Dear Representatives Meehan, Larson, Blackburn and Sánchez:

On behalf of the undersigned organizations, we are writing to thank you for sponsoring legislation to preserve access to osteoporosis testing for Medicare beneficiaries. The Increasing Access to Osteoporosis Testing for Medicare Beneficiaries Act of 2017, H.R. 1898, 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. Approximately 44% of all women and 25% of men over the age of 60 will experience a bone break due to osteoporosis in their lifetime. These high rates of osteoporosis and low bone mass result in over 2 million related fractures each year in the United States.

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 2007, to only $41 in 2017.

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, over a seven-year period (2007-2013), 45% of older female Medicare beneficiaries had no DXA bone density test, and 25% had only one test.
Researchers estimate that past reimbursement cuts to DXA tests performed in the physician office setting have resulted in 26,000 additional hip fractures, over 5,000 additional deaths, and an additional $1 billion in hip fracture expenses for Medicare (2009-2014). 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, H.R. 1898, 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
Alliance for Aging Research
American Association of Clinical Endocrinologists (AACE)
American College of Rheumatology
American Society for Bone and Mineral Research (ASBMR)
Arkansas State Rheumatology Association
Arizona United Rheumatology Alliance
Association of Idaho Rheumatologists
Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)
Black Women's Health Imperative
California Hispanic Osteoporosis Foundation (CHOF)
California Rheumatology Alliance
Central Texas Rheumatology Society
Coalition of State Rheumatology Organizations (CSRO)
Colorado Rheumatology Association
Endocrine Society
Florida Society of Rheumatology
HealthyWomen
International Society for Clinical Densitometry (ISCD)
Kentuckiana Rheumatology Alliance
MA, ME, NH Rheumatology Association
Maine Rheumatology Society
Michigan Rheumatism Society
Midwest Rheumatology Society
National Association of Nurse Practitioners in Women’s Health (NPWH)
National Black Nurses Association
National Bone Health Alliance (NBHA)
National Osteoporosis Foundation (NOF)
New Jersey Rheumatology Association
New York State Rheumatology Society
North Carolina Rheumatology Association
Ohio Association of Rheumatology
Oregon Rheumatology Alliance
Pennsylvania Rheumatology Society
Philadelphia Rheumatism Society
Rheumatism Society of the District of Columbia
Rheumatology Alliance of Louisiana
Rheumatology Association of Iowa
Rheumatology Association of Minnesota and the Dakotas
Rheumatology Association of Nevada
Rheumatology Society of North Texas
Society for Women's Health Research (SWHR)
South Carolina Rheumatism Society
South Texas Association of Rheumatologists
Southeast Texas Rheumatology Association
State of Texas Association of Rheumatologists
Tennessee Rheumatology Society
Washington Rheumatology Alliance
West Virginia Rheumatology State Society
Wisconsin Rheumatology Association