

Stopping Addiction and Falls for the Elderly Act, or SAFE Act (H.R. 1171 / S. 2612)



Position

The American Physical Therapy Association strongly supports the Stopping Addiction and Falls for the Elderly Act, or SAFE Act (H.R. 1171 / S. 2612), aimed at expanding and increasing access to falls screening and prevention in order to reduce the use of opioids that often occur as a result of a fall. The SAFE Act was introduced in the House by Reps. Carol Miller, R-W.Va., and Melanie Stansbury, D-N.M.; and in the Senate by Sen. Jim Justice, R-W.Va.

Background

According to the [Centers for Disease Control and Prevention](#), more than 1 out of 4 older Americans fall each year. Falling once doubles the chances of falling again. Every 19 minutes, an older adult will die as a result of a fall. All told, accidental falls among older adults result in 3 million emergency room visits and 1 million hospital stays. The average falls-related hospitalization [costs \\$30,000](#), and falls rank fifth highest in terms of [personal health care spending](#). Older adult falls cost \$50 billion in medical costs annually, with 75% paid by Medicare and Medicaid.

Many things can lead to [falls](#), such as vision problems, loss of balance, certain medicines, limited strength or flexibility, poor footwear, and clutter in the walking areas at home. Unlike with other medical conditions, there is no single test that can predict a fall, which is why frequent screening is crucial. Preventing falls is key, however, access to falls screening and prevention services under Medicare is currently limited. Increasing access to physical therapy for falls prevention screening and services to Medicare beneficiaries prone to falls could measurably reduce Medicare costs.

Two current programs under Medicare could be improved to ensure better falls screening and prevention for beneficiaries: the Initial Preventive Physical Examination, also known as the Welcome to Medicare visit or IPPE, and the Medicare Annual Wellness visit, or AWW.

Solution

Expanding access to falls prevention screening and services for Medicare beneficiaries would reduce the number of falls each year and save the Medicare program millions of dollars a year by preventing hospitalizations. Enacting the SAFE Act would help achieve this goal by making two critical changes to the Medicare program.

First, it would provide for the referral to a physical therapist for falls screening and prevention services as part of Medicare's IPPE. The IPPE is a preventive visit offered to newly enrolled Medicare beneficiaries and focuses on health promotion and disease prevention and detection. Medicare provides one IPPE per lifetime if it's provided within the first 12 months after the patient's Part B coverage starts. The legislation would explicitly add physical therapist services to the list of IPPE's screening and other preventive services. This change would ensure that therapy services for falls screening and prevention are provided to an individual that has been determined by their physician during the IPPE to have experienced a fall in the previous calendar year.

Second, Medicare beneficiaries who have had Medicare Part B for longer than 12 months can get a yearly wellness visit to develop or update their personalized plan to help prevent disease or disability, based on their current health and risk factors. Not to be confused with a complete physical examination, the purpose of the AWW is to review the patient's wellness and develop a personalized prevention plan. The services provided during this visit are different from a typical preventive care visit and expand to address emotional and psychological well-being, in addition to the patient's physical well-being. The legislation would add a new PT falls prevention policy to this program so that if a physician discovers during the AWW that a beneficiary has fallen within the previous calendar year, they would be referred for a separate falls risk assessment and preventive services to be provided by a physical therapist.

A physical therapist can help assess risk factors and develop a plan to address them to help Medicare beneficiaries avoid falls and remain independent. Most importantly, physical therapy can be an alternative that may reduce [long-term opioid medication use](#) as an effective means to [decrease preventable falls](#) in community-dwelling older adults.

Facts About Physical Therapists and Physical Therapist Assistants



Who We Are

Physical therapists are movement experts who help to optimize people's physical function, movement, performance, health, quality of life, and well-being. Physical therapists evaluate, diagnose, and manage movement conditions for individuals, and they also provide contributions to public health services aimed at improving population health and the human experience. Physical therapist assistants are educated and licensed or certified clinicians who provide care under the direction and supervision of a licensed physical therapist. PTs and PTAs care for people of all ages and abilities.

What We Do

After performing an evaluation and making a diagnosis, physical therapists create and implement personalized plans based on best available evidence to help their patients improve mobility, manage pain and other chronic conditions, recover from injury, and prevent future injury and chronic disease. PTs and PTAs empower people to be active participants in their care and well-being. They practice collaboratively with other health professionals to ensure the best clinical outcomes.

Where We Practice

PTs and PTAs provide services to people in a variety of settings, including outpatient clinics or offices; hospitals; inpatient rehabilitation facilities; skilled nursing, extended care, or subacute facilities; education or research centers; schools; community centers; hospices; industrial, workplace, or other occupational environments; and fitness centers and sports training facilities.

The Economic Value of Physical Therapy in the United States

A September 2023 report from the American Physical Therapy Association outlines the cost-effectiveness and economic value of physical therapist services for a broad range of common conditions. "The Economic Value of Physical Therapy in the United States" reinforces the importance of physical therapists and physical therapist assistants in improving patient outcomes and decreasing downstream costs. Policymakers should use this report to inform legislative and regulatory efforts for health care delivery and payment under Medicare, Medicaid, and commercial payers. **Review the findings at [ValueofPT.com](https://www.valueofpt.com).**

Education and Licensure

As of 2016, all PTs must receive a doctor of physical therapy degree from an accredited physical therapist education program before taking and passing a national licensure exam that permits them to practice. Licensure is required in each state (or other jurisdiction, including the District of Columbia, Puerto Rico, and the U.S. Virgin Islands) in which a PT practices. PTAs must complete a two-year associate's degree from an accredited physical therapist assistant program and pass a national exam. State licensure or certification is required in each state (or jurisdiction) in which a PTA works.

American Physical Therapy Association

The American Physical Therapy Association is a national organization representing more than 100,000 physical therapists, physical therapist assistants, and students of physical therapy nationwide. Our mission is to build a community that advances the profession of physical therapy to improve the health of society.



Co-sponsor H.R. 1171 / S. 2612 today!

For more information and contact info for APTA Government Affairs staff, scan here or visit apta.org/position-papers.

