

May 5, 2020

The Honorable Susan M. Collins
U.S. Senate
413 Dirksen Building
Washington, DC 20510

Dear Senator Collins:

The Association of Women in Rheumatology (AWIR) is dedicated to promoting the science and practice of Rheumatology, fostering the advancement and education of women in Rheumatology, and advocating for access to the highest quality healthcare, and management of patients with rheumatic diseases. We would like to express our gratitude for your sponsorship of the *Increasing Access to Osteoporosis Testing for Medicare Beneficiaries Act, H.R.2693/S.283* and affirm why passage of this legislation is necessary.

Osteoporosis is a silent disease that is often not discovered until a fracture occurs. The disease disproportionately impacts women, who account for 71% of osteoporotic fractures.¹ AWIR is working to address the decline in Medicare reimbursement for DXA which has resulted in a decline in preventative testing and an increase in hip fractures. H.R.2693/S.283 would set a floor for Medicare reimbursement for DXA at \$98 to ensure access to this critical test.

AWIR supports this legislation because it will substantially improve health outcomes for women. A woman's risk of having an osteoporotic fracture in one year is greater than her combined risk of having a heart attack, stroke or developing breast cancer.² More women die each year from complications following hip fractures than from breast cancer – this is a staggering statistic.³ Furthermore, Medicare paid over \$16 billion in 2010 for direct costs from new fractures that year and spending is projected to grow to over \$25 billion by 2025.⁴

Undoubtedly, hip fractures are the most life changing of all fractures. Data shows 25% of women over the age of 50 who sustain a hip fracture die in the year following the fracture, 50% never walk independently again, and 20% require permanent nursing home placement.⁵

Unlike other diseases, osteoporosis is a model for disease prevention with accurate, cost-effective diagnostic tools and inexpensive treatments available that work at reducing fractures. We have the tools to reduce these debilitating fractures with effective DXA testing. Unfortunately, we are losing the

¹ Cauley J., *J Gerontol A Biol Sci Med Sci*. 2013 Oct; 68(10): 1243-1251. Published online 2013 Jul 13. [10.1093/gerona/glt093](https://doi.org/10.1093/gerona/glt093)

² National Osteoporosis Foundation, <https://cdn.nof.org/wp-content/uploads/2016/01/1047.pdf>

³ AGS 2007 Annual Scientific Meeting Abstract P28. May 2-6, 2007.

⁴ Burge R., Dawson-Hughes B., Solomon D.H. Wong JB, King A., Tosteson A. Incidence and economic burden of osteoporosis-related fractures in the U.S., 2005-25. *J Bone Miner Res*. 2007;22(3):465-475.

⁵ *Ibid.*

war by not using the valuable tools we have. The 71% Medicare payment cut has wiped out prevention efforts resulting in fewer women being tested and fewer providers offering DXA testing.

In light of May being National Osteoporosis Month, AWIR urges the Congress to support H.R.2693/S.283 and set a floor for DXA funding to reverse this dangerous trend that disproportionately affects women.

Please feel free to contact AWIR's Government Affairs Specialist at Heather.Kazmark@naylor.com with any questions.

Sincerely,

A handwritten signature in black ink that reads "Grace C Wright". The signature is written in a cursive style with a large initial "G" and a stylized "W".

Grace C. Wright, MD
President
Association of Women in Rheumatology