DAN FEYEN

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To: The Senate Committee on Health
From: Sen. Dan Feyen
Re: Senate Bill 884

Hello Chair and members of the committee, thank you for taking the time to hear testimony on SB 884.

According to the CDC, Wisconsin has the highest rate of deadly falls among older adults in the country. Between 2018 and 2020, there were 4,986 deaths due to falls among the Wisconsinites 65 years and older. This is nearly triple the total all-ages number of motor vehicle deaths.

Each year, it is estimated that 1 in 4 people aged 65 or older suffers a fall. When an older person falls, the impact is felt throughout the community. In 2021 there were 43,000 emergency department visits due to falls. Hospitalization costs totaled more than $427 million that year. An estimated $1 billion is spent annually on falls-related health costs in Wisconsin. This includes both Medicaid and out-of-pocket expenses. With Wisconsin's aging population, we can only expect these numbers to rise.

SB 884 aims to minimize the impact of these falls by requiring fall prevention and recovery training for certain employees and residents at residential care complexes, nursing homes, and hospices. These trainings should help both residents and staff better understand an individual's potential for a fall and give them tactics and for preventing them.

This bill also requires there be at least one employee certified in CPR, first aid, and fall prevention recovery training on site at all times that a patient or resident is present. This will make sure that individuals assisting our elderly are qualified to aid those who have fallen.

Lastly, after hearing feedback from the AARP and other stakeholders, we will be introducing an amendment that will remove the liability protection that was originally included in the bill. Our intention was to remove barriers for employees to help those who have fallen, but understand their concerns with that portion of the bill.

Thank you very much for holding a public hearing on this bill.

WISCONSIN STATE REPRESENTATIVE
LORI PALMERI
54TH ASSEMBLY DISTRICT

Testimony of Representative Lori Palmeri
Committee on Health
SB 884: fall prevention and recovery training, CPR and first aid certification, a duty to provide aid in certain residential facilities and hospices, and granting rule-making authority.
February 14th, 2024

Thank you, Chairwoman Cabral-Guevara and members of the Senate Committee on Health, for allowing me to testify in favor of Senate Bill 884. I also want to thank Senator Feyen for his leadership on this issue and for working with my office on this important legislation. This topic goes back several years, starting with Sen. Feyen and I discussing these issues at a local assisted living facility when I was still the Mayor of Oshkosh. I also want to thank Chief Stanley from the Oshkosh Fire Department for going the extra mile to advocate on this issue.

I appreciate the opportunity to testify in favor of this bill to support our local emergency medical services, provide prevention and recovery training, and create a dignified environment when falls do occur. We cannot prevent all falls.

As we all age, our likelihood of falling increases. Falls often leave our loved ones unable to get up on their own. Before my mom passed in 2019, she had numerous falls and was not injured and would decline transport to the hospital. All she needed was a hand up. Imagine our surprise to learn after spending thousands of dollars for assisted living that no one was **allowed** to help her up and 911 had to be called. We were further surprised when we received the bill for the emergency services call, and realized the additional costs would be transferred to my mom. This story is not unique to my family but rather a financial burden and stressor that many families are confronted with when their loved ones age.

Loved ones who have fallen often rely on family, caregivers and in many cases, Emergency Medical Services (EMS) to help. Reliance on EMS when falls occur is not exclusive to private home settings but is also often utilized by residential care apartment complexes, community-based residential facilities, nursing homes, and hospices.

This is an issue from a resource perspective for EMS services, but it also creates a financial burden for the resident of these facilities who have fallen. If little to no staff at the facility are trained in fall prevention and recovery training, it requires either a family member to come to the facility to lift their loved one or a call to EMS. This is a cost that should not be continually incurred when an individual is already paying to live in the facility under the premise they will receive care they could not get living alone.

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WISCONSIN STATE REPRESENTATIVE

LORI PALMERI

54TH ASSEMBLY DISTRICT

Senate Bill 884 would require the Department of Health Services (DHS) to develop or identify fall prevention and recovery training programs for certain employees working in residential care apartment complexes, community-based residential facilities, nursing homes, and hospices. These facilities would then be required to administer the training to all employees required by DHS to receive the training and to patients and residents of the facility. These facilities must also have at least one employee with current CPR certification, one with certification in first aid, and at least one who has received fall prevention and recovery training available and on the premises at all times.

