

114TH CONGRESS  
1ST SESSION

# H. R. 2461

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 HOUSE OF REPRESENTATIVES

MAY 20, 2015

Mr. BURGESS (for himself, Mr. LARSON of Connecticut, Mrs. BLACKBURN, and Ms. LINDA T. SÁNCHEZ of California) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

---

## 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:

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

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

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

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

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

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

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

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

12           (9) Osteoporosis remains both under-recognized  
13 and under-treated. Over a 7-year period (2002–  
14 2008), 41 percent of older female Medicare bene-  
15 ficiaries had no DXA bone density test, and 25 per-  
16 cent had only 1 test.

17           (10) DXA testing in older women declined in  
18 2012 to the lowest point in 8 years.

19 **SEC. 2. INCREASING ACCESS TO OSTEOPOROSIS PREVEN-**  
20 **TION AND TREATMENT.**

21           Section 1848(b) of the Social Security Act (42 U.S.C.  
22 1395w-4(b)) is amended—

23           (1) in paragraph (4)(B), by striking “and the  
24 first 2 months of 2012” and inserting “the first 2

1 months of 2012, 2016, and each subsequent year”;  
2 and

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

4 “(8) ESTABLISHING MINIMUM PAYMENT FOR  
5 OSTEOPOROSIS TESTS.—For dual-energy x-ray  
6 absorptiometry services (identified by HCPCS codes  
7 77080 and 77082 and successor codes 77085 and  
8 77086 (and any succeeding codes)) furnished during  
9 2016 or a subsequent year, the Secretary shall es-  
10 tablish a national minimum payment amount under  
11 this subsection—

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

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

22 “(C) for the bundled code for dual energy  
23 absorptiometry and vertebral fracture assess-  
24 ment studies identified as HCPCS code 77085,  
25 equal to \$133 (with national minimum payment

1 amounts of \$114.29 for the technical compo-  
2 nent and \$18.71 for the professional compo-  
3 nent).

4 Such minimum payment amounts shall be adjusted  
5 by the geographical adjustment factor established  
6 under subsection (e)(2) for the services for the re-  
7 spective year.”.

○