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Access to Osteoporosis Testing for Americans in Jeopardy DXA Task Force Urges Congress to Pass Bill to Protect Patient Access

WASHINGTON, D.C., (June 9, 2011) — In an effort to protect patient access to osteoporosis testing and reduce the physical and economic burden of osteoporosis for millions of Americans, Senators Olympia Snowe (R-ME) and Debbie Stabenow (D-MI) and Representatives Michael Burgess (R-26-TX) and Shelley Berkley (D-1-NV) introduced in Congress the “Preservation of Access to Osteoporosis Testing for Medicare Beneficiaries Act of 2011” (S. 1096 and H.R. 2020).

The DXA Task Force, comprised of the National Osteoporosis Foundation, American Association of Clinical Endocrinologists, American Congress of Obstetricians and Gynecologists, American College of Rheumatology, American Society for Bone and Mineral Research, International Society for Clinical Densitometry, The Endocrine Society and the Coalition of State Rheumatology Organizations, urges Congress to pass this legislation to reverse the drastic cuts in Medicare reimbursement for Dual Energy X-ray Absorptiometry (DXA), the imaging procedure accepted as the gold standard for diagnosing osteoporosis.

DXA tests are used to diagnose osteoporosis and monitor and evaluate a patient’s osteoporosis treatment. For Medicare beneficiaries, access to DXA testing once again could be jeopardized because reimbursement for these tests provided in physician offices and other non-hospital settings on January 1, 2012 will plummet by about 50 percent. If reimbursement rates are not restored for DXA tests, by 2013 the Medicare reimbursement rate will be reduced by a total of 62 percent. The “Preservation of Access to Osteoporosis Testing for Medicare Beneficiaries Act of 2011” would maintain the current Medicare payment policy for osteoporosis testing through 2013. If current reimbursement rates are not maintained, physicians may be unable to continue to provide such tests— greatly limiting the public’s access to the test and jeopardizing patients’ quality of healthcare.

“Osteoporosis is known as a silent disease because most people do not know they have it until they suffer a broken bone,” said Senator Snowe. “Not only are these bone fractures painful, they are devastating to an individual’s quality of life and can even be life-threatening. Early diagnosis and treatment of osteoporosis

has been demonstrated to significantly reduce fracture rates, which is why I am pleased to support this legislation and help maintain the good health and quality of life for millions of men and women across the nation.”

“Osteoporosis and related bone diseases pose a public health issue of enormous proportions, affecting millions of Americans and costing billions of dollars,” said Dr. Burgess. “As a physician, I diagnosed and treated many patients during my 25-years of practicing medicine in Texas, and I saw firsthand the way osteoporosis affects patients and their families. The more we can do to promote and encourage education, awareness, and prevention, the better. Why Medicare will pay for a fracture, but not reimburse a reasonable amount for a scan that can prevent that fracture, is beyond me.”

“Osteoporosis is a silent disease that often goes undetected until a fall or other injury results in a broken bone. The utilization of DXA testing is one of the best ways we have to help prevent osteoporosis-related fractures, which are costly and can be devastating to the overall health of older patients,” said Representative Shelley Berkley. “As someone who has been diagnosed with osteoporosis, I want all Americans to have access to these tests. We need to build awareness of this disease and the proper steps needed to maintain healthy bones.”

This legislation builds on federal initiatives already in place that support fracture prevention efforts and improve the prevention, diagnosis, and treatment of osteoporosis, including recommendations of the U.S. Preventive Services Task Force, the 2004 Surgeon General’s Report on Bone Health and Osteoporosis, and inclusion of education, counseling, and referral for bone density testing in the Welcome to Medicare exam.

Drastic cuts in reimbursement for DXA have caused many providers to stop performing the test. Reduced access to DXA testing creates unnecessary barriers for frail and elderly patients who may be forced to drive long distances because of the lack of providers. The inconvenience or hardship posed may be too significant to overcome for patients in rural areas which will contribute declines in already low testing rates. According to estimates, less than 20 percent of those who are eligible are being tested for osteoporosis and this number is expected to plunge if patients’ access to bone density testing is reduced.

