

116TH CONGRESS
1ST SESSION

S. 283

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

JANUARY 30, 2019

Ms. COLLINS (for herself, Mr. CARDIN, Mrs. BLACKBURN, Mr. KING, Mrs. CAPITO, Mr. WICKER, 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. SHORT TITLE.**

4 This Act may be cited as the “Increasing Access to
5 Osteoporosis Testing for Medicare Beneficiaries Act of
6 2019”.

1 **SEC. 2. FINDINGS.**

2 The Congress finds the following:

3 (1) Osteoporosis is a major public health prob-
4 lem with 54 million Americans as of 2010 having ei-
5 ther low bone mass or osteoporosis, responsible for
6 over 2 million fractures per year, including over
7 300,000 hip fractures. The estimated total cost of
8 these fractures in 2005 was \$17 billion and expected
9 to rise to over \$25 billion by 2025.

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

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

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

23 (5) A woman's risk of hip fracture is equal to
24 her combined risk of breast, uterine, and ovarian
25 cancer. More women die in the United States in the

1 year following a hip fracture than from breast can-
2 cer.

3 (6) One out of four people who have an
4 osteoporotic hip fracture will need long-term nursing
5 home care. Half of those who experience osteoporotic
6 hip fractures are unable to walk without assistance.

7 (7) Elderly women are so afraid of losing their
8 independence that 8 in 10 would rather die than
9 break their hip and be admitted to a nursing home.

10 (8) Bone density testing is more powerful in
11 predicting fractures than cholesterol is in predicting
12 myocardial infarction or blood pressure in predicting
13 stroke.

14 (9) Osteoporosis remains both under-recognized
15 and under-treated. Over a 7-year period (2007–
16 2013), 45 percent of older female Medicare bene-
17 ficiaries had no DXA bone density test, and 25 per-
18 cent had only one test.

19 (10) DXA testing in older women declined in
20 2014 to the lowest point in 10 years.

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

1 **SEC. 3. INCREASING ACCESS TO OSTEOPOROSIS PREVEN-**
 2 **TION AND TREATMENT.**

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

5 (1) in paragraph (4)(B)—

6 (A) by striking “and the first 2 months of
 7 2012” and inserting “the first 2 months of
 8 2012, 2019, and each subsequent year”; and

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

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

12 “(12) ESTABLISHING MINIMUM PAYMENT FOR
 13 OSTEOPOROSIS TESTS.—For dual-energy x-ray
 14 absorptiometry services (identified by HCPCS codes
 15 77080 and 77082 and successor codes 77085 and
 16 77086 (and any succeeding codes)) furnished during
 17 2019 or a subsequent year, the Secretary shall es-
 18 tablish a national minimum payment amount under
 19 this subsection—

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

25 “(B) for such services identified by
 26 HCPCS code 77086, equal to \$35 (with na-

1 tional minimum payment amounts of \$27.18 for
2 the technical component and \$7.82 for the pro-
3 fessional component); and

4 “(C) for the bundled code for dual energy
5 absorptiometry and vertebral fracture assess-
6 ment studies identified as HCPCS code 77085,
7 equal to \$133 (with national minimum payment
8 amounts of \$114.29 for the technical compo-
9 nent and \$18.71 for the professional compo-
10 nent).

11 Such minimum payment amounts shall be adjusted
12 by the geographical adjustment factor established
13 under subsection (e)(2) for the services for the re-
14 spective year.”.

○