PROMOTING BONE HEALTH THROUGH POLICY: A CALL TO ACTION

Bone health has a significant impact on overall health and well-being. Not only is bone health important for mobility (and the benefits mobility provides for health and self-sufficiency), but bones also protect the body's organs and store essential nutrients, like calcium.

Bone loss and fractures are common, affecting a large portion of the U.S. population. Each year, an estimated 1.5 million individuals suffer a fracture due to bone disease. The risk of a fracture increases with age and is greatest in women. Women also account for 80% of the estimated 10 million Americans with osteoporosis, the most common form of bone disease. This has implications for morbidity and mortality. Nearly 1 in 5 Medicare beneficiaries have died from complications within 12 months after an osteoporotic fracture—and more than 60% were women. Of those individuals who sustain a hip fracture, up to 75% require nursing home placement for rehabilitation or long-term care.

Beyond their health and quality of life implications, bone fractures are also costly. In 2018, the annual direct medical costs and indirect societal costs (e.g., productivity losses and informal caregiving), was $57 billion. By 2040, those costs are expected to rise to more than $95 billion annually.

Despite the prevalence of bone loss and fractures and their potential impact on quality of life and overall health, including disability, mobility, loss of autonomy, and premature death, bone health is too often overlooked. It does not receive the same level of attention of certain chronic illnesses, such as cardiovascular disease or diabetes, and there is a general lack of awareness among the public about early and regular prevention measures to optimize bone health.

Society for Women's Health Research

A "Silent Disease" with Far-Reaching Implications

Low bone mass increases the risk of osteoporosis, the major cause of fractures in postmenopausal women and in older men.

43.4 million adults over 50 have low bone mass at either the femur neck or lumbar spine. **Of those, 63% are women.**

10.2 million adults over 50 have osteoporosis. **Of those, 80% are women.**

Source: The Recent Prevalence of Osteoporosis and Low Bone Mass in the United States Based on Bone Mineral Density at the Femoral Neck or Lumbar Spine, *Journal of Bone and Mineral Research*

Given the growing aging population, the burden of fractures in the United States is expected to rise. However, through the implementation of key policy measures spanning prevention, research, detection, and treatment, the U.S. health care system could see tremendous benefits that lower health care costs and improve patient outcomes.

The Society for Women's Health Research (SWHR) is committed to raising awareness about women's bone health and osteoporosis and driving policy change to improve women's bone health outcomes across the lifespan.

SWHR's *Promoting Bone Health Through Policy: A Call to Action* is intended to serve as a roadmap outlining key areas of policy need—spanning education and prevention, coverage and access to care, and research needs and opportunities—to improve the bone health of women from childhood through adulthood.

Osteoporosis is not necessarily a natural consequence of aging, and in many cases, can be prevented; there are key protective measures that can be taken across all life stages. Nutrition, physical activity, managed weight, smoking cessation, reduced alcohol consumption, and fall prevention are all key determinants that individuals can employ to promote their bone health.

Promoting bone health as part of a healthy lifestyle—and promoting it early—is essential for encouraging behaviors that lead to healthy bones and equipping individuals with the information they need to understand and mitigate osteoporosis to the extent possible.

SWHR supports policies that seek to educate the public on how to prevent bone fractures and osteoporosis to improve health outcomes across the lifespan.

I. **Implement Public Health Awareness Campaigns Aimed at Promoting a Bone Healthy Lifestyle Early**

It is estimated that more than half of peak bone mass, a key form of protection against osteoporosis, is acquired during the teenage years and that even a small increase in peak bone mass acquired during adolescence can significantly reduce the risk of an osteoporotic fracture during adulthood.

SWHR encourages carrying out a nationwide public awareness campaign designed to promote bone health prevention measures and the importance of a bone healthy lifestyle, highlighting the role of diet, exercise, and fall prevention.

II. **Expand "Welcome to Medicare" Preventive Visit to Include Conversations about Bone Health**

Medicare Part B (Medicare Insurance) covers a "Welcome to Medicare" preventive visit once within the first 12 months that an individual has Part B. Given that the age at which one qualifies for Medicare is 65—a critical window for promoting bone health, screening, and treatment—this visit represents an optimal time for health care providers to speak with patients about their bone health and steps they can and should be taking.

SWHR supports incorporating conversations about bone health into key health care entry points for target populations, including but not limited to, the "Welcome to Medicare" visit.

III. **Identify Strategies and Programs to Improve Bone Health Among Underserved Populations**

Research has shown that non-Hispanic Black women are least likely to receive screening for osteoporosis compared to non-Hispanic white adults and that non-Hispanic Black and Hispanic women are less likely to receive bone density testing both prior to fracture and post-fracture. While bone health data on underrepresented populations is sorely lacking, there are opportunities to explore barriers to bone health screening, both at the population and provider level, as well as treatment adherence.

SWHR continues to advocate for inclusive data to inform care gaps and public health interventions across populations of women throughout their lifespans.

Currently, the U.S. health care system does not prioritize or incentivize assessing bone health. Despite the growing burden of osteoporosis, particularly among women, it is underdiagnosed and undertreated; 84% of older Americans who suffer bone breaks are not tested or treated for osteoporosis. Ensuring the utilization of preventive and treatment measures can significantly improve patient outcomes and reduce individual and societal costs.

SWHR encourages policy implementation that moves the United States from a "break and fix" model to a "predict and prevent" model in women's bone health care by promoting access to effective therapies and to affordable, high-quality bone health screening.

