

110<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# S. 2702

To amend title XVIII of the Social Security Act to improve access to, and increase utilization of, bone mass measurement benefits under the Medicare part B Program.

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## IN THE SENATE OF THE UNITED STATES

MARCH 4, 2008

Mr. SALAZAR (for himself and Ms. SNOWE) introduced the following bill;  
which was read twice and referred to the Committee on Finance

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## A BILL

To amend title XVIII of the Social Security Act to improve access to, and increase utilization of, bone mass measurement benefits under the Medicare part B Program.

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 “Medicare Fracture  
5 Prevention and Osteoporosis Testing Act of 2008”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) Since 1997, Congress has recognized the  
9 importance of osteoporosis prevention by standard-

1        izing reimbursement under the Medicare program  
2        for bone mass measurement.

3            (2) One decade later, osteoporosis remains  
4        underdiagnosed and untreated despite numerous  
5        Federal initiatives, including recommendations of the  
6        United States Preventive Services Task Force, the  
7        2004 United States Surgeon General’s Report on  
8        Bone Health and Osteoporosis, and inclusion of bone  
9        mass measurement in the Welcome to Medicare  
10       exam.

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

15           (4) Although Caucasians are most likely to sus-  
16        tain osteoporosis fractures, the cost of fractures  
17        among the nonwhite population is projected to in-  
18        crease by as much as 180 percent over the next 20  
19        years.

20           (5) Black women are more likely than White  
21        women to die following a hip fracture.

22           (6) Osteoporosis is a critical women’s health  
23        issue. Women account for 71 percent of fractures  
24        and 75 percent of osteoporosis-associated costs.

1           (7) The World Health Organization, the Cen-  
2           ters for Medicare & Medicaid Services, and other  
3           medical experts concur that the most widely accept-  
4           ed method of measuring bone mass to predict frac-  
5           ture risk is dual-energy x-ray absorptiometry (in this  
6           Act referred to as “DXA”). Vertebral fracture as-  
7           sessment (in this Act referred to as “VFA”) is an-  
8           other test used to identify patients at high risk for  
9           future fracture.

10           (8) Unlike other imaging procedures, bone mass  
11           measurement testing remains severely underutilized  
12           with less than 20 percent of eligible Medicare bene-  
13           ficiaries taking advantage of the benefit.

14           (9) Underutilization of bone mass measurement  
15           will strain the Medicare budget because—

16                   (A) 55 percent of the people age 50 and  
17                   older in 2002 had osteoporosis or low bone  
18                   mass;

19                   (B) more than 61,000,000 people in the  
20                   United States are projected to have osteoporosis  
21                   or low bone mass in 2020, as compared to  
22                   43,000,000 in 2002;

23                   (C) osteoporosis fractures are projected to  
24                   increase by almost 50 percent over the next 2

1           decades with at least 3,000,000 fractures ex-  
2           pected to occur annually by 2025;

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

5           (E) the economic burden of osteoporosis  
6           fractures are projected to increase by 50 per-  
7           cent over the next 2 decades, reaching  
8           \$25,300,000,000 in 2025.

9           (10) Underutilization of bone mass measure-  
10          ment will also strain the Medicaid budget, which  
11          funds treatment for osteoporosis in low-income  
12          Americans.

13          (11) Reimbursement under the Medicare pro-  
14          gram for DXA provided in physician offices and  
15          other non-hospital settings was reduced by 40 per-  
16          cent and will be reduced by a total of 75 percent by  
17          2010. This drop represents one of the largest reim-  
18          bursement reductions in the history of the Medicare  
19          program. Reimbursement for VFA will also be re-  
20          duced by 50 percent by 2010.

21          (12) The reduction in reimbursement discour-  
22          ages physicians from continuing to provide access to  
23          DXA or VFA in their offices. Since two-thirds of all  
24          DXA scans are performed in nonfacility settings,  
25          such as physician offices, patient access to bone

1 mass measurement will be severely compromised  
2 when physicians discontinue providing those tests in  
3 their offices, thereby exacerbating the current under-  
4 utilization of the benefit.

5 **SEC. 3. MINIMUM PAYMENT FOR BONE MASS MEASURE-**  
6 **MENT.**

7 (a) **IN GENERAL.**—Section 1848(b) of the Social Se-  
8 curity Act (42 U.S.C. 1395w-4(b)) is amended by adding  
9 at the end the following:

10 “(5) **TREATMENT OF BONE MASS SCANS.**—Not-  
11 withstanding the provisions of paragraph (1), the  
12 Secretary shall establish a national minimum pay-  
13 ment amount for CPT code 77080 (relating to dual-  
14 energy x-ray absorptiometry) and CPT code 77082  
15 (relating to vertebral fracture assessment), and any  
16 successor to such codes as identified by the Sec-  
17 retary. Such minimum payment amount shall not be  
18 less than 100 percent of the reimbursement rates in  
19 effect for such codes (or predecessor codes) on De-  
20 cember 31, 2006.”.

21 (b) **EFFECTIVE DATE.**—The amendment made by  
22 subsection (a) shall apply to bone mass measurement fur-  
23 nished on or after July 1, 2008.

1 **SEC. 4. STUDY AND REPORT BY THE INSTITUTE OF MEDI-**  
2 **CINE.**

3 (a) IN GENERAL.—The Secretary of Health and  
4 Human Services shall enter into an arrangement with the  
5 Institute of Medicine of the National Academies to con-  
6 duct a study on the following:

7 (1) The ramifications of Medicare reimburse-  
8 ment reductions for DXA and VFA on beneficiary  
9 access to bone mass measurement benefits in general  
10 and in rural and minority communities specifically.

11 (2) Methods to increase use of bone mass meas-  
12 urement by Medicare beneficiaries.

13 (b) REPORT.—The agreement entered into under  
14 subsection (a) shall provide for the Institute of Medicine  
15 to submit to the Secretary and the Congress, not later  
16 than 1 year after the date of the enactment of this Act,  
17 a report containing a description of the results of the  
18 study conducted under such subsection and the conclu-  
19 sions and recommendations of the Institute of Medicine  
20 regarding each of the issues described in paragraphs (1)  
21 and (2) of such subsection.

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