A duty of care for these facilities is also created under Senate Bill 884 to administer CPR and first aid and make an attempt to lift patients and residents who have fallen, appear to be uninjured, and cannot recover on their own.

Please join me in supporting SB 884.

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TO: Senator Cabral-Guevara, Chair, Senate Committee on Health,

FROM: Martha Cranley, State Director, AARP Wisconsin

Subject: Testimony in Favor of Senate Bill 884 - Fall Prevention

February 8th, 2024

Thank you for the opportunity to submit testimony in support of Senate Bill 884 (Assembly Bill 942) which requires the Department of Health Services to implement a series of fall prevention actions including training for certain staff, patients, and residents of various facilities. In addition, the bill requires: 1) residential care apartment complexes, community-based residential facilities, nursing homes, and hospices must have at least one employee with current certification in CPR, in first aid, and fall prevention and recovery training on the premises at all times, and 2) a duty to administer CPR and first aid to patients and residents of various facilities and to make an attempt to lift patients and residents who have fallen, appear to be uninjured, and cannot recover on their own.

AARP WI is excited to see a policy that highlights the needs of our state's aging population who deserve access to facilities with staff that can and will help them in their time of need and lighten the burden on local EMS & Fire services. We are particularly excited to see this very important bill no longer has an exemption from liability with the new amendment. We appreciate the authoring legislators for balancing patient protections and requirements that further help patients when they are uninjured and able to be assisted. AARP as a national organization has advocated for similar standards in other states.

AARP WI stands with our advocacy partners for Wisconsin's Aging population in support of this bill authored by Senator Feyen and Representative Palmeri. We appreciate their leadership, willingness to meet with us and their focus on our target aging population, many of whom are in facilities and impacted by the threat of falling. Residents all over Wisconsin would have a chance to benefit from these standards and become another step closer to living with dignity as they age.

Thank you for the opportunity to provide input on this common-sense legislation and we at AARP look forward to working with more legislators to promote options that support our aging and able-bodied population.

We urge all members of this committee and the full Legislature to vote yes on SB 884/AB 942.

Martha Cranley
State Director

State of Wisconsin
Department of Health Services
Tony Evers, Governor
Kirsten L. Johnson, Secretary

TO: Members of the Senate Committee on Health

FROM: HJ Waukau, Legislative Director

DATE: February 14, 2024

RE: SB 884 relating to: Fall prevention and recovery training, CPR and first aid certification, a duty to provide aid in certain residential facilities and hospices, and granting rule-making authority

The Wisconsin Department of Health Services (DHS) would like to submit written testimony for information only for Senate Bill 884 (SB 884) relating to fall prevention training, cardiopulmonary resuscitation (CPR) and first aid certification, and a duty to administer CPR and first aid in residential facilities and hospices. Under SB 884, adult family homes (AFHs), community-based residential facilities (CBRFs), residential care apartment complexes (RCACs), nursing homes, and hospices would be required to develop and administer fall prevention training for all employees, have at least one employee on premises at all times certified in CPR and first aid, have a duty to administer CPR and first aid to patients and residents who have fallen and are unable to recover on their own. AFHs, CBRFs, RCACs, nursing homes, and hospices would be exempt from liability for civil damages under the bill for any act or omission when administering first aid or CPR.

Falls prevention, particularly for older adults can limit cost growth in long-term care programs and promote quality of life for individuals as they age. DHS recently issued a report highlighting Wisconsin as having the highest falls death rate among older adults in the U.S.[1] SB 884 aims to improve falls prevention for some of the most at-risk populations in state licensed facilities. However, SB 884 may have impacts for the staff and operations of licensed facilities and would require DHS to promulgate rules to implement.

Under SB 884 there would most likely be a significant increase in the number of staff needed to implement the bill in AFHs, CBRFs, and RCACs. This may be especially burdensome given the ongoing workforce shortage in the long-term care field. An additional and potential unintended consequence of the bill may be that an individual becomes more injured when moved if the staff training is inadequate, or not refreshed on a regular basis. However, additional training could enhance a responsive and supportive caregiver workforce and result in better care for residents in Wisconsin's residential facilities.

