

112TH CONGRESS
1ST SESSION

S. 1096

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 SENATE OF THE UNITED STATES

MAY 26, 2011

Ms. SNOWE (for herself, Ms. STABENOW, Ms. MIKULSKI, Mr. CARDIN, and Mr. WICKER) introduced the following bill; which was read twice and referred to the Committee on Finance

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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Preservation of Access
5 to Osteoporosis Testing for Medicare Beneficiaries Act of
6 2011”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) Since 1997, Congress has recognized the
4 importance of osteoporosis prevention by standard-
5 izing coverage under the Medicare program for bone
6 mass measurement.

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

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

19 (4) Although Caucasians are most likely to sus-
20 tain osteoporosis fractures, from 2005 to 2025 the
21 cost of fractures among other populations is pro-
22 jected to increase by 175 percent for Latinos and
23 Asian-Americans and 80 percent for African-Ameri-
24 cans.

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

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

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

20 (8) DXA is a cost-effective preventive test with
21 proven results in real world settings. DXA testing
22 increases the number of people diagnosed with
23 osteoporosis and treated, dramatically reducing hip
24 fractures and related costs.

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

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

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

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

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

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

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

22 (E) the economic burden of osteoporosis
23 fractures is projected to increase by nearly 50
24 percent from 2005 to 2025, reaching 25.3 mil-
25 lion in 2025.

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

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

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

1 **SEC. 3. EXTENDING MINIMUM PAYMENT FOR BONE MASS**
2 **MEASUREMENT.**

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

5 (1) in subsection (b)—

6 (A) in paragraph (4)(B), by striking “for
7 2010 and 2011” and inserting “for each of
8 2010 through 2013”; and

9 (B) in paragraph (6)—

10 (i) in the matter preceding subpara-
11 graph (A), by striking “and 2011” and in-
12 sserting “, 2011, 2012, and 2013”; and

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

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

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

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