

117TH CONGRESS
1ST SESSION

H. R. 3517

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

IN THE HOUSE OF REPRESENTATIVES

MAY 25, 2021

Mr. LARSON of Connecticut (for himself, Mrs. WALORSKI, Ms. SÁNCHEZ, Mr. BURGESS, and Mrs. TRAHAN) 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

A BILL

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

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Increasing Access to
3 Osteoporosis Testing for Medicare Beneficiaries Act of
4 2021”.

5 **SEC. 2. FINDINGS.**

6 The Congress finds the following:

7 (1) The total annual expense of providing care
8 for osteoporotic fractures among Medicare bene-
9 ficiaries, including direct medical costs as well as in-
10 direct societal costs related to productivity losses
11 and informal caregiving, has been estimated at \$57
12 billion in 2018, with an expected increase to over
13 \$95 billion in 2040.

14 (2) Osteoporosis is a silent disease that often is
15 not discovered until a fracture occurs. One out of
16 two women and up to one of four men will suffer an
17 osteoporotic fracture in their lifetimes.

18 (3) Osteoporosis disproportionately impacts
19 women, who account for 71 percent of osteoporotic
20 fractures, and 75 percent of costs.

21 (4) Most women are not aware of their personal
22 risk factors for osteoporosis, the prevalence of, or
23 the morbidity and mortality associated with the dis-
24 ease, despite the fact that broken bones due to
25 osteoporosis lead to more hospitalizations and great-

1 er health care costs than heart attack, stroke, or
2 breast cancer in women age 55 and above.

3 (5) A woman's risk of hip fracture is equal to
4 her combined risk of breast, uterine, and ovarian
5 cancer. More women die in the United States in the
6 year following a hip fracture than from breast can-
7 cer.

8 (6) One out of four people who have an
9 osteoporotic hip fracture will need long-term nursing
10 home care. Half of those who experience osteoporotic
11 hip fractures are unable to walk without assistance.

12 (7) Nearly one in five Medicare patients die
13 within one year of a new osteoporotic fracture.
14 Beneficiaries with a hip fracture had the highest
15 mortality where approximately 30 percent died with-
16 in 12 months of the fracture.

17 (8) Bone density testing is more powerful in
18 predicting fractures than cholesterol is in predicting
19 myocardial infarction or blood pressure in predicting
20 stroke.

21 (9) Since 2007, Medicare has cut DXA reim-
22 bursement by over 72 percent. By 2019, the pay-
23 ment cuts caused a loss of 44 percent of DXA office
24 providers resulting in declines in expected DXA test-

1 ing, leaving 1.65 million women undiagnosed and
2 untreated for osteoporosis.

3 (10) A decade of steady decline in hip fractures
4 stopped abruptly in 2013. As of 2019, there have
5 been more than 71,775 additional hip fractures,
6 costing almost \$3 billion, leading to almost 16,000
7 additional deaths than expected if the decline had
8 continued.

9 (11) An estimated 205,000 Medicare Fee For
10 Service beneficiaries, or about 15 percent of those
11 who had a new osteoporotic fracture, suffered one or
12 more subsequent fractures within 12 months of the
13 initial fracture.

14 **SEC. 3. INCREASING ACCESS TO OSTEOPOROSIS PREVEN-**
15 **TION AND TREATMENT.**

16 Section 1848(b) of the Social Security Act (42 U.S.C.
17 1395w-4(b)) is amended—

18 (1) in paragraph (4)(B)—

19 (A) by striking “and the first 2 months of
20 2012” and inserting “the first 2 months of
21 2012, and 2022 and each subsequent year”;
22 and

23 (B) by striking “paragraph (6)” and in-
24 serting “paragraphs (6) and (12)”; and

25 (2) by adding at the end the following:

1 “(12) ESTABLISHING MINIMUM PAYMENT FOR
2 OSTEOPOROSIS TESTS.—For dual-energy x-ray
3 absorptiometry services (identified by HCPCS codes
4 77080 and 77082 and successor codes 77085 and
5 77086 (and any succeeding codes)) furnished during
6 2022 or a subsequent year, the Secretary shall es-
7 tablish a national minimum payment amount under
8 this subsection—

9 “(A) for such services identified by
10 HCPCS code 77080, equal to \$98 (with na-
11 tional minimum payment amounts of \$87.11 for
12 the technical component and \$10.89 for the
13 professional component);

14 “(B) for such services identified by
15 HCPCS code 77086, equal to \$35 (with na-
16 tional minimum payment amounts of \$27.18 for
17 the technical component and \$7.82 for the pro-
18 fessional component); and

19 “(C) for the bundled code for dual energy
20 absorptiometry and vertebral fracture assess-
21 ment studies identified as HCPCS code 77085,
22 equal to \$133 (with national minimum payment
23 amounts of \$114.29 for the technical compo-
24 nent and \$18.71 for the professional compo-
25 nent).

1 Such minimum payment amounts shall be adjusted
2 by the geographical adjustment factor established
3 under subsection (e)(2) for the services for the re-
4 spective year.”.

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