

STATE BONE HEALTH AND OSTEOPOROSIS RESOLUTION  
SAMPLE INTRODUCTORY STATEMENT

Did you know that osteoporosis leads to more hospitalizations than heart attacks, strokes, or breast cancer? Did you know that osteoporosis costs our nation and taxpayers over \$54 billion a year? Osteoporosis is a chronic disease characterized by low bone mass and structural deterioration of bone tissue, leading to an increased risk of osteoporotic fractures, which are fractures not caused by high-impact or high-trauma events. We don't often talk about osteoporosis, but in the United States, more than 54 million people either already have this chronic disease or are at high risk of bone fractures due to low bone mass.

My goal is to raise awareness about osteoporosis and bone health, draw attention to the human and economic costs of osteoporotic fractures, and take action that advances policies to improve bone health, post-fracture care, and patient outcomes here in **FILL IN STATE**.

Thanks to a new report by the independent auditing firm Milliman about Medicare beneficiaries, we now have information on the human and economic impact of osteoporosis in our state. Some of the results are very concerning to me and need to be addressed.

For Pennsylvanians using traditional Medicare, the report found ***(NOTE: THE STATISTICS BELOW ARE FOR PENNSYLVANIA, BUT SPECIFIC FINDINGS FOR OTHER STATES CAN BE FOUND AT: <https://www.bonehealthpolicyinstitute.org/state-reports-2021>)***

- Over 82,000 beneficiaries covered by Medicare FFS or Medicare Advantage suffered 97,300 osteoporotic fractures in 2016.
- About 20% (or 10,400) died within one year following a new osteoporotic fracture. Among beneficiaries with a hip fracture, 30% died within one year.
- Among the estimated 46,500 Medicare FFS Beneficiaries with both parts A and B coverage in Pennsylvania who suffered a new osteoporotic fracture, the incremental medical cost in the year following the initial fracture was over \$21,300, or 200% higher than the nationwide allowed medical cost for a typical Medicare FFS beneficiary in 2016, after adjusting for differences in age and sex.
- About 20 percent suffer from pressure ulcers, and many have to be institutionalized in a nursing home or end up on Medicaid.
- An estimated 10,200 suffered not just an initial fracture but also a subsequent fracture during a follow-up period. The report estimates that total Medicare costs just for those Pennsylvanians in traditional Medicare (not including Medicare Advantage plans) amounted to over \$228.4 million. Preventing these subsequent fractures can not only save suffering and deaths, but it can also mean substantial cost savings.
- Every subsequent fracture that can be prevented among Medicare beneficiaries in Pennsylvania could lead to an estimated savings of \$20,400 in the six-month period following the subsequent fracture.

We need to keep in mind that as the nation ages, the number of osteoporotic fractures suffered annually will grow 68% by 2040, exacting an even greater economic and human toll on Medicare beneficiaries, their caregivers, and taxpayers.

The good news is that we can take a few commonsense steps that would both reduce Medicare costs and save lives. Preventing 1 in 5 secondary fractures could save Medicare over \$1 billion in two to three years. CMS and Congress should make changes to Medicare payments to incentivize widespread use of model secondary fracture prevention/care coordination practices for beneficiaries who have suffered an osteoporosis-related fracture and are thus at risk for another fracture. Additionally, Congress should mandate and fund a national education and action initiative aimed at reducing fractures and falls among older Americans.

Leading health systems like Geisinger here in Pennsylvania and Kaiser Permanente nationwide have successfully reduced repeat fractures and lowered costs by employing a new model of coordinated care known as fracture liaison services (FLS). The fracture liaison service secondary fracture prevention care model has been in operation for more than 15 years in the United States and other countries to close the secondary fracture care gap. Unfortunately, most Americans with fractures go without this cost-effective service because Medicare doesn't incentivize its use.

Today, I am proud to be introducing a resolution to designate each May as "Osteoporosis Awareness and Prevention Month" in **FILL IN STATE**. This resolution will spark curiosities and encourage people to learn more about osteoporosis, increase the amount of treatment and screening diagnostics that occur, and provide educational resources to those who need it. I encourage all of you to support this resolution. With your support and on behalf of Pennsylvania, we can raise awareness about the incidence and costs of osteoporosis in our state, and spur action at the individual, family, community, and national level to improve bone health, prevent osteoporosis, and substantially reduce secondary fractures through improved post-fracture care.