

119TH CONGRESS
1ST SESSION

H. R. 3183

To amend title 38, United States Code, to establish the Office of Falls Prevention of the Department of Veterans Affairs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 5, 2025

Ms. BUDZINSKI (for herself, Ms. LOIS FRANKEL of Florida, Mrs. KIGGANS of Virginia, Mr. BERGMAN, and Mr. BILIRAKIS) introduced the following bill; which was referred to the Committee on Veterans' Affairs, and in addition to the Committee on Education and Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title 38, United States Code, to establish the Office of Falls Prevention of the Department of Veterans Affairs, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Supporting Access to
5 Falls Education and prevention and Strengthening Train-
6 ing Efforts and Promoting Safety initiatives for Veterans

1 Act of 2025” or the “SAFE STEPS for Veterans Act of
2 2025”.

3 **SEC. 2. ESTABLISHMENT OF OFFICE OF FALLS PREVEN-**
4 **TION OF DEPARTMENT OF VETERANS AF-**
5 **FAIRS.**

6 (a) ESTABLISHMENT OF OFFICE.—

7 (1) IN GENERAL.—Subchapter I of chapter 73
8 of title 38, United States Code, is amended by in-
9 serting after section 7310A the following new sec-
10 tion:

11 **“§ 7310B. Office of Falls Prevention**

12 “(a) OFFICE.—(1) The Under Secretary for Health
13 shall establish and operate in the Veterans Health Admin-
14 istration the Office of Falls Prevention (in this section re-
15 ferred to as the ‘Office’).

16 “(2) The Office shall be located at the Central Office
17 of the Department.

18 “(3)(A) The head of the Office is the Chief Officer
19 of Falls Prevention (in this section referred to as the
20 ‘Chief Officer’). (B) The Chief Officer shall report to the
21 Under Secretary for Health.

22 “(4) The Under Secretary for Health shall provide
23 the Office with such staff and other support as may be
24 necessary for the Office to carry out effectively the func-
25 tions of the Office under this section.

1 “(5) The Under Secretary for Health may reorganize
2 existing offices within the Veterans Health Administration
3 as of the date of the enactment of this section in order
4 to avoid duplication with the functions of the Office.

5 “(b) FUNCTIONS.—The functions of the Office in-
6 clude the following:

7 “(1) To provide a central office for monitoring
8 and encouraging the activities of the Veterans
9 Health Administration with respect to the provision,
10 evaluation, and improvement of health care services
11 relating to falls prevention provided to veterans by
12 the Department, with the goal of averting costly
13 health care utilization while decreasing the incidence
14 of falls.

15 “(2) To develop and implement standards of
16 care for the provision by the Department of health
17 care services relating to falls prevention.

18 “(3) To monitor and identify deficiencies in
19 standards of care for the provision of health care
20 services relating to falls prevention, to provide tech-
21 nical assistance to medical facilities of the Depart-
22 ment, to provide technical assistance to programs of
23 the Department that support veterans in their own
24 homes, to address and remedy deficiencies of such

1 facilities and programs, and to perform oversight of
2 implementation of such standards of care.

3 “(4) To monitor and identify deficiencies in
4 standards of care for the provision of health care
5 services relating to falls prevention through the com-
6 munity pursuant to this title and to provide rec-
7 ommendations to the appropriate office to address
8 and remedy any deficiencies.

9 “(5) To oversee distribution of resources and
10 information related to falls prevention for veterans
11 under this title.

12 “(6) To promote the expansion and improve-
13 ment of clinical, research, and educational activities
14 of the Veterans Health Administration with respect
15 to health care services relating to falls prevention,
16 including research activities on falls prevention con-
17 ducted between the Office of Research and Develop-
18 ment of the Department and the National Institute
19 on Aging.

20 “(7) To promote the development or expansion
21 of rigorous quality assessment or improvement proc-
22 esses designed to prevent falls, including through co-
23 ordination and collaboration with offices within the
24 Department determined appropriate by the Sec-
25 retary.

1 “(8) To coordinate home modification and ad-
2 aptation programs administered by the Under Sec-
3 retary for Benefits under chapter 21 of this title and
4 the Under Secretary for Health under section
5 1717(a)(2) of this title.

6 “(9) To carry out such other duties as the
7 Under Secretary for Health may require.

8 “(c) PUBLIC EDUCATION CAMPAIGN.—The Chief Of-
9 ficer shall—

10 “(1) oversee and support a national education
11 campaign that—

12 “(A) is directed principally to veterans de-
13 termined to be at risk for falls, their families,
14 and their health care providers; and

15 “(B) focuses on—

16 “(i) reducing falls, falls with major in-
17 jury, and repeat falls for veterans receiving
18 care under the laws administered by the
19 Secretary; and

20 “(ii) increasing awareness of available
21 benefits, grants, devices, or services pro-
22 vided by the Department that would aid
23 veterans in reducing falls and preventing
24 repeat falls; and

1 “(2) award grants or contracts to qualified or-
2 ganizations for the purpose of supporting local edu-
3 cation campaigns focusing on reducing falls, falls
4 with major injury, and repeat falls for veterans re-
5 ceiving care under the laws administered by the Sec-
6 retary.

