



## **STATEMENT FOR THE RECORD**

Submitted to the Senate Special Committee on Aging on May 20<sup>th</sup>, 2026.

Hearing on “Preventing Falls, Preserving Independence: Technology, Community Programs, and Innovation in Senior Safety”

The Alliance for Physical Therapy Quality and Innovation (APTQI) is grateful for the opportunity to submit this statement for the record following the Senate Special Committee on Aging’s hearing on falls prevention among older Americans. APTQI unites 30,000 community-based physical and occupational therapy professionals in over 9,000 practice locations to advocate for legislative and regulatory changes that furthers our mission of ensuring patient access to value driven physical therapy care. As a result, we commend Chairman Rick Scott and Ranking Member Kirsten Gillibrand for convening this important hearing and for shining a light on one of the most urgent threats facing older Americans today.

### **The Committee’s Hearing Confirms the Urgency of This Crisis**

The testimony received reinforces what public health data has made increasingly clear: falls among older Americans have reached crisis proportions – and the trajectory is worsening. According to the Centers for Disease Control and Prevention (CDC), falls among Americans age 65 and older now occur more than once every second across the United States and are projected to number 52 million by 2030.

Each year, falls cause approximately 12 million injuries among older Americans, send 3 million to emergency departments, and result in more than 800,000 hospitalizations for broken and fractured bones, head injuries, and similar trauma. Falls also claim an estimated 32,000 lives annually, making them the single greatest cause of injury-related mortality in this population, according to the National Council on Aging. In fact, falls are now widely recognized as the leading cause of injury and injury-related death among older adults, a distinction reflecting both how common falls are and how severe they can be.

The financial cost of falls among older Americans is equally staggering. The CDC estimated that falls generated \$50 billion in healthcare costs in 2015 alone – costs borne overwhelmingly by Medicare, Medicaid, and U.S. taxpayers. These costs encompass emergency department visits, hospitalizations, surgical procedures, rehabilitation, long-term care placement, and the downstream medical consequences of fall-related injuries, including lasting reliance on pain medication and opioids.



## The Medicare Program Does Not Yet Meet Beneficiaries' Need

As the hearing record reflects, Medicare does not currently provide beneficiaries with adequate access to the specialized fall prevention services that could most meaningfully reduce their risk. Medicare's Welcome to Medicare visit and annual Wellness visits do provide a limited opportunity for physicians to identify beneficiaries who may be at elevated fall risk. However, these visits are general in nature, time-constrained, and not designed to deliver the kind of comprehensive, specialized falls risk assessment that research has shown to be most effective. Any assessment that is conducted during a standard wellness visit does not typically involve physical and occupational therapists, who are best trained and most qualified to assess older Americans' falls risk and deliver the care that prevent their occurrence.

The result is a significant care gap. Millions of Medicare beneficiaries who have already experienced a fall – and who are therefore at substantially elevated risk of falling again – do not receive the thorough, specialist-delivered risk assessment and intervention they need. As a result, they often leave wellness visits without referrals to professional falls risk assessment and prevention services. Instead, millions of them return home with unaddressed gait problems, balance deficits, strength limitations, home hazards, and medication interactions that increase their fall risk. And they fall again.

Fortunately, this is not a failure of medical knowledge. The evidence base for falls risk assessment and prevention delivered by physical and occupational therapists is robust and well-established. It is a failure of coverage policy, a gap between what Medicare currently authorizes and reimburses and what the evidence shows at-risk beneficiaries need. Closing that gap is precisely what the *Stopping Addiction and Falls for the Elderly (SAFE) Act* is designed to do.

## A Proven, Bipartisan Solution

The SAFE Act (S. 2612) is an evidence-driven response to falls crisis, making targeted improvements to Medicare's existing wellness framework that together would meaningfully reduce falls, injuries, deaths, and healthcare costs among older Americans:

- First, the SAFE Act authorizes physicians to refer Medicare beneficiaries who have experienced a fall within the prior year and who are deemed to be at risk of another fall to a physical or occupational therapist for specialized risk assessment and prevention services.
- Second, the SAFE Act eliminates cost-sharing for beneficiaries referred for falls risk assessment and prevention services, ensuring the legislation's benefits reach all Medicare beneficiaries regardless of their financial circumstances.
- Third, the SAFE Act directs the Secretary of Health and Human Services to report to Congress every year on the reduction in falls, injuries, and costs achieved through these



reforms, enabling the legislation to support Congress' evidence-based refinement of falls prevention policy.

Taken together, these provisions represent a targeted and proven intervention. Consistent with published research on the clinical and fiscal effectiveness of falls risk assessment and prevention services, independent analysis projects the SAFE Act would save \$162 million over ten years. This is a meaningful return on a modest and appropriately targeted policy change.

### Broad Support Exists for Congressional Action

The SAFE Act is a bipartisan proposal that has already earned the support of key stakeholders, including the Center for Medicare Advocacy, Families USA, Gerontological Society of America, Justice in Aging, and the Medicare Rights Center. Of particular note, AARP has endorsed the SAFE Act on behalf of its more than 100 million members.

Public support for the SAFE Act is equally impressive. A Morning Consult survey of registered voters age 65 and older that was conducted in 2024 found 87 percent of older voters – including 90 percent of Democrats and 81 percent of Republicans – support the SAFE Act. Reflecting the prevalence of falls among older Americans, fully 31 percent of survey respondents had already experienced a fall. Such consensus – across registered voters, party lines, and advocacy organizations – reflects the case for action: the problem is severe, the solution is proven, and the cost of inaction is high.

### A Call to Action

With every passing year, millions of older Americans fall, hundreds of thousands are hospitalized, and tens of thousands die from injuries that evidence-based intervention could have prevented. The SAFE Act is the targeted, fiscally responsible, and broadly supported measure beneficiaries and taxpayers need.

For these reasons, APTQI respectfully requests the Committee to do everything it can to help advance the SAFE Act. The hearing record documents the scale of this crisis and the availability of effective remedies. The Senate now has a compelling opportunity to translate that record into legislative action.

Respectfully submitted,

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