

March 13, 2017

The Honorable Patrick Meehan  
Member of Congress  
2305 Rayburn House Office Building  
U.S. House of Representatives  
Washington, D.C. 20515

The Honorable John Larson  
Member of Congress  
1501 Longworth House Office Building  
U.S. House of Representatives  
Washington, D.C. 20515

The Honorable Marsha Blackburn  
Member of Congress  
2266 Rayburn House Office Building  
U.S. House of Representatives  
Washington, D.C. 20515

The Honorable Linda Sánchez  
Member of Congress  
2329 Rayburn House Office Building  
U.S. House of Representatives  
Washington, D.C. 20515

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 115<sup>th</sup> 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