7 “(d) RESEARCH ON FALLS PREVENTION PROGRAMS
8 FOR VETERAN POPULATIONS.—(1) The Chief Officer
9 shall work with the Office of Research and Development
10 of the Department and the National Institute on Aging
11 to develop research for evidence-based falls prevention pro-
12 grams that will benefit veterans, including—

13 “(A) programs that overlap with the priorities
14 of the Department;

15 “(B) programs that may focus on or be of par-
16 ticular benefit to veterans; and

17 “(C) programs that may include participants
18 with multiple comorbidities.

19 “(2) The research required under paragraph (1) shall
20 include the following:

21 “(A) Research in supporting veterans with and
22 without service-connected disabilities receiving home
23 modification grants under section 1717 or 2101 of
24 this title.

1 “(B) Development of recommendations for falls
2 prevention interventions for veterans with service-
3 connected disabilities, including home modification
4 interventions.

5 “(C) Research addressing medication manage-
6 ment and polypharmacy as risk factors for falls pre-
7 vention and developing recommendations for pro-
8 viders and electronic health records systems of the
9 Department to monitor for veterans at risk of falls
10 based on use of certain medications.

11 “(D) Research on improvements for safe pa-
12 tient handling and mobility among veterans, particu-
13 larly in facilities (both medical and non-medical)
14 that are not spinal cord injury centers.

15 “(3)(A) The Secretary and the Director of the Na-
16 tional Institute on Aging shall establish a joint subject
17 matter expert panel to develop recommendations as re-
18 quired under paragraph (2)(B).

19 “(B) The subject matter expert panel required under
20 subparagraph (A) shall be comprised of eight members,
21 of which—

22 “(i) four shall be appointed by the Secretary;
23 and

24 “(ii) four shall be appointed by the Director of
25 the National Institute on Aging.”.

1 (2) ESTABLISHMENT OF JOINT SUBJECT MAT-
2 TER EXPERT PANEL.—Not later than 180 days after
3 the date of the enactment of this Act, the Secretary
4 of Veterans Affairs and the Director of the National
5 Institute on Aging shall establish the joint subject
6 matter expert panel required under section
7 7310B(d)(3) of title 38, United States Code, as
8 added by paragraph (1).

9 (3) CLERICAL AMENDMENT.—The table of sec-
10 tions at the beginning of such chapter is amended
11 by inserting after the item relating to section 7310A
12 the following new item:

“7310B. Office of Falls Prevention.”.

13 (b) EXPANSION OF INTERAGENCY COORDINATING
14 COMMITTEE ON HEALTHY AGING AND AGE-FRIENDLY
15 COMMUNITIES.—Section 203(e) of the Older Americans
16 Act of 1965 (42 U.S.C. 3013(e)) is amended—

17 (1) in paragraph (2), by inserting “the Sec-
18 retary of Veterans Affairs,” after “the Commissioner
19 of Social Security,”; and

20 (2) in paragraph (7), in the matter preceding
21 subparagraph (A)—

22 (A) by inserting “the Committee on Vet-
23 erans’ Affairs of the House of Representatives,”
24 after “the Committee on Ways and Means of
25 the House of Representatives,”; and

1 (B) by inserting “the Committee on Vet-
2 erans’ Affairs of the Senate,” after “the Com-
3 mittee on Health, Education, Labor, and Pen-
4 sions of the Senate,”.

5 (c) SAFE HANDLING TRANSFER TECHNIQUES.—Not
6 later than 180 days after the date of the enactment of
7 this Act, the Secretary of Veterans Affairs shall issue or
8 update directives of the Veterans Health Administration
9 for facilities and providers relating to safe patient han-
10 dling and mobility policies at the national, Veterans Inte-
11 grated Service Network, and health-care system levels,
12 which shall include the following:

13 (1) Requiring biennial training for providers,
14 including that all providers be trained in safe patient
15 handling and use of mobility aids and mobility tech-
16 niques.

17 (2) Requiring that any medical facility where
18 patients may need assistance with transfer or mobil-
19 ity have access to safe patient handling and mobility
20 technology appropriate for the setting to enable safe
21 transfer and mobilization for access to care and ac-
22 tivities of daily living for veterans who are paralyzed
23 or who need assistance with mobility.

24 (3) Requiring that all emergency settings have
25 immediate access to safe patient handling and mobil-

1 ity technology to enable safe transfer, fall recovery,
2 and repositioning.

3 (d) PILOT PROGRAM ON FALLS PREVENTION INTER-
4 VENTIONS TIED TO RESIDENTIAL ADAPTATIONS AND AL-
5 TERATIONS.—

6 (1) DETERMINATION.—The Secretary of Vet-
7 erans Affairs shall determine the feasibility and ad-
8 visability of carrying out a pilot program to provide
9 home improvements and structural alterations to
10 prevent falls for all veterans eligible for those serv-
11 ices under the laws administered by the Secretary.

