13, 2009

The Honorable Daniel K. Inouye  
Chairman  
Committee on Appropriations  
Washington, DC 20510

The Honorable Thad Cochran  
Ranking Member  
Committee on Appropriations  
Washington, DC 20510

Dear Chairman Inouye and Ranking Member Cochran:

We respectfully request the Committee allocate \$10 million in the FY2010 Labor, Health and Human Services, and Education Appropriations Bill for the Centers for Disease Control and Prevention's (CDC) "Unintentional Injury Prevention" account to allow the National Center for Injury Prevention and Control (NCIPC) to comprehensively address the large-scale growth of older adult falls.

CDC reports that one in three older Americans falls and the mortality rate has increased 39% between 1999 and 2005. In 2005, 1.8 million older adults were treated in emergency departments for injuries from falls, more than 433,000 of these patients were hospitalized, and nearly 16,000 died. One of the greatest financial challenges facing Americans and their employers is the rising cost of health care services required by older Americans. Significant progress can be made in decreasing these costs if we can reduce the frequency and severity of falls among older Americans.

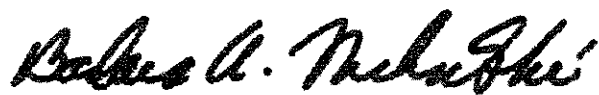
Congress should appropriate more resources to address this issue because older adult falls are: widespread, expensive, often fatal, yet preventable. Falls are the leading cause of both fatal and nonfatal injuries for those 65 and over. The CDC reports that \$19.2 billion annually is spent on older adult falls. If we cannot stem this rate of increase, it is projected that the direct treatment costs will reach \$54.9 billion annually in 2020, at which time the cost to Medicare would be \$32.4 billion. Additionally, the mortality rate of older adult falls is increasing annually.

Results of pilot programs have offered promising directions for simple, cost-effective interventions that have proven to eliminate known risk factors, offer treatments that promote behavior change, and leverage community networks to link clinical treatment and social services. These programs include comprehensive clinical assessments, exercise programs to improve balance and strength, management of medications, correction of vision, and reduction of home hazards.

While Congress took a major step forward in preventing older adult falls with passage of the *Safety of Seniors Act of 2007* the enactment was after the House and Senate mark-ups of the FY 2009 Labor-HHS-Education Appropriations bills.

Ultimately, success in reducing the number and severity of older adult falls will be reached through partnerships with federal, state, and local agencies along with the cooperation of many non-governmental organizations. For this effort to be cost-effective, it requires a central point of leadership making the initial investments in research, programs, and education. Currently, the CDC has only been able to afford \$2 million this year to address a problem costing more than \$19.2 billion a year. We appreciate your consideration of this meaningful request, and we look forward to working with you and your staff to prevent the devastating physical and financial consequences of older adult falls.

Sincerely,

  
Robert A. Neuhoff