Additionally, the provisions of SB 884 would require DHS to update its administrative codes for CBRFs, AFHs, RCACs, and hospices to include the new requirements for CPR, first aid, and establishing a falls prevention and recovery program. Federal regulations require nursing homes to meet the requirements regarding CPR and first aid. However, there are no specific federal regulations requiring a falls prevention and recovery program, though it is inferred. DHS would need to amend its administrative code to include these requirements. DHS recommends SB 884 incorporate explicit rulemaking authority to this effect.

[1] Wisconsin Department of Health Services, "EMS and Falls in Wisconsin, 2022 Report," September 2023, https://www.dhs.wisconsin.gov/publications/p03493.pdf.

DHS thanks the Committee for the opportunity to provide written testimony for information only on SB 884 and offers itself as a resource for the Committee.

WALA
WISCONSIN ASSISTED LIVING ASSOCIATION

To: **Senator Rachael Cabral-Guevara, Chair**
Members of the Senate Committee on Health
From: **Michael Pochowski, President & CEO**
Date: **Wednesday, February 14, 2024**
Re: **Senate Bill 884 - Opposed**

The Wisconsin Assisted Living Association (WALA) represents over 1,600 assisted living facilities which includes community-based residential facilities (CBRF), residential care apartment complexes (RCAC), and adult family homes (AFH).

On behalf of WALA, we are opposed to Senate Bill 884, relating to fall prevention and recovery training, CPR and first aid certification, a duty to provide aid in certain residential facilities and hospices. The association has concerns with the lifting/moving and CPR requirements for both CBRFs and RCACs.

According to the Wisconsin Department of Health Services (DHS) website, CBRFs are defined as "places where five or more unrelated people live together in a community setting. Services offered include room and board, supervision, and support services. It can include up to three hours of nursing care per week." (https://www.dhs.wisconsin.gov/regulations/cbrf/introduction.htm)

RCACs are defined as "independent apartment units that provide services including: Room and board; Up to 28 hours per week of supportive care; Personal Care; and Nursing Services." (https://www.dhs.wisconsin.gov/regulations/rcac/introduction.htm)

As you can see, CBRFs and RCACs are intended to be home-like environments.

Lifting/Moving Requirements

Senate Bill 884 would require a CBRF and RCAC to "Make an attempt before arrival of emergency medical services to lift a resident who has fallen, appears to be uninjured, and is unable to reasonably recover independently." By definition, CBRFs and RCACs are not staffed like a nursing home and do not typically employ licensed health care professionals such as licensed practical nurses (LPN) and registered nurses (RN). As such, this bill would require unlicensed employees to improperly assess residents for an injury.

If a resident is found on the floor by an unlicensed employee, that employee does not have the education nor qualifications to assess the resident to determine if they have a serious injury such as a fracture or head injury. This is why CBRFs and RCACs contact emergency medical services (EMS) when they find a resident on the floor. If an unlicensed employee were to move a resident that was not properly assessed for an injury, they could further injure the resident by lifting or moving them. The situation can also be complicated due to facility staffing issues and resident condition.

From a liability standpoint, under this bill, a CBRF and RCAC would not be liable for any "civil damages," with some caveats, such as not acting in good faith or acting with gross negligence. But, both "good faith" and "gross negligence" are not defined in the bill. In addition, there is a difference between "civil damages" and "civil liability" (which is not included in the bill). For example, if a resident is lifted/moved and they have a head injury, fracture, etc., the employee, CBRF, and RCAC would still be liable for exacerbating the injury under this bill even with the "civil damages" section.

WALA
WISCONSIN ASSISTED LIVING ASSOCIATION

CPR Requirements

As mentioned above, CBRFs and RCACs are considered home-like environments that serve frail elderly individuals along with residents on hospice. If CPR were initiated on a frail elderly resident, the process of administering CPR could fracture their ribs and cause further complications, up to and including death.

In addition, a resident may have a do-not-resuscitate order (DNRO) and/or is on hospice. Senate Bill 884 does not address these types of situations, particular from a liability standpoint, if CPR were administered accidently to a hospice resident or a resident with a DNRO.

Additional Concerns

CBRFs and RCACs continue to endure a significant staffing crisis. It is very possible a CBRF and RCAC would not be able to meet the requirements of the bill from a staffing perspective. Along with this, the additional training requirements could be logistically problematic for CBRFs and RCACs in the rural areas of the state by way of finding a trainer and location for the training.

