

December 11, 2023

The Honorable Jill Biden, First Lady of the United States
Carolyn Mazure, Chair, White House Initiative on Women's Health Research
The White House
1600 Pennsylvania Avenue, NW
Washington, D.C. 20500

Dear Dr. Biden and Dr. Mazure,

The undersigned 27 leading national women's health, aging, family caregiver, health, medical and nursing organizations want to thank you for prioritizing women's health and present you with a recommendation that would have an immediate and large-scale impact on women's health while reducing Medicare costs. This recommendation has the support of all major stakeholders, is supported by decades of practice and evidence here in the U.S. and globally, and is based on two Biden Administration precedents implemented in the last two years.

One out of every two women over the age of 50 will suffer a fracture associated with osteoporosis in their lifetime, leading to more hospitalizations than heart attacks, strokes, or breast cancer. According to a 2021 Milliman report analyzing most recent (2016) claims data, over 1.8 million Medicare beneficiaries, 70 percent of them women, suffered approximately 2.1 million osteoporotic fractures. 30 percent of hip fracture patients died within a year, and nearly 42,000 were institutionalized in nursing homes within three years. Compared to the overall traditional Medicare population, osteoporotic fracture patients were three times more likely to suffer another fracture within a year, and estimates indicate the problem will grow even bigger, with a 68 percent increase in these fractures by 2040 with an associated national cost exceeding \$95 billion.

In addition, CMS has previously listed osteoporosis as one of the major causes of long-term opioid use and the associated risk of dependence and addiction. A recent study found 23% of opioid-naïve hip fracture patients became chronic opioid users after surgery; vertebral fractures may be even more impactful given that they are more frequently seen in Medicare patients and approximately 75% of vertebral fracture patients require opioid pain relief.

While we have the tools, all too many women who suffer an osteoporotic fracture are not getting the follow-up care that has been proven to substantially reduce subsequent fractures. A comparison helps to highlight this shortcoming. Osteoporotic fractures can be as devastating for patients as a heart attack and the risk of a subsequent fracture putting patients in the hospital is about the same as having a second heart attack. However, while 95 percent of heart attack patients receive medication to prevent another heart attack, only 20 percent of hip fracture patients receive medication proven to greatly reduce the risk of a second fracture and only 8 percent are screened for osteoporosis.

We ask you to include in the Initiative's recommendations a directive to the Center for Medicare and Medicare Services (CMS) to establish a coding solution for secondary prevention of fractures associated with osteoporosis that would enable providers to accurately reflect post-fracture assessment, diagnosis, treatment planning, treatment initiation, and follow-up care to prevent secondary fractures. This simple change would assure that the over 1.8 million Medicare beneficiaries mostly women, who suffer an osteoporotic fracture every year get the evidence-based post-fracture care they need to help prevent a second fracture. Immediate benefits would be substantial: saving lives, closing a significant care gap for women and black patients, reducing opioid addiction, and cutting nursing home admissions, all while reducing soaring health care costs associated with these fractures in an aging population.

Medicare has already implemented similar coding changes to improve outcomes in opioid use disorder and pain management, where the Agency has recognized existing codes do not work and standard of care is not reaching the vast majority of patients. The same approach can improve osteoporotic fracture patient care by requiring appropriate osteoporosis and fall risk assessments and coordination of care to address risk of osteoporosis and falls, so that we can begin to prevent hip and other fractures by caring for patients at earlier stages of osteoporosis and treating the underlying chronic disease.

By recommending CMS to take this simple step, the White House Initiative on Women's Health Research has an opportunity to improve the quality of care for nearly 2 million American women and men every year, reduce health disparities, opioid use, and nursing home admissions, all while reducing avoidable medical costs. A more detailed summary of the need for and substance of the change is attached.

Thank you for your attention to this important issue. If we can be of any help in the process, please contact us through Claire Gill, CEO of the Bone Health and Osteoporosis Foundation at cgill@bonehealthandosteoporosis.org or 703-647-3025 or Douglas Fesler, Executive Director, American Society for Bone and Mineral Research at dfesler@asbmr.org or 202-367-1161.

Sincerely,

Alliance for Aging Research

Alliance for Women's Health and Prevention

American Academy of Physician Associates

American Association of Clinical Endocrinology

American Association of Hip and Knee Surgeons

American Association of Nurse Practitioners

American Orthopaedic Association

American Society for Bone and Mineral Research
Black Women's Health Imperative
Bone Health and Osteoporosis Foundation
Caregiver Action Network
Carrie's TOUCH
Celiac Disease Foundation
Geisinger Health System
Global Healthy Living Foundation
HealthyWomen
National Alliance for Caregiving
National Asian Pacific Center on Aging
National Caucus and Center on Black Aging
National Committee to Preserve Social Security and Medicare
National Council on Aging
National Menopause Foundation
National Spine Health Foundation
National Women's Health Network
North American Spine Society
Osteogenesis Imperfecta Foundation
Society for Women's Health Research