



April 14, 2023

Chiquita Brooks-LaSure
Administrator
Center for Medicare and Medicaid Services
Department of Health and Human Services
Washington, D.C. 20201

Dear Administrator Brooks-LaSure,

We strongly urge you to update Medicare policies to establish a care coordination payment mechanism for secondary prevention of osteoporotic fractures that reimburses providers for post-fracture assessment, diagnosis, treatment planning, treatment initiation, and follow-up care. This approach has been brought to you by both the American Society for Bone and Mineral Research (ASBMR) and the Bone Health and Osteoporosis Foundation (BHOFF), with endorsement and support from all the undersigned organizations.

We were very surprised to see this proposal was not included in the FY '23 rulemaking after such positive discussions with your staff. CMS has an excellent opportunity to improve outcomes and reduce costs for the Medicare program. Although the bone health community emphasized the improved outcomes and reduced costs to the Medicare programs in all our meetings with CMS, HHS, and OMB last year, staff in these meetings went further to ask about and focused on how the proposal would reduce disparities, reduce opioid use, reduce nursing home admissions, and address the Agency's own priority of reducing and preventing costly falls and fractures. Finally, the proposal even addressed the RFI embedded in last year's proposed rule of high value, underutilized services.

CMS' own experience indicates that when the vast majority of patients are not receiving standard of care, a more holistic coding and payment solution is needed. That is what is addressed in this proposal, after undertaking the work of developing, refining, and valuing the work required under a well-tested, internationally recognized, evidence-based intervention to prevent osteoporotic fractures.

We understand that Drs. Paul Anderson (AAOS and AOA-Own the Bone) and Andrea Singer (BHOFF) have repeatedly presented the findings of the 2021 Milliman report about the staggering number of osteoporotic fractures among Medicare beneficiaries, and the rate of expected growth in such fractures, the attendant institutionalization of patients, the repeated fracture patterns, and more. CMS itself has identified osteoporosis as a major cause of long-term opioid use and associated risk of addiction.

There are numerous reasons to establish the care coordination payment mechanism in this proposal for secondary prevention of osteoporotic fractures that reimburses providers for post-fracture assessment, diagnosis, treatment planning, treatment initiation, and follow-up care and these are consistent with, and will support, CMS' priorities. We strongly urge, and stand ready to work with you, to ensure its adoption in the FY '24 rulemaking.

Sincerely,

Alliance for Women's Health and Prevention

American Association of Clinical Endocrinology (AACE)

American Association of Hip and Knee Surgeons (AAHKS)

American Association of Nurse Practitioners (AANP)

American Association of Orthopaedic Surgeons (AAOS)

American Academy of Physician Assistants (AAPA)

American Bone Health (ABH)

American Orthopaedic Association (AOA)

American Society for Bone and Mineral Research (ASBMR)

Bone Health Osteoporosis Foundation (BHOF) (previously known as the National Osteoporosis Foundation (NOF))

National Spine Health Foundation (NSHF)

North American Spine Society (NASS)

The Endocrine Society (TES)