



May 25, 2021

The Honorable John B. Larson
United States House of Representatives
1501 Longworth House Office Building
Washington, D.C. 20515

The Honorable Jackie Walorski
United States House of Representatives
466 Cannon House Office Building
Washington, D.C. 20515

The Honorable Linda T. Sánchez
United States House of Representatives
2329 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Michael C. Burgess
United States House of Representatives
2161 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Lori Trahan
United States House of Representatives
2439 Rayburn House Office Building
Washington, D.C. 20515

Dear Representatives Larson, Walorski, Sánchez, Burgess, and Trahan,

On behalf of the Fracture Prevention Coalition, the 61 undersigned organizations are writing to thank you for sponsoring legislation to preserve access to osteoporosis testing for Medicare beneficiaries through H.R. 3517, the *Increasing Access to Osteoporosis Testing for Medicare Beneficiaries Act of 2021*. Osteoporosis and its related bone fractures have a staggering impact on the U.S. health care system. This critical legislation will have a profound effect on access to preventative bone density screening under Medicare for the dual-energy X-ray absorptiometry (DXA) test administered in a doctor's office.

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 \$39 in 2021, while hospital reimbursements have increased to \$119 for the same procedure.

Because of this drastic cut in reimbursement rates, there has been a 44% decline in DXA test office providers since 2008. In 2019 alone, there were 1.65 million patients with undiagnosed and untreated cases of osteoporosis. This caused 71,775 additional costly hip fractures due to reduced screenings, and unfortunately, 15,647 unnecessary deaths from additional hip fractures. This health crisis has hit minority women especially hard, with 29% fewer Black women tested than white women and 32% fewer Hispanic women tested than white women.

It is vitally important that Medicare beneficiaries have access to health care services that support bone health. Because the risk of osteoporosis increases as bones become thinner with age, Medicare beneficiaries, in particular, need access to bone density screening services. The lack of available testing has put the strain of an additional \$3 billion cost to Medicare to treat hip fractures alone.



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.

Even before the COVID-19 pandemic, there was a crisis in osteoporosis care. Now, osteoporosis testing and treatment that were delayed due to the pandemic are expected to bring even higher fracture rates to Medicare beneficiaries.

In the interest of both women's health and fiscal responsibility, we thank you for introducing this critical legislation and stand ready to work with you to achieve the passage of H.R. 3517, the *Increasing Access to Osteoporosis Testing for Medicare Beneficiaries Act of 2021*, in the 117th Congress.

Thank you,
(Please see the 61 organizations listed below)

Alaska Rheumatology Alliance
Albie Aware Breast Cancer Foundation
Alliance for Aging Research
American Association of Clinical Endocrinology (AACE)
American Association of Orthopaedic Surgeons
American Autoimmune Related Diseases Association
American Bone Health
American College of Obstetricians and Gynecologists
American College of Radiology
American College of Rheumatology
American Medical Women's Association (AMWA)
American Orthopaedic Association
American Society for Bone and Mineral Research (ASBMR)
Arkansas Rheumatology Association
Association of Women in Rheumatology (AWIR)
Black Women's Health Imperative
California Rheumatology Alliance
Caregiver Action Network
Carrie's TOUCH
Chronic Care Policy Alliance
Coalition of State Rheumatology Organizations (CSRO)
ElderHelp of San Diego
Florida Society of Rheumatology
Global Healthy Living Foundation
HEAL (Health Education Advocacy Learning) Collaborative
HealthyWomen
International Society for Clinical Densitometry (ISCD)
LatinosAgainstAlzheimer's Network



Liver Coalition of San Diego
Massachusetts, Maine, and New Hampshire Rheumatology Association
Midwest Rheumatology Association
Mississippi Arthritis and Rheumatism Society (MSARS)
My Style Matters, Inc.
National Alliance for Hispanic Health
National Association of Nurse Practitioners in Women's Health (NPWH)
National Association of Nutrition and Aging Services Programs (NANASP)
National Baptist Convention, USA, Faith Based Initiatives
National Black Nurses Association
National Caucus and Center on Black Aging
National Medical Association
National Menopause Foundation
National Minority Quality Forum
National Organization of Rheumatology Managers (NORM)
National Osteoporosis Foundation
Nebraska Rheumatology Society
New York State Rheumatology Society
North Carolina Rheumatology Association (NCRA)
Ohio Association of Rheumatology
Ohio Federation for Health Equity and Social Justice
Pennsylvania Rheumatology Society
Physicians Society of Central Florida
Prostate Health Education Network (PHEN)
RetireSafe
Rheumatology Association of Nevada
Sisters Network Inc.
Society for Women's Health Research (SWHR)
Susan G. Komen
Tigerlily Foundation
TOUCH, The Black Breast Cancer Alliance
United States Bone and Joint Initiative (USBJI)
Virginia Society of Rheumatology