

112TH CONGRESS  
1ST SESSION

# H. R. 2020

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.

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## 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.

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 “Preservation of Access  
3 to Osteoporosis Testing for Medicare Beneficiaries Act of  
4 2011”.

5 **SEC. 2. FINDINGS.**

6 Congress finds the following:

7 (1) Since 1997, Congress has recognized the  
8 importance of osteoporosis prevention by standard-  
9 izing coverage under the Medicare program for bone  
10 mass measurement.

11 (2) Osteoporosis remains underdiagnosed and  
12 undertreated despite numerous Federal initiatives,  
13 including recommendations of the United States  
14 Preventive Services Task Force, the 2004 United  
15 States Surgeon General’s Report on Bone Health  
16 and Osteoporosis, and education, counseling, and re-  
17 ferral for bone mass measurement during the Wel-  
18 come to Medicare exam.

19 (3) Even though osteoporosis is a highly man-  
20 ageable disease, many patients lack access to early  
21 diagnosis that can prevent debilitating fractures,  
22 morbidity, and loss of mobility.

23 (4) Although Caucasians are most likely to sus-  
24 tain osteoporosis fractures, from 2005 to 2025 the  
25 cost of fractures among other populations is pro-  
26 jected to increase by 175 percent for Latinos and

1 Asian-Americans and 80 percent for African-Ameri-  
2 cans.

3 (5) African-American women are more likely  
4 than Caucasian women to die following a hip frac-  
5 ture.

6 (6) Osteoporosis is a critical women’s health  
7 issue. Women account for 71 percent of fractures  
8 and 75 percent of osteoporosis-associated costs and  
9 the incidence of osteoporosis-related fractures is  
10 greater than the annual combined incidence, with re-  
11 spect to women, of heart attack, stroke, and breast  
12 cancer.

13 (7) The World Health Organization, the Cen-  
14 ters for Medicare & Medicaid Services, and other  
15 medical experts concur that the most widely accept-  
16 ed method of measuring bone mass to predict frac-  
17 ture risk is dual-energy x-ray absorptiometry (in this  
18 section referred to as “DXA”). Vertebral fracture  
19 assessment (in this section referred to as “VFA”) is  
20 another test used to identify patients at high risk for  
21 future fracture.

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

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

3 (9) DXA screening is associated with a signifi-  
4 cant (37 percent) reduction in hip fracture rates.

5 (10) Unlike other imaging procedures, DXA re-  
6 mains severely underutilized, with only one in four  
7 women enrolled in the Medicare program getting a  
8 DXA every two years.

9 (11) Underutilization of bone mass measure-  
10 ment will strain the Medicare budget because—

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

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

18 (C) osteoporosis fractures are projected to  
19 increase by almost 50 percent from 2005 to  
20 2025 with over 3 million fractures expected to  
21 occur annually by 2025;

22 (D) the population aged 65 and older rep-  
23 resents 89 percent of fracture costs; and

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

1           percent from 2005 to 2025, reaching 25.3 mil-  
2           lion in 2025.

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

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

15          (14) The reduction in reimbursement discour-  
16          ages physicians from continuing to provide access to  
17          DXA or VFA in their offices. DXA testing for older  
18          women declined in 2009 for the first time since Con-  
19          gress passed the Bone Mass Measurement Act in  
20          1997. Since two-thirds of all DXA scans are per-  
21          formed in non-facility settings, such as physician of-  
22          fices, patient access to bone mass measurement will  
23          continue to be severely compromised when more phy-  
24          sicians discontinue providing such tests in their of-

1 fices, thereby exacerbating the current underutiliza-  
2 tion of the benefit.

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

5 (a) IN GENERAL.—Section 1848 of the Social Secu-  
6 rity Act (42 U.S.C. 1395w-4) is amended—

7 (1) in subsection (b)—

8 (A) in paragraph (4)(B), by striking “for  
9 2010 and 2011” and inserting “for each of  
10 2010 through 2013”; and

11 (B) in paragraph (6)—

12 (i) in the matter preceding subpara-  
13 graph (A), by striking “and 2011” and in-  
14 serting “, 2011, 2012, and 2013”; and

15 (ii) in subparagraph (C), by striking  
16 “and 2011” and inserting “, 2011, 2012,  
17 and 2013”; and

18 (2) in subsection (c)(2)(B)(iv)(IV), by striking  
19 “or 2011” and inserting “, 2011, 2012, or 2013”.

20 (b) IMPLEMENTATION.—Notwithstanding any other  
21 provision of law, the Secretary may implement the amend-  
22 ments made by subsection (a) by program instruction or  
23 otherwise.

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