

August 23, 2018

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.3160, the *Increasing Access to Osteoporosis Testing for Medicare Beneficiaries Act of 2018* will have a profound effect on access to 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. The disease disproportionately impacts women, who account for 71% of osteoporotic fractures, and 75% of costs. Approximately 25% of women over the age of 50 who sustain a hip fracture die in the year following the fracture, while a further 20% will never leave a nursing facility. 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 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 \$42 in 2018.

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 urgent.

The nation must maintain and preserve its capacity to treat this costly, debilitating, and growing disease. Unfortunately, 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 115th Congress.

Sincerely,

Alabama Society for the Rheumatic Diseases

Alaska Rheumatology Alliance

American Association of Clinical
Endocrinologists

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 Medical Women's Association
(AMWA)

American Society for Bone and Mineral
Research (ASBMR)

Arizona United Rheumatology Alliance

Arkansas Rheumatology Association

Association for Quality Imaging (AQI)

Association of Idaho Rheumatologists

Black Women's Health Imperative

California Rheumatology Alliance

Coalition of State Rheumatology Organizations
(CSRO)

Endocrine Society

Florida Society of Rheumatology

Georgia Society of Rheumatology

HealthyWomen

International Society for Clinical Densitometry
(ISCD)

Massachusetts, Maine, and New Hampshire
Rheumatology Association

Michigan Consortium for Osteoporosis

Midwest Rheumatology Association

Mississippi Arthritis and Rheumatology Society

National Alliance for Hispanic Health

National Association of Nurse Practitioners in
Women's Health (NPWH)

National Black Nurses Association

National Bone Health Alliance (NBHA)

National Medical Association

National Osteoporosis Foundation (NOF)

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

South Carolina Rheumatism Society

State of Texas Association of Rheumatologists

Tennessee Rheumatology Society

United States Bone and Joint Initiative (USBJI)

Washington Rheumatology Alliance

Wisconsin Rheumatology Association