12 (2) PLAN.—Not later than one year after the
13 date of the enactment of this Act, the Secretary
14 shall submit to Congress a report—

15 (A) indicating the plans of the Secretary to
16 carry out a pilot program to provide home im-
17 provements and structural alterations to pre-
18 vent falls for all veterans eligible for those serv-
19 ices under the laws administered by the Sec-
20 retary; or

21 (B) specifying why the Secretary deter-
22 mined under paragraph (1) that it is not fea-
23 sible or advisable to carry out such a pilot pro-
24 gram.

1 (3) REPORT ON LESSONS LEARNED.—If the
2 Secretary carries out the pilot program described in
3 paragraph (1), not later than 180 days after the ter-
4 mination of the pilot program, the Chief Officer of
5 Falls Prevention of the Department of Veterans Af-
6 fairs established under section 7310B(a)(3)(A) of
7 title 38, United States Code, as added by subsection
8 (a)(1), shall submit to Congress a report on lessons
9 learned from the pilot program and any rec-
10 ommendations on extending or expanding the pilot
11 program.

12 (e) REPORT ON FALLS PREVENTION INITIATIVES.—

13 (1) IN GENERAL.—Not later than two years
14 after the date of the enactment of this Act, or one
15 year after the appointment of the Chief Officer of
16 Falls Prevention of the Department of Veterans Af-
17 fairs established under section 7310B(a)(3)(A) of
18 title 38, United States Code, as added by subsection
19 (a)(1), whichever occurs first, the Chief Officer, or
20 the Under Secretary for Health of the Department
21 of Veterans Affairs if a Chief Officer has not yet
22 been appointed, shall submit to Congress a report on
23 falls prevention initiatives within the Department.

1 (2) ELEMENTS.—The report required by para-
2 graph (1) shall evaluate, for the three-year period
3 preceding the date of the enactment of this Act—

4 (A) screening procedures at facilities of the
5 Veterans Health Administration for risk of falls
6 and the prevalence of resulting falls prevention
7 interventions;

8 (B) the use by the Department of elec-
9 tronic health record documentation for risk of
10 falls among veterans;

11 (C) the number of home modification
12 grants provided under either the Home Im-
13 provements and Structural Alterations Program
14 of the Department under section 1717 of title
15 38, United States Code, or the Specially Adapt-
16 ed Housing Program of the Department under
17 section 2101 of such title;

18 (D) the extent to which grants provided
19 under the programs specified under subpara-
20 graph (C) prevent falls among veterans and any
21 recommendations with respect to such programs
22 in the case of falls among veterans that were
23 not prevented;

24 (E) for veterans eligible for the Home Im-
25 provements and Structural Alterations Program

1 of the Department under section 1717 of title
2 38, United States Code, pursuant to subsection
3 (a)(2)(B) of such section, the number of home
4 modification grants provided to each veteran in
5 receipt of such a grant;

6 (F) the types of providers that have con-
7 ducted medical assessments leading to a rec-
8 ommendation for a home modification tied to
9 medical necessity, and any recommendations for
10 legislative or administrative action to expand
11 the list of providers eligible to conduct medical
12 assessments leading to a recommendation for a
13 home modification;

14 (G) home evaluation processes that are
15 conducted in connection with awards made
16 under the programs specified under subpara-
17 graph (C) and any recommendations for im-
18 proving the evaluation and review process;

19 (H) reporting programs and software of
20 the Department used to capture incidences of
21 falls in care sites of the Veterans Health Ad-
22 ministration and other veterans' settings;

23 (I) limitations on uptake and use of cur-
24 rent prevention, screening, and intervention

1 programs designed to address falls prevention;
2 and

3 (J) recommendations for the Secretary of
4 Veterans Affairs to work with the Centers for
5 Disease Control and Prevention, or other enti-
6 ties determined appropriate by the Secretary, to
7 better capture data on falls by a veteran occur-
8 ring in the home or in the community.

9 **SEC. 3. ESTABLISHMENT OF FALLS ASSESSMENT AND FALL**
10 **PREVENTION SERVICE REQUIREMENTS FOR**
11 **VETERANS.**

12 (a) **REQUIRED NURSING HOME CARE.**—Section
13 1710A of title 38, United States Code, is amended by
14 striking subsection (d) and inserting the following:

15 “(d) In the case of an individual determined by a phy-
16 sician to have fallen or to have been at risk of falling dur-
17 ing the previous one-year period, the Secretary shall en-
18 sure that a licensed physical therapist or a licensed occu-
19 pational therapist conducts a falls risk assessment for the
20 individual and provides fall prevention services during the
21 stay of the individual in the nursing home.

22 “(e) The provisions of subsection (a) shall terminate
23 on September 30, 2028.”.

1 (b) EXTENDED CARE SERVICES.—Section 1710B(a)
2 of such title is amended by adding at the end the following
3 new paragraph:

4 “(7) The conduct of an annual falls risk assess-
5 ment and the provision of fall prevention services by
6 a licensed physical therapist or licensed occupational
7 therapist.”.

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