Thank you again for allowing us to provide testimony on Senate Bill 884. If you have any questions, please feel free to contact me at (414) 803-7415 or via e-mail at mpochowski@ewala.org or our lobbyist, Forbes McIntosh.

Greater Wisconsin
Agency on Aging Resources, Inc.

Date: February 14, 2024

To: Chairperson Cabral-Guevara and members of the Senate Health Committee

From: Janet Zander, Advocacy & Public Policy Coordinator

Re: For Information Only: SB 884 – Fall Prevention & Recovery Training
SB 885 – Grants for Patient Lift Devices

Thank you for this opportunity to share testimony on SB 884 & SB 885. My name is Janet Zander and I serve as the Advocacy and Public Policy Coordinator for the Greater Wisconsin Agency on Aging Resources, Inc. (GWAAR).

Falls remain the number one cause of injuries among older adults. In fact, Wisconsin has the highest rate in the nation of deadly falls among older adults.[i] Falls are a key driver of emergency department visits, hospitalizations, and nursing home admissions. Falls also represent an increasing percentage of 911 calls across the state, resulting in increased pressure on local emergency medical services and emergency department capacity.

SB 884

SB 884 requires the state Department of Health Services (DHS) to develop or identify fall prevention and recovery training programs for certain employees of residential care apartment complexes (RCACs), community-based residential facilities (CBRFs), nursing homes, and hospices, as well as for the patients/ residents that reside in these facilities. These facilities, in turn, must then administer the fall prevention and recovery trainings to required employees and to patients/residents of the facilities. In addition to the fall prevention and recovery training, this bill requires these facilities to have at least one employee with current CPR certification, one employee with current first aid certification, and one employee who has received fall prevention and recovery training, available on the premises at all times a resident/patient is present. Lastly, this bill imposes a duty upon these facilities to administer CPR (as appropriate) and first aid to patients/ residents and to make an attempt to lift patients and residents who have fallen, appear to be uninjured, and cannot recover on their own.

GWAAR is supportive of efforts to provide initial *and ongoing* CPR and first aid training to facility staff. This training offers patients/residents a prompt response to various medical emergencies and can help to prevent a tough situation from becoming worse. We also support the provision of fall prevention training to staff and residents/patients. As the saying goes, "an ounce of prevention is worth a pound of cure." It is much easier to stop something from happening in the first place than to repair the damage after it has happened. Regarding the identification and training of staff and residents/patients on fall recover and proper techniques for lifting and moving residents/patients, **it is critical that any training provided be consistent with the level of skill needed to properly conduct a post-fall assessment and properly lift a patient/resident without causing additional harm.** Any training program should include initial

training and ongoing competency refresher training. When a patient/resident falls, it can be a devastating mistake to assume no injury has occurred. It is important to know what caused the fall. Did the patient/resident slip on the bathroom floor or did their hip spontaneously fracture causing the fall? A comprehensive post-fall assessment requires staff to:

- Check the patient/resident's vital signs
- Check the patient/resident's skin for pallor, trauma, circulation, abrasion, bruising, and sensation.
- Check the central nervous system for sensation and movement in the lower extremities.
- Assess the current level of consciousness and determine whether the patient has had a loss of consciousness.
- Look for subtle cognitive changes
- Check the pupils and orientation
- Observe the leg rotation, and look for hip pain, shortening of the extremity, and pelvic or spinal pain
- Note any points of pain and tenderness (note: residents with dementia or other cognitive impairments may not be able to report pain.)

Falls recovery protocols do not end with the initial assessment; a patient/resident who has fallen will require ongoing monitoring and reassessment.

Lastly, SB 884 exempts the facilities and the individual that provides CPR, first aid, or lifts a fallen resident/patient from any liability from civil damages, unless the individual acted with gross negligence. GWAAR and WAAN oppose efforts to limit liability for harm caused by paid staff and facilities. **The right of residents/patients and their families to hold facilities accountable when residents/patients are harmed, must be protected.**

SB 885

SB 885 requires DHS to establish and administer a pilot program to award grants to facilities to purchase patient lift devices. Technology in the area of lift devices has advanced significantly. GWAAR supports the use of these additional tools for **staff at facilities who are trained to perform a comprehensive post-fall assessment and to safely lift residents/patients to a standing position**. Proper use of patient lift devices can help to avoid both staff and patient/resident injury.