“Osteoporosis now causes an estimated 2 million fractures each year and often results in immobility, pain, placement in a nursing home, isolation, and other health problems—conditions and circumstances that could largely be prevented through proper bone density testing and diagnosis,” said Robert Recker, M.D., president of the National Osteoporosis Foundation. “We need Congress to pass this legislation to ensure access to these important medical tests for the 10 million individuals with osteoporosis and the 34 million individuals estimated to have low bone mass across the country.”

A 2008 study by Kaiser in Southern California found that increased use of DXA testing and osteoporosis treatment over a five-year period (2002-2006) resulted in a 37 percent reduction in hip fractures and \$30.8 million in savings in a single year in 11 Kaiser health centers. Additionally, a 2007 study completed by The Lewin Group found that restoring DXA reimbursement to the 2006 levels will save the Medicare program \$1.14 billion over five years due to the reduced number of osteoporotic fractures.

DXA is a key tool in identifying those at risk for osteoporosis and helping those with the disease monitor their bone health. It is a recognized, reliable tool for preventing and reducing costly fractures, which account for over \$18 billion in national costs of direct care and are projected to reach \$25 billion in 2025.

The DXA Task Force applauds Senators Snowe and Stabenow and Representatives Burgess and Berkley,

and all the cosponsors for introducing the “Preservation of Access to Osteoporosis Testing for Medicare Beneficiaries Act of 2011” (S. 1096 and H.R. 2020).

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National Osteoporosis Foundation (NOF): Established in 1984, NOF is the nation’s leading consumer and community focused health organization dedicated to the prevention of osteoporosis and broken bones, the promotion of strong bones for life and the reduction of human suffering through programs of public and clinician awareness, education, advocacy and research. For more information on osteoporosis and bone health, contact NOF online at www.nof.org or by telephone (800) 231-4222.

American Association of Clinical Endocrinologists (AACE): AACE is a professional medical organization with more than 6,200 members in the United States and 92 other countries. Founded in 1991, AACE is dedicated to the optimal care of patients with endocrine problems. AACE clinical endocrinologists’ advanced, specialized training enables them to be experts in the care of endocrine disease such as diabetes, thyroid disorders, growth hormone deficiency, osteoporosis, cholesterol disorders, hypertension and obesity. For further information about AACE, visit www.aace.com.

American Congress of Obstetricians and Gynecologists (ACOG): The American Congress of Obstetricians and Gynecologists (ACOG) is a medical specialty organization representing more than 55,000 physicians and partners in women's health dedicated to improving women’s healthcare.

The American College of Rheumatology is an international professional medical society that represents more than 8,000 rheumatologists and rheumatology health professionals around the world. Its mission is to advance rheumatology. For more information about the ACR, visit www.rheumatology.org.

American Society for Bone and Mineral Research (ASBMR): The ASBMR is the premier professional, scientific, and medical society established to promote excellence in bone and mineral research and to facilitate the translation of that research into clinical practice. The ASBMR has a membership of nearly 4,000 physicians, basic research scientists, and clinical investigators. To learn more about the Society and the field of bone and mineral research, visit the ASBMR website at www.asbmr.org.

International Society for Clinical Densitometry (ISCD): The International Society for Clinical Densitometry is a multidisciplinary, nonprofit organization that provides a central resource for scientific disciplines with an interest in bone mass measurement. The ISCD has over 6,000 members in 56 countries with membership that spans more than 20 health disciplines including Endocrinology, Family Practice, Gynecology, Internal Medicine, Nephrology, Orthopedics, Radiology, and Rheumatology.

The Endocrine Society: Founded in 1916, The Endocrine Society is the world’s oldest, largest, and most active organization devoted to research on hormones, and the clinical practice of endocrinology. Today, The Endocrine Society’s membership consists of over 14,000 scientists, physicians, educators, nurses, and students in more than 80 countries. Together, these members represent all basic, applied, and clinical interests in endocrinology. The Endocrine Society is based in Chevy Chase, Maryland. To learn more about the Society, and the field of endocrinology, visit our web site at www.endo-society.org

The Coalition of State Rheumatology Organizations (CSRO), established in 2003, is a group of state or regional professional rheumatology societies formed in order to advocate for excellence in rheumatologic disease care and to ensure access to the highest quality care for the management of rheumatologic and musculoskeletal diseases. For more information on CSRO, please visit www.csro.info.