
FRACTURE PREVENTION COALITION

February 8, 2019

The Honorable Susan M. Collins
United States Senator
413 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Benjamin L. Cardin
United States Senator
509 Hart Senate Office Building
Washington, D.C. 20510

Dear Senators Collins and Cardin:

On behalf of the undersigned organizations, we are writing to thank you for sponsoring legislation to preserve access to osteoporosis testing for Medicare beneficiaries. S. 283, the *Increasing Access to Osteoporosis Testing for Medicare Beneficiaries Act of 2019* will have a profound effect on the availability of preventative bone density screening by creating a floor reimbursement rate under Medicare for the dual-energy X-ray absorptiometry (DXA) test administered in a doctor's office.

Osteoporosis and its related bone fractures have a staggering impact on the U.S. health care system, accounting for approximately 300,000 hip fracture hospitalizations, with costs projected to grow to over \$25 billion by 2025. Because the risk of osteoporosis increases as bones become thinner with age, Medicare beneficiaries, in particular, need access to bone density screening services. Osteoporosis remains a major public health risk that is expected to affect 12.3 million Americans by 2020, of which nearly three quarters are women. The disease has a profound impact on the long-term health of women over the age of 50, as 25% who suffer a hip fracture will die within one year, and 20% will require nursing home care for the remainder of their life. Early recognition of osteoporosis by DXA testing can lead to drug treatment that can reduce the risk of hip fracture by 40-50%.

Congress has twice recognized the importance of this issue by including language designed to increase the number of screenings and decrease the number of individuals with osteoporosis in the U.S. by reversing Medicare cuts to DXA reimbursement. Despite being recommended by the Centers for Medicare and Medicaid Services (CMS) as a critical preventive test in the "Welcome to Medicare" exam, the reimbursement rate for the DXA test administered in a doctor's office has declined from \$140 in 2006 to only \$40 in 2019.

Appropriate reimbursement for tests such as DXA that measure bone mass and predict fracture risk is necessary to maintain patient access, particularly in rural or underserved areas. Evidence indicates that people at risk for osteoporosis who receive bone density tests live longer, experience fewer fractures, and save money for all payers including Medicare, Medicaid, and the private sector. Unfortunately, the decreased reimbursement has directly resulted in the loss of over 8,000 DXA office providers, a drop of 36% over the last decade, according to Medicare billing data.

In 2013, the long-standing trend of declining hip fractures was interrupted, leading a recent study to extrapolate that the flattened rate led to 11,464 more hip fractures than expected from 2013-2015, costing CMS an additional expense of \$459 million. Given statistics such as these, the need to improve access to DXA testing and facilitate earlier and more effective osteoporosis treatment is clinically critical for postmenopausal women and financially urgent for CMS.

The nation must maintain and preserve its capacity to treat this costly, debilitating, and growing disease as our population ages. Unfortunately, bone loss is a silently progressive process, and without DXA screening fractures will continue to increase. Osteoporosis is a preventable disease, but we are losing the war on osteoporosis by not using the valuable tools that we have at our disposal. In the interest of women's health and fiscal responsibility, we thank you for introducing this critical legislation and stand ready to work with you to achieve its passage in the 116th Congress.

Sincerely,

Alabama Society for the Rheumatic Diseases
Alaska Rheumatology Alliance
American Association of Clinical Endocrinologists (AACE)
American Association of Orthopaedic Surgeons
American Association of Orthopedic Executives
American Bone Health
American College of Obstetricians and Gynecologists
American College of Radiology
American College of Rheumatology
American Orthopaedic Association
American Society for Bone and Mineral Research (ASBMR)
Arizona United Rheumatology Alliance
Arkansas Rheumatology Association
Association for Quality Imaging (AQI)
Black Women's Health Imperative
California Rheumatology Alliance
Coalition of State Rheumatology Organizations (CSRO)
Connecticut Rheumatology Association
Endocrine Society
Georgia Society of Rheumatology
Global Healthy Living Foundation

HealthyWomen
International Society for Clinical Densitometry (ISCD)
Massachusetts, Maine, and New Hampshire Rheumatology Association
Midwest Rheumatology Association
Mississippi Arthritis and Rheumatism Society
National Association of Nurse Practitioners in Women's Health (NPWH)
National Black Nurses Association
National Osteoporosis Foundation
Nebraska Rheumatology Society
New York State Rheumatology Society
North Carolina Rheumatology Association
Ohio Association of Rheumatology
Oregon Rheumatology Alliance
Rheumatology Alliance of Louisiana
Rheumatology Association of Iowa
Rheumatology Association of Minnesota and the Dakotas
Rheumatology Association of Nevada
Rheumatology Society of North Texas
South Carolina Rheumatism Society
State of Texas Association of Rheumatologists
Tennessee Rheumatology Society
United States Bone and Joint Initiative (USBJI)
Virginia Society of Rheumatologists
Washington Rheumatology Alliance
Wisconsin Rheumatology Association

cc: Honorable Marsha Blackburn
Honorable Angus S. King, Jr.
Honorable Shelley Moore Capito
Honorable Roger F. Wicker
Honorable Debbie Stabenow