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The new name of the National Osteoporosis Foundation

March 29, 2022

The Honorable Ron Wyden, Chair
The Honorable Mike Crapo, Ranking Member
Committee on Finance
United States Senate
Washington, D.C. 20510

Dear Chairman Wyden and Ranking Member Crapo,

On behalf of our national organizations advocating for women's health, aging, family caregivers, and bone health (listed below), we are writing to **request that you include the text of S. 1943, the Increasing Access to Osteoporosis Testing for Medicare Beneficiaries Act of 2021, in any upcoming Medicare package approved by the Committee.** This bipartisan legislation led by Senators Collins and Cardin would be an important step towards reducing the enormous human and financial toll associated with osteoporotic fractures.

Osteoporosis is a costly and often ignored public health crisis. In the U.S., more than 54 million people, mostly women, either have osteoporosis (a chronic disease that weakens bones leading to fractures) or are at high risk of the disease due to low bone density. Patients with type 2 diabetes display an increased fracture risk and prevention of potential risk factors for osteoporosis are crucial to preserve a good quality of life. In 2021, a study commissioned of the actuarial firm Milliman found that 2.1 million osteoporotic fractures were suffered by 1.8 million Medicare beneficiaries in 2016. More women die in the United States in the year following a hip fracture than from breast cancer and one out of four who have an osteoporotic hip fracture will need long-term nursing home care. In addition, the total annual cost for osteoporotic fractures among Medicare beneficiaries was \$57 billion in 2018, projected to grow to over \$95 billion in 2040, as our population ages. Attached are reports on the impact of fractures in your home states of Oregon and Wyoming.

The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older and postmenopausal women under 65 at increased risk of osteoporosis. While early detection and intervention through screening is an important tool to reduce these fractures, it is woefully underutilized. Medicare payments for osteoporosis screening have been cut by over 70 percent since 2007, resulting in a major drop in the number of screening providers and the number of beneficiaries being screened. The 2021 Milliman report found that **only 8 percent of female Medicare beneficiaries who suffer a fracture were screened for osteoporosis; for Black women the screening rate was just 4 percent.** Screening rates for Asians was 9 percent, Whites 8 percent, Hispanics 7 percent and North American Natives 6 percent.

S. 1943 would improve access to osteoporosis screening by setting a floor rate for reimbursement for osteoporosis screening. The bipartisan bill would cut the number of osteoporotic fractures by increasing the number of available providers and the number of beneficiaries getting recommended screening.

We know that the Committee has many requests and challenges before it. However, the magnitude of the human and fiscal impact of osteoporotic fractures and the clear need to boost screening warrants action now.

Thank you so much for considering our request and we stand ready to answer any questions you may have. Please feel free contact Claire Gill, CEO of the Bone Health and Osteoporosis Foundation at cgill@bonehealthandosteoporosis.org for any information needed.

Sincerely,

Bone Health and Osteoporosis Foundation

Alliance for Aging Research

American Bone Health

Black Women's Health Imperative

Caregiver Action Network

Global Health Living Foundation

HealthyWomen

National Asian Pacific Center on Aging

National Council on Aging

National Spine Health Foundation

Osteogenesis Imperfecta Foundation

Society for Women's Health Research