

INTRODUCED BY ASSEMBLY MEMBER ROLFE**LEGISLATIVE COUNSEL'S DIGEST****AP 31: MEDICARE COVERAGE: FALLS RISK ASSESSMENT.**

UNDER EXISTING LAW, MEDICARE PROVIDES COVERAGE FOR A MANDATORY FALLS RISK ASSESSMENT FOR ADULTS 65 YEARS OF AGE OR OLDER INCLUDED IN THE "WELCOME TO MEDICARE" EXAMINATION (INITIAL PREVENTIVE PHYSICAL EXAMINATION OR IPPE). UNDER EXISTING LAW, MEDICARE ALSO PROVIDES FOR AN ANNUAL PREVENTIVE CARE VISIT WHICH REQUIRES A HEALTH RISK SCREENING.

THIS MEASURE WOULD MEMORIALIZE THE LEGISLATURE AND THE GOVERNOR TO ENACT LEGISLATION THAT WOULD INCLUDE SIMILAR FALL PREVENTION EDUCATION, ASSESSMENTS, AND IN-HOME INTERVENTIONS AS COVERED BENEFITS UNDER CALIFORNIA'S MEDI-CAL PROGRAM.

VOTE: MAJORITY.

AP 31: RELATING TO HEALTH CARE COVERAGE

WHEREAS, THE UNITED STATES CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) REPORTS THAT FALLS ARE THE LEADING CAUSE OF FATAL INJURIES FOR AMERICANS 65 YEARS OF AGE AND OLDER; AND

WHEREAS, ONE-IN-THREE COMMUNITY-DWELLING PERSONS OVER 65 YEARS OF AGE FALLS EACH YEAR; AND

WHEREAS, IN CALIFORNIA IN 2011, THERE WERE APPROXIMATELY 250,000 NONFATAL FALLS; AND

WHEREAS, IN CALIFORNIA IN 2012, 1,653 PERSONS 65 YEARS OF AGE AND OLDER SUFFERED A FATAL FALL; AND

WHEREAS, THE UNITED STATES SPENDS AN ESTIMATED \$28,200,000,000 ANNUALLY ON MEDICAL CARE RELATED TO FALLS; AND

WHEREAS, BY 2020, THE ANNUAL DIRECT AND INDIRECT COSTS OF FALLS IS ESTIMATED TO REACH \$54,900,000,000 PER YEAR; AND

WHEREAS, OF THOSE ADULTS 65 YEARS OF AGE AND OLDER WHO ARE HOSPITALIZED FOR A HIP FRACTURE, 40 PERCENT NEVER RETURN HOME OR LIVE INDEPENDENTLY AGAIN AND 25 PERCENT WILL DIE WITHIN ONE YEAR; AND

WHEREAS, THE CDC STATES THAT “TODAY, THERE ARE PROVEN INTERVENTIONS THAT CAN REDUCE FALLS AND HELP OLDER ADULTS LIVE BETTER, AND LONGER”; AND

WHEREAS, THE CENTERS FOR MEDICARE AND MEDICAID SERVICES’ EVIDENCE-BASED REVIEW OF MULTIFACTORAL FALL PREVENTION PROGRAMS CONCLUDED THAT, WHERE THOSE PROGRAMS WERE IMPLEMENTED, THE INCIDENCE OF FALLS WAS REDUCED BY A MINIMUM OF 11 PERCENT WITH A POTENTIAL REDUCTION OF 23 PERCENT; AND

WHEREAS, A UNIVERSITY OF CALIFORNIA, LOS ANGELES (UCLA), HEALTH POLICY RESEARCH BRIEF FROM MAY 2010 REPORTS THAT GUIDELINES PUBLISHED BY THE AMERICAN GERIATRICS SOCIETY RECOMMENDS REDUCING FALLS THROUGH AN EVALUATION BY A HEALTH PROFESSIONAL, COUNSELING ON HOW TO REDUCE FALLS, A REVIEW OF MEDICATIONS, HOME MODIFICATIONS, EXERCISE OR PHYSICAL THERAPY, AND USING A CANE OR WALKER, IF NEEDED; AND

WHEREAS, THE STATE OF CALIFORNIA HAS AN OPPORTUNITY TO INCORPORATE IMPROVED FALLS PREVENTION TRAINING, ASSESSMENTS, AND INTERVENTIONS WHILE EXPANDING MEDI-CAL AND THEREFORE HAS THE OPPORTUNITY TO REDUCE THE INCIDENCE OF FALLS AMONG CALIFORNIA’S MEDI-CAL RECIPIENTS; NOW, THEREFORE, BE IT

RESOLVED, BY THE SENIOR ASSEMBLY AND THE SENIOR SENATE, JOINTLY, THAT THE SENIOR LEGISLATURE OF THE STATE OF CALIFORNIA AT ITS

2013 REGULAR SESSION, A MAJORITY OF THE MEMBERS VOTING THEREFOR, HEREBY PROPOSES THAT THE STATE OF CALIFORNIA DEMONSTRATE ITS COMMITMENT TO REDUCING FALLS BY INCLUDING FALL PREVENTION EDUCATION, ASSESSMENTS, AND IN-HOME INTERVENTIONS AS COVERED BENEFITS UNDER THE MEDI-CAL PROGRAM; AND BE IT FURTHER

RESOLVED, THAT THE SENIOR LEGISLATURE OF THE STATE OF CALIFORNIA RESPECTFULLY MEMORIALIZES THE LEGISLATURE AND THE GOVERNOR OF THE STATE OF CALIFORNIA TO ENACT APPROPRIATE LEGISLATION THAT WOULD ADDRESS THE CONCERNS SET FORTH IN THIS MEASURE; AND BE IT FURTHER

RESOLVED, THAT A COPY OF THIS MEASURE BE TRANSMITTED TO THE SPEAKER OF THE ASSEMBLY, THE PRESIDENT PRO TEMPORE OF THE SENATE, AND THE GOVERNOR OF THE STATE OF CALIFORNIA.