May 13, 2021

The Honorable Patty Murray, Chair
The Honorable Roy Blunt, Ranking Member
Subcommittee on Labor, Health and Human Services, Education and Related Agencies
Committee on Appropriations
U.S. Senate
Washington, D.C. 20510

Dear Chair Murray and Ranking Member Blunt,

On behalf of our national organizations advocating for women's health, aging, family caregivers and bone health (listed below), we are writing to request the Subcommittee's continued attention to a costly and growing problem as it considers its fiscal year 2022 appropriations report and legislation for the Department of Health and Human Services. In the U.S., more than 54 million people, mostly women, either have osteoporosis (weakening of the bones leading to fractures) or are at high risk of the disease due to low bone density. Up to 2.1 million osteoporotic bone fractures were suffered by approximately 2 million Medicare beneficiaries in 2016. *That is more than the number of heart attacks, strokes or new breast cancer cases.* **In each of your home states of Washington and Missouri, Medicare beneficiaries suffered over 43,000 osteoporotic fractures in 2016.** The total annual cost for osteoporotic fractures among Medicare beneficiaries was $57 billion in 2018 and without reforms is expected to grow to over $95 billion in 2040, as our population ages.

The good news is that we have the tools to stem this crisis. We just need to make sure people know about them and use them. Medicare pays for high-quality bone density testing to identify those who are at risk of bone fractures, allowing for early and effective preventive interventions. However, only 8 percent of women who suffer a fracture are screened for osteoporosis. **For Black women on Medicare, the screening rate is just 4 percent**. Medicare also pays for FDA-approved drug treatments for osteoporosis that can help reduce spine and hip fractures by up to 70 percent and cut secondary (repeat) fractures by about half. But **about 80 percent *go untreated*, even after a fracture**. Leading health systems like Geisinger and Kaiser Permanente have successfully reduced repeat fractures and lowered costs by employing new models of coordinated post-fracture care. But most of those with fractures go without this cost-effective help because Medicare doesn't incentivize its use.

Not only would better use of these proven steps prevent more of the 2.1 million annual osteoporotic fractures and the early death and suffering they cause, money would be saved. A new analysis by the independent actuarial firm Milliman concludes that reducing just 20 percent of secondary (repeat) osteoporotic fractures could **reduce Medicare spending by over $1 billion over up to 2 to 3 years**. We greatly appreciate you including language in your Fiscal Year 2021 report calling on CMS to act. Unfortunately, no changes have been made to date. Therefore, we urge the Subcommittee to include in its FY2022 report and bill two steps that would lead to meaningful progress towards helping those with osteoporosis:

- Calling on the Center for Medicare and Medicaid Services to use its Medicare provider payment update authorities to incentivize the provision of model post-fracture care coordination for those who have suffered an osteoporotic fracture to lower their high risk of suffering another; and

- Directing the CDC to fund and lead a national education and action campaign aimed at reducing the rate of bone fractures and the falls that often precipitate them.

Attached are details for each proposal.

Thank you so much for your attention to this very important and growing health crisis. We would be happy to answer any questions you may have. Please contact Claire Gill, CEO of the National Osteoporosis Foundation at (703) 647-3025.

Sincerely,

National Osteoporosis Foundation
Alliance for Aging Research
American Bone Health
Caregiver Action Network
HealthyWomen
National Committee to Preserve Social Security and Medicare
National Spine Health Foundation
Society for Women's Health Research

cc: The Honorable Patrick Leahy, Chair, Committee on Appropriations
The Honorable Richard Shelby, Ranking Member, Committee on Appropriations

(Center for Medicare and Medicaid Services; Program Operations)

The Committee remains concerned that 2 million older Americans suffer 2.1 million bone fractures related to osteoporosis and that Medicare is not taking advantage of available measures to prevent them. New analysis also reveals significant racial and geographic disparities in post-fracture care and outcomes. The Committee calls on CMS to take aggressive action through changes to the Medicare physician fee schedule that aim to lower osteoporotic fracture risks by incentivizing greater utilization of model post-fracture care coordination services by beneficiaries who have suffered an osteoporosis-related fracture and are thus at higher risk for another fracture. These services have been shown to improve rates of osteoporosis screening, treatment initiation and adherence, patient and caregiver education and counseling, and comprehensive falls prevention strategies.

