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September 23, 2020

The Honorable Joseph Biden
Biden for President
PO Box 58174
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Dear Vice President Biden,

We are writing to highlight a costly and growing crisis and urge your campaign to support common sense policy steps that can improve lives and save money. In the U.S., more than 54 million people, mostly women, either have osteoporosis (weakening of the bones leading to bone fractures) or are at high risk of the disease due to low bone density. Up to 2.3 million osteoporotic bone fractures were suffered by approximately 2 million Medicare beneficiaries in 2015. *That is more than the number of heart attacks, strokes or new 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.**

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 steps and interventions. However, only nine (9) percent of women who suffer a 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 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 care known as fracture liaison services (FLS). 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 2.3 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 $1.2 billion over up to 2 to 3 years. We urge your Campaign to endorse the following common sense and cost-saving policy steps:

1) **The Medicare physician fee schedule should be updated to lower osteoporotic fracture risks both to directly reimburse for and incentivize greater utilization of model comprehensive fracture liaison care coordination services by beneficiaries who have suffered an osteoporosis-related fracture and are thus at higher risk for another fracture. These services should also be reimbursable when provided remotely through telehealth. Our care delivery system remains fragmented so that patients receiving acute care for fractures are too often unaware that chronic bone density loss from osteoporosis contributed to their fracture and increases the likelihood of another. Fracture liaison service post-fracture care models such as those employed by leading health systems like Geisinger reduce fracture risk through a care coordination intervention that improves rates of osteoporosis screening, treatment initiation and adherence, patient and caregiver education and counseling, and comprehensive falls prevention strategies.**

The FLS secondary fracture prevention model has been in operation for more than 15 years in leading health systems in the U.S. and in countries around the world. FLS is typically headed by an FLS coordinator (a nurse practitioner or other health professional) 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 FLS 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, FLS programs will refer patients to fall prevention services.

Numerous studies have demonstrated the effectiveness of FLS. For example, Kaiser Permanente demonstrated that its FLS 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 the impact of FLS found that patients receiving care from an FLS 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)

2) **The Center for Disease Control and Prevention (CDC) should fund, develop and implement 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. While fall prevention programs are undertaken by CDC and by many of our partner organizations, they stop short of providing detailed information about osteoporosis and bone health, which is the "WHY" we need to**

prevent falls. If people didn't have osteoporosis or low bone denisity, they wouldn't break a bone when they fall, even as they age.

Education and action are key to making progress to stem the osteoporosis crisis. It is remarkable that only nine (9) percent of people at highest risk of a fragility fracture - women who have suffered a previous fracture - are screened for osteoporosis and that only 20 percent are treated with 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.

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.

3) **Legislation such as H.R. 2693/S.283, "Increasing Access to Osteoporosis Testing for Medicare Beneficiaries Act of 2019" should be enacted. This bipartisan legislation would set more adequate payment rates for screening and should increase access to this critical preventive service. Based on a 35% fracture prevention rate, we estimate over 26,000 hip fractures could have been avoided if Medicare beneficiaries continued to receive DXA scans. Conservative estimates indicate over 5,200 deaths could have been avoided in the Medicare 65+ population if DXA testing rates had continued to increase as expected.**

Medicare pays for state of the art bone density testing (dual-energy X-ray absorptiometry (DXA)) which is highly effective in identifying those who are at risk of bone fractures allowing for early and effective preventive steps and interventions. This bone density testing is more powerful in predicting fractures than cholesterol is in predicting myocardial infarction or blood pressure in predicting stroke. However, federal policy changes have led to a major reduction in the use of this important preventive service. Medicare payment rates for bone-density tests have been cut by 70 percent resulting in 2.3 million fewer women being tested. And in the last

5 years the osteoporosis diagnosis of older women has declined by 18 percent. This is unacceptable.

These three common sense steps would substantially reduce the rate of osteoporotic fractures and the great human and economic tolls they take on our nation. Thank you so much for your attention to this very important and growing women's health crisis. We would be happy to answer any questions you may have and would greatly appreciate working with you and your team to make these needed reforms possible. Please contact me at (703) 647-3025.

Sincerely,

Claire Gill
CEO
National Osteoporosis Foundation

cc: Stef Feldman, Policy Director
Carmel Martin, Senior Policy Advisor