Patient lift devices can be expensive, and these grants would support their use in facilities that might not otherwise be able to afford them. **GWAAR encourages the criteria for grant awards to include the presence of staff trained and qualified to use them**. Additionally, we question the requirement for patient lift devices to meet qualification #2 which states, "Can be operated independently by a patient or resident." While some residents/patients may be able to roll themselves to a seated position on lift equipment, it may remain difficult for patients/residents to safely secure themselves on the lift device before attempting to lift themselves.

We appreciate the interest in and efforts of policymakers to expand access to evidence-based fall prevention and recovery training to facility staff and residents/patients and to increase safe access to

patient lift equipment. Reducing the rate of falls among residents/patients in care facilities is good for individuals, families, staff, and health care providers across the continuum. Thank you for your consideration of these comments related to SB 884 and SB 885. We look forward to continuing to work with you on policies that improve the quality of life for older people in Wisconsin.

The Greater Wisconsin Agency on Aging Resources, Inc. (GWAAR) is a nonprofit agency committed to supporting the successful delivery of aging programs and services in our service area consisting of 70 counties (all but Dane and Milwaukee) and 11 tribes in Wisconsin. We are one of three area agencies on aging (AAAs) in Wisconsin. We provide lead aging agencies in our service area with training, technical assistance, and advocacy to ensure the availability and quality of programs and services to meet the changing needs of older people in Wisconsin. Our mission is to deliver innovative support to lead aging agencies as we ***work together to promote, protect, and enhance the well-being of older people in Wisconsin.***

Contact:
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[i] Kakara R, Bergen G, Burns E, Stevens M. Nonfatal and Fatal Falls Among Adults Aged ≥65 Years — United States, 2020–2021. MMWR Morb Mortal Wkly Rep 2023;72:938–943. DOI: http://dx.doi.org/10.15585/mmwr.mm7235a1

February 14, 2024
Jill Renken, Wisconsin Institute for Healthy Aging
SB 884 – Fall Prevention & Recovery Training
SB 885 – Grants for Patient Lift Devices

Thank you for the opportunity to share testimony today on SB 884 and SB 885. I also want to acknowledge and thank Senators Feyen and Representative Palmeri for introducing this legislation and supporting Falls Prevention efforts here in Wisconsin. My name is Jill Renken, Executive Director of the Wisconsin Institute for Healthy Aging – a non-profit organization working to improve the health and well-being of people as they age in Wisconsin.

Wisconsin has the highest rate of deadly falls among older adults in the nation – 1,635 older people died due to a fall in 2021.

Each year, more than one in four older adults has a fall -- 20% result in an injury like a hip fracture or traumatic brain injury making falls the number one cause of injuries in older adults. More than 43,000 older people went to the emergency department due to a fall in 2021 at an average cost of $1,788 per visit; over 10,000 were hospitalized at an average cost of $20,615 per hospitalization.

Falls also have serious implications for public safety and their capacity to meet community needs. Wisconsin EMS providers responded to over 130,000 older adult falls making it the top injury response in 2022 – that's 25,000 more than in 2019. Nearly one in five ambulance runs were for older adult falls in 2022. While the majority of falls happen in private homes, falls ambulance runs at both private residences and at nursing homes are increasing.

The good news is that while common, falls are not an inevitable part of aging. We know what factors induce a fall. With investment in falls prevention and recovery in both the community and residential facilities, we can help people reduce their falls risk AND ensure adequate care is given to assist those who fall.

SB 884 and SB 885 will advance fall prevention and recovery training and initiatives to be developed and implemented for employees and patients of residential facilities. This will work to ensure proper and timely care is given to residents when they fall -- so that they are not lying on the ground for extended periods of time, waiting for EMS to arrive.

With expertise in the area of evidence-based falls prevention, the Wisconsin Institute for Healthy Aging supports the overall intent of this legislation, while encouraging additional thoughtful exploration into the resources needed to ensure effective implementation of the required training and logistics.

As Wisconsin's population ages we aim to collectively prevent and treat fall injuries, to improve and maintain quality of life of older adults -- while reducing further strain on EMS and our health care system.