Background:

New analysis released in March 2021 found that up to 2.1 million osteoporotic bone fractures were suffered by approximately 2 million Medicare beneficiaries in 2016. *That is more than the number of heart attacks, strokes or new breast cancer cases.* **The total annual cost for osteoporotic fractures among Medicare beneficiaries was $57 billion in 2018 and is expected to grow to over $95 billion in 2040 as the population ages.** Leading health systems like Geisinger and Kaiser Permanente have successfully employed models of coordinated post-fracture care that have successfully reduced the rate of secondary (repeat) fractures and lowered costs. But most of those with fractures go without this cost-effective help because Medicare doesn't incentivize its use.

These secondary fracture prevention models (sometimes called fracture liaison service) have been in operation for more than 15 years in leading health systems in the U.S. and in countries around the world. They are typically headed by a nurse coordinator who utilizes established protocols to ensure that individuals who suffer a fracture are identified and a care plan is established and implemented to assure receipt of appropriate screening, treatment and patient and caregiver education and counseling. Many models have incorporated a pharmacist in the care coordination team to enable prompt resolution of patient concerns related to prescribed medications and improved medication adherence. A population registry of fracture patients is typically established as well as a process and timeline for patient assessment and follow-up care. In addition to managing osteoporosis, where appropriate, these programs will refer patients to fall prevention services.

Numerous studies have demonstrated the effectiveness of model post-fracture care. For example, Kaiser Permanente demonstrated that its program reduced the expected hip fracture rate by over 40% (since 1998). If implemented nationally, Kaiser estimates a similar effort could reduce the number of hip fractures by over 100,000 and save over $5 billion/year. A recent meta-analysis of 159 publications evaluating their impact found that patients receiving care from a model post fracture program had higher rates of bone density testing (48.0% vs 23.5%), treatment initiation (38.0% vs 17.2%) and greater adherence to treatment (57.0% vs 34.1%). (https://www.ncbi.nlm.nih.gov/pubmed/29555309)

(Centers for Disease Control & Prevention; Chronic Disease Prevention & Health Promotion)

The Committee directs CDC to fund and lead a national education and action initiative aimed at reducing fractures and falls among older Americans modeled after the successful Million Hearts campaign. Such an initiative should set national goals for primary and secondary prevention of osteoporotic fractures, including reductions in the rate of falls and initial and secondary bone fractures.

Background:

Osteoporosis, or weakening of the bones leading to fractures, is a public health crisis that many people experience, yet few people know about. In the U.S. more than 54 million people, mostly women, either already have osteoporosis or are at high risk of the disease due to low bone density. Up to 2.1 million osteoporotic bone fractures were suffered by approximately 2 million Medicare beneficiaries in 2016. *That is more than the number of heart attacks, strokes or new breast cancer cases.* The total annual cost for osteoporotic fractures among Medicare beneficiaries was $57 billion in 2018 and is expected to grow to over $95 billion in 2040 as the population ages. And new analysis released in March 2021 by the National Osteoporosis Foundation found significant racial and geographic disparities in incidence, costs and deaths from osteoporotic fractures. For example, while suffering fewer fractures, Black beneficiaries have higher hospitalization and death rates and lower screening rates post-fracture.

The good news is that we have the tools to stem this crisis. We just need to make sure people know about them and use them. Medicare pays for state-of -the art bone density testing to identify those who are at risk of bone fractures, allowing for early and effective preventive steps and interventions. Yet only 8 percent of people at highest risk of a fragility fracture - women who have suffered a previous fracture - are screened for osteoporosis. Medicare also pays for FDA approved drug treatments for osteoporosis that can help reduce spine and hip fractures by up to 70 percent and cut secondary (repeat) fractures by about half. But about 80 percent of patients with osteoporosis go untreated even after a fracture. By comparison, while those who are hospitalized for an acute myocardial infarction (heart attack) are at a 9.2 percent risk for another AMI related hospitalization in the next year, 90 percent are started on treatment. One reason for this is that in 2012, the Department of HHS started a major national education and action initiative, Million Hearts, co-led by CDC and CMS. The national initiative—alongside 120 official partners and 20 federal agencies—successfully aligned national cardiovascular disease prevention efforts around a select set of evidence-based public health and clinical goals and strategies and has made significant progress toward its bold goal to prevent one million heart attacks and strokes in five years.

Given the high incidence and human and economic costs associated with both falls and fractures among older Americans, a similarly aggressive initiative aimed at these related problems is warranted and would pay dividends in terms of both patient outcomes and overall health care costs. Like heart disease, we know what steps are needed to reduce the incidence of falls and fractures among older Americans. We need to educate and activate the public and health professionals to raise awareness about the problems and initiate action to make progress. Because we know that over 95% of hip fractures occur following a fall, such a campaign must also focus on reducing the growing rates of falls among older adults.