

115TH CONGRESS
2D SESSION

S. 3160

To amend title XVIII of the Social Security Act to improve access to, and utilization of, bone mass measurement benefits under part B of the Medicare program by establishing a minimum payment amount under such part for bone mass measurement.

IN THE SENATE OF THE UNITED STATES

JUNE 28, 2018

Ms. COLLINS (for herself, Mr. CARDIN, Mr. WICKER, Mr. KING, and Ms. STABENOW) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To amend title XVIII of the Social Security Act to improve access to, and utilization of, bone mass measurement benefits under part B of the Medicare program by establishing a minimum payment amount under such part for bone mass measurement.

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. FINDINGS.**

4 The Congress finds the following:

5 (1) Osteoporosis is a major public health prob-
6 lem with 54 million Americans as of 2010 having ei-
7 ther low bone mass or osteoporosis, responsible for

1 over 2 million fractures per year, including over
2 300,000 hip fractures. The estimated total cost of
3 these fractures in 2005 was \$17 billion and expected
4 to rise to over \$25 billion by 2025.

5 (2) Osteoporosis is a silent disease that often is
6 not discovered until a fracture occurs. One out of
7 two women and up to one of four men will suffer an
8 osteoporotic fracture in their lifetimes.

9 (3) While both men and women may develop
10 osteoporosis, 80 percent are women.

11 (4) Most women are not aware of their personal
12 risk factors for osteoporosis, the prevalence of, or
13 the morbidity and mortality associated with the dis-
14 ease, despite the fact that broken bones due to
15 osteoporosis lead to more hospitalizations and great-
16 er health care costs than heart attack, stroke, or
17 breast cancer in women age 55 and above.

18 (5) A woman's risk of hip fracture is equal to
19 her combined risk of breast, uterine, and ovarian
20 cancer. More women die in the United States in the
21 year following a hip fracture than from breast can-
22 cer.

23 (6) One out of four people who have an
24 osteoporotic hip fracture will need long-term nursing

1 home care. Half of those who experience osteoporotic
 2 hip fractures are unable to walk without assistance.

3 (7) Elderly women are so afraid of losing their
 4 independence that eight in ten would rather die than
 5 break their hip and be admitted to a nursing home.

6 (8) Bone density testing is more powerful in
 7 predicting fractures than cholesterol is in predicting
 8 myocardial infarction or blood pressure in predicting
 9 stroke.

10 (9) Osteoporosis remains both under-recognized
 11 and under-treated. Over a 7-year period (2007–
 12 2013), 45 percent of older female Medicare bene-
 13 ficiaries had no DXA bone density test, and 25 per-
 14 cent had only one test.

15 (10) DXA testing in older women declined in
 16 2014 to the lowest point in 10 years.

17 (11) A decade of steady decline in hip fractures
 18 stopped abruptly in 2013. Since then, there have
 19 been more than 14,000 additional hip fractures,
 20 costing over \$560 million, leading to 2,800 more
 21 deaths than expected if the decline had continued.

22 **SEC. 2. INCREASING ACCESS TO OSTEOPOROSIS PREVEN-**
 23 **TION AND TREATMENT.**

24 Section 1848(b) of the Social Security Act (42 U.S.C.
 25 1395w–4(b)) is amended—

1 (1) in paragraph (4)(B)—

2 (A) by striking “and the first 2 months of
3 2012” and inserting “the first 2 months of
4 2012, 2019, and each subsequent year”; and

5 (B) by striking “paragraph (6)” and in-
6 serting “paragraphs (6) and (12)”; and

7 (2) by adding at the end the following:

8 “(12) ESTABLISHING MINIMUM PAYMENT FOR
9 OSTEOPOROSIS TESTS.—For dual-energy x-ray
10 absorptiometry services (identified by HCPCS codes
11 77080 and 77082 and successor codes 77085 and
12 77086 (and any succeeding codes)) furnished during
13 2017 or a subsequent year, the Secretary shall es-
14 tablish a national minimum payment amount under
15 this subsection—

16 “(A) for such services identified by
17 HCPCS code 77080, equal to \$98 (with na-
18 tional minimum payment amounts of \$87.11 for
19 the technical component and \$10.89 for the
20 professional component);

21 “(B) for such services identified by
22 HCPCS code 77086, equal to \$35 (with na-
23 tional minimum payment amounts of \$27.18 for
24 the technical component and \$7.82 for the pro-
25 fessional component); and

1 “(C) for the bundled code for dual energy
2 absorptiometry and vertebral fracture assess-
3 ment studies identified as HCPCS code 77085,
4 equal to \$133 (with national minimum payment
5 amounts of \$114.29 for the technical compo-
6 nent and \$18.71 for the professional compo-
7 nent).
8 Such minimum payment amounts shall be adjusted
9 by the geographical adjustment factor established
10 under subsection (e)(2) for the services for the re-
11 spective year.”.

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