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112TH CONGRESS
1ST SESSION

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To amend title XVIII of the Social Security Act to improve access to, and utilization of, bone mass measurement benefits under the Medicare part B program by extending the minimum payment amount for bone mass measurement under such program through 2013.

IN THE HOUSE OF REPRESENTATIVES

MAY 26, 2011

Mr. BURGESS (for himself, Ms. BERKLEY, Mrs. MYRICK, Ms. SCHWARTZ, Mr. SESSIONS, Mr. RANGEL, Mr. GENE GREEN of Texas, and Mrs. MCMORRIS RODGERS) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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A BILL

To amend title XVIII of the Social Security Act to improve access to, and utilization of, bone mass measurement benefits under the Medicare part B program by extending the minimum payment amount for bone mass measurement under such program through 2013.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Preservation of Access to Osteoporosis Testing for Medicare Beneficiaries Act of 2011''.

SEC. 2. FINDINGS.

Congress finds the following:

(1) Since 1997, Congress has recognized the importance of osteoporosis prevention by standardizing coverage under the Medicare program for bone mass measurement.

(2) Osteoporosis remains underdiagnosed and undertreated despite numerous Federal initiatives, including recommendations of the United States Preventive Services Task Force, the 2004 United States Surgeon General's Report on Bone Health and Osteoporosis, and education, counseling, and referral for bone mass measurement during the Welcome to Medicare exam.

(3) Even though osteoporosis is a highly manageable disease, many patients lack access to early diagnosis that can prevent debilitating fractures, morbidity, and loss of mobility.

(4) Although Caucasians are most likely to sustain osteoporosis fractures, from 2005 to 2025 the cost of fractures among other populations is projected to increase by 175 percent for Latinos and

Asian-Americans and 80 percent for African-Americans.

(5) African-American women are more likely than Caucasian women to die following a hip fracture.

(6) Osteoporosis is a critical women's health issue. Women account for 71 percent of fractures and 75 percent of osteoporosis-associated costs and the incidence of osteoporosis-related fractures is greater than the annual combined incidence, with respect to women, of heart attack, stroke, and breast cancer.

(7) The World Health Organization, the Centers for Medicare & Medicaid Services, and other medical experts concur that the most widely accepted method of measuring bone mass to predict fracture risk is dual-energy x-ray absorptiometry (in this section referred to as ''DXA''). Vertebral fracture assessment (in this section referred to as ''VFA'') is another test used to identify patients at high risk for future fracture.

(8) DXA is a cost-effective preventive test with proven results in real world settings. DXA testing increases the number of people diagnosed with

osteoporosis and treated, dramatically reducing hip fractures and related costs.

(9) DXA screening is associated with a significant (37 percent) reduction in hip fracture rates.

(10) Unlike other imaging procedures, DXA remains severely underutilized, with only one in four women enrolled in the Medicare program getting a DXA every two years.

(11) Underutilization of bone mass measurement will strain the Medicare budget because—

(A) over half of all individuals in the United States who are age 50 or older have osteoporosis or low bone mass;

(B) more than 52.4 million people in the United States had osteoporosis or low bone mass in 2010, as compared to 44 million people in the United States in 2002;

(C) osteoporosis fractures are projected to increase by almost 50 percent from 2005 to 2025 with over 3 million fractures expected to occur annually by 2025;

(D) the population aged 65 and older represents 89 percent of fracture costs; and

(E) the economic burden of osteoporosis fractures is projected to increase by nearly 50

percent from 2005 to 2025, reaching 25.3 million in 2025.

(12) Underutilization of bone mass measurement will also strain the Medicaid budget, which bears the cost of nursing home admissions for hip fractures for low-income Americans.

(13) Reimbursement under the Medicare program for DXA provided in physician offices and other non-hospital settings was reduced by 50 percent and is scheduled to be reduced by a total of 62 percent by 2013. This drop represents one of the largest reimbursement reductions in the history of the Medicare program. Reimbursement for VFA will also be reduced by 30 percent by 2013.

(14) The reduction in reimbursement discourages physicians from continuing to provide access to DXA or VFA in their offices. DXA testing for older women declined in 2009 for the first time since Congress passed the Bone Mass Measurement Act in 1997. Since two-thirds of all DXA scans are performed in non-facility settings, such as physician offices, patient access to bone mass measurement will continue to be severely compromised when more physicians discontinue providing such tests in their of-

fices, thereby exacerbating the current underutilization of the benefit.

SEC. 3. EXTENDING MINIMUM PAYMENT FOR BONE MASS MEASUREMENT.

(a) IN GENERAL.—Section 1848 of the Social Security Act (42 U.S.C. 1395w–4) is amended—

(1) in subsection (b)—

(A) in paragraph (4)(B), by striking ''for 2010 and 2011'' and inserting ''for each of 2010 through 2013''; and

(B) in paragraph (6)—

(i) in the matter preceding subparagraph (A), by striking ''and 2011'' and inserting '', 2011, 2012, and 2013''; and

(ii) in subparagraph (C), by striking ''and 2011'' and inserting '', 2011, 2012, and 2013''; and

(2) in subsection (c)(2)(B)(iv)(IV), by striking ''or 2011'' and inserting '', 2011, 2012, or 2013''.

(b) IMPLEMENTATION.—Notwithstanding any other provision of law, the Secretary may implement the amendments made by subsection (a) by program instruction or otherwise.

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