I.

Restore Reimbursement Levels for Dual-Energy X-Ray Absorptiometry

Dual-energy X-ray absorptiometry (DXA) is considered the "gold standard" for measuring bone density and identifying individuals at risk of osteoporotic fractures. Yet, the utilization of DXA is low (11.3% in 2014). Despite its demonstrated value, CMS has cut DXA reimbursement by more than 70% since 2006, which has resulted in increased cost to CMS and worsened patient outcomes.

Bipartisan legislation introduced in the 117th Congress, the Increasing Access to Osteoporosis Testing for Medicare Beneficiaries Act of 2021 (S. 1943/H.R. 3517), would increase access to osteoporosis screening, while lowering the costs and consequences resulting from a lack of an osteoporosis diagnosis.

SWHR supports the swift passage of the Increasing Access to Osteoporosis Testing for Medicare Beneficiaries Act to restore reimbursement levels for DXA screenings.

II.

Revise Screening Guidelines to Support Early Bone Health Monitoring and Intervention

Current screening recommendations in the United States, including those of the U.S. Preventive Services Task Force (USPSTF), recommend bone measurement screening for osteoporosis in women 65 years and older and in women younger than 65 who are at increased clinical risk for fracture.

However, women tend to experience rapid bone loss in the early postmenopausal years (the average age of menopause in the United States is 51) that can lead to increased risk for osteoporosis.

For screening recommendations to better reflect prevention needs, SWHR supports adjusting the recommended screening age for women be adjusted to align with the menopause transition period. Making this adjustment would not only establish a baseline by which women could measure their bone health over time, but it would also offer the opportunity for women and their providers to strategize potential lifestyle and treatment options before entering a critical window for protecting bone health.

III.

Implement a Chronic Care Payment Mechanism for Secondary Prevention of Fragility Fractures

According to the Millman report, "2021 Medicare Costs of Osteoporotic Fractures," which examined 2015 Medicare fee-for-service (FFS) data, an estimated 205,000 Medicare FFS beneficiaries, or about 15% of those who had a new osteoporotic fracture, suffer one or more subsequent fractures within 12 months of the initial fracture. The report concluded that "preventing between 5% and 20% of subsequent fractures could have saved between $310 million… and [$1.23 billion] for the Medicare FFS program during a follow-up period that lasted up to two to three years after a new osteoporotic fracture."

SWHR supports CMS reimbursing providers for "post-fracture assessment, diagnosis, treatment planning, treatment initiation, and follow-up care," as prescribed by the National Osteoporosis Foundation (now the Bone Health and Osteoporosis Foundation) and the American Society for Bone and Mineral Research, and endorsed by 17 organizations serving older adults, to address critical care gaps in osteoporosis and improve outcomes.

IV.

Enhance the Use of Electronic Health Records to Better Support Continuity of Care

Several providers, including primary care providers and specialists, such as rheumatologists or geriatricians, may consult with patients on bone health preventive care or treatment. Electronic health records (EHRs) can improve care coordination by storing patients' health information and care records in a central location that is easily accessible by authorized providers, allowing providers to gain an understanding of the full patient health and treatment history so they can more effectively prescribe next steps in care.

SWHR encourages policymakers and health care providers to continue exploring the possibilities related to EHR implementation in order to decrease the fragmentation of care, reduce medical errors and unnecessary treatment, and ultimately improve patient outcomes.

While much is known about bone health, its risk factors, and the importance of certain prevention measures, there is still ample opportunity to improve the evidence base related to bone health.

SWHR champions targeted investments in bone health research and biological sex differences research related to bone health as well as robust annual funding increases for federal research and public health agencies to ensure they have the capacity to carry out their respective missions, improve the knowledge base, and drive progress forward.

I.

Prioritize Bone Health Research Across the Research Continuum

While there are myriad opportunities to build upon the existing evidence base in bone health, there are some areas in particular that would be well-served by additional research to improve bone health outcomes. They include the following:

- **a.** The relationship between bone and muscle health
- **b.** Additional therapeutic options for young people
- **c.** The intersection between pregnancy, bone health, and osteoporosis outcomes later in life
- **d.** Preservation and treatment of bone
- **e.** Correlation between early bone fracture and increased risk of bone disease later in life

II.

Improve Data to Assess Bone Health Needs

A recent review in the *Journal of Bone and Mineral Research* pointed to the urgent need for both outcomes data for diverse populations, particularly Hispanic and Asian women, and for research into bone mineral density and osteoporosis across different racial and ethnic groups. Developing effective public health and policy interventions to address bone outcomes and osteoporosis management first requires data and evidence to pinpoint where there are gaps and/or from where the problem is stemming.

SWHR continues to push for adequate bone-related research across different populations—including women and subpopulations of women—and for the resulting data to have the ability to be disaggregated and analyzed by factors including sex, gender, race and ethnicity, and geographic location in order to most effectively inform public health interventions and policy solutions and improve patient outcomes.

ABOUT SWHR

The Society for Women's Health Research (SWHR) is a national nonprofit and thought leader dedicated to promoting research on biological sex differences in disease and improving women's health through science, policy, and education. Founded in 1990 by a group of physicians, medical researchers, and health advocates, SWHR is making women's health mainstream by addressing unmet needs and research gaps in women's health. Thanks to SWHR's efforts, women are now routinely included in most major medical research studies and more scientists are considering sex as a biological variable in their research. Visit www.swhr.org for more information.