



*The new name of the National Osteoporosis Foundation*

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April 19, 2024

The Honorable Kyrsten Sinema, Chair  
The Honorable John Boozman, Ranking Member  
Subcommittee on Military Construction, Veterans Administration and Related Agencies  
Committee on Appropriations  
United States Senate  
Washington, D.C. 20510

Dear Chair Sinema and Ranking Member Boozman,

On behalf of our 13 national aging, health, family caregiver and bone health organizations, we are writing to request the Subcommittee's attention to the growing crisis in bone health and osteoporosis among our nation's aging veteran population as you consider fiscal year 2025 appropriations for the Department of Veterans Affairs.

As you know, osteoporosis is a highly prevalent and costly chronic disease characterized by weakened and fragile bone tissue, leading to over 2 million costly fractures each year. One in two women and one in four men over the age of 50 will suffer an osteoporotic fracture, accounting for more hospitalizations than heart attacks, stroke or breast cancer. This is an even greater challenge for our veterans because they are at increased risk for osteoporosis and subsequent fractures.

In 2010, the [VA Inspector General](#) estimated that between 200,000 and 400,000 veterans suffer from osteoporosis and that 25 percent of those who suffer hip fractures die within a year. Because of the aging of the veteran population and increased number of women veterans, the prevalence is now likely substantially higher and continuing to grow. [Studies](#) show that Veterans in general have a higher risk of developing osteoporosis due to their lifestyles and health issues related to military service. Some male veterans are also at higher risk due to prostate cancer tied to their exposure to certain chemicals like such as Agent Orange. The main treatment option for prostate cancer, androgen deprivation therapy (ADT), has been shown to increase the risk of developing osteoporosis. As a result, there is a great need for increased education and awareness among our veterans and their VA health professionals about bone health and osteoporosis and available evidence-based primary and secondary preventive measures.

A particular gap that needs to be addressed is post fracture care. We know that those who suffer a fracture are at much greater risk of additional fractures. While [one study](#) showed that veterans are not getting optimal care -- fewer than 24% of Veterans received appropriate evaluation and/or treatment for osteoporosis within 6 months of an index fracture -- there is a solution at hand. In 2 VISNs veterans who suffer osteoporotic fractures have access to

<sup>1</sup>Milliman 2021, March. Medicare cost of osteoporotic fractures – 2021 updated report.

evidenced-based post fracture care called fracture liaison service (FLS) as part of a long-running demonstration. Veterans in the demonstration are identified, evaluated and provided an individual plan of care with recommended screening and treatment as appropriate. The VA [has evaluated](#) this demonstration and found that it produced a trifecta of positive results: increased screening and treatment, reduced fractures AND lowered costs. The demonstration also found that 96% of Veterans surveyed were satisfied with the service and believe other Veterans would benefit from it. The report identified FLS as a promising practice, but since the report was issued in 2017 FLS remains available in just 2 VISNs.

***We respectfully request the Subcommittee include language in its FY2025 report (specific language is attached) calling on VHA to both educate and raise awareness about the importance of bone health to veterans as well as to expand access to evidence-based post fracture care to veterans across all VISNs. VHA has a great opportunity both to improve the health of its veterans as they age, but also to lower their health care costs by preventing avoidable costly osteoporotic fractures.***

For these action steps to be successful, they must be accessible to those at highest risk. As America is rapidly diversifying, social determinants of health, such as language and culture, must be prioritized when funding services and education campaigns. For example, Asian Americans, Native Hawaiians and Pacific Islanders, whose numbers are expected to nearly triple by 2060, have the highest prevalence of osteoporosis (38.8% women, 6.5% men) yet studies have documented their lower use of medication, and among immigrants, poor knowledge about osteoporosis. Also, a recent study found that Black women with postmenopausal osteoporosis (PMO) had significantly higher rates of mortality, debility, and destitution after fracture than White women.<sup>1</sup> Limited knowledge of osteoporosis has also been observed in Black and Hispanic communities, further necessitating culturally and linguistically tailored messaging to the most vulnerable Americans.

Thank you so much for your attention to this very important and growing health crisis. We would be happy to answer any questions you may have. Please contact Claire Gill, CEO of the Bone Health and Osteoporosis Foundation at (703) 647-3025 or [cgill@bonehealthandosteoporosis.org](mailto:cgill@bonehealthandosteoporosis.org).

Sincerely,

Alliance for Women's Health and Prevention  
Bone Health and Osteoporosis Foundation  
Caregiver Action Network  
Celiac Disease Foundation  
Global Healthy Living Foundation  
HealthyWomen  
National Council on Aging

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<sup>1</sup> Wu CH, Tu ST, Chang YF, Chan DC.. Fracture liaison services improve outcomes of patients with osteoporosis-related fractures: A systematic literature review and meta-analysis. *Bone*. 2018 Jun;111:92-100. doi: 10.1016/j.bone.2018.03.018. Epub 2018 Mar 16. PMID: 29555309

Wright NC, Chen L, Saag KG, Brown CJ, Shikany JM, Curtis JR. Racial Disparities Exist in Outcomes After Major Fragility Fractures. *J Am Geriatr Soc*. 2020 Aug;68(8):1803-1810. doi: 10.1111/jgs.16455. Epub 2020 Apr 26. PMID: 32337717; PMCID: PMC793546

National Menopause Foundation  
National Women's Health Network  
Society for Women's Health Research  
The National Committee to Preserve Social Security and Medicare  
National Spine Health Foundation  
Tigerlily Foundation

cc: The Honorable Patty Murray, Chair, Committee on Appropriations  
The Honorable Susan Collins, Ranking Member, Committee on Appropriations

## **Veterans' Health Administration**

### **Women Veterans Health Care/Other Items of Interest**

**Bone Health and Osteoporosis.** The Committee is aware of the increasing prevalence osteoporosis among veterans as the population ages and number of women veterans increases. The Committee calls on the VHA to undertake an initiative to educate and raise awareness among veterans of the importance of their bone health and evidence-based primary and secondary preventive steps that can be taken, including the appropriate utilization of bone density testing. The Committee is pleased that the VHA has successfully piloted evidence-based post fracture care in VISN 6 and found that it increased screening and treatment, reduced fractures and reduced costs. VHA is directed to report to the Committee within 3 months on the steps it is taking to make this cost-effective evidence-based care available in all its medical centers.

(Center for Medicare and Medicaid Services; Program Operations)

***Reducing Osteoporotic Fractures. The Committee remains concerned that 1.8 million older Americans, 70 percent of them women, suffer 2.1 million bone fractures related to osteoporosis and that most are not getting the evidence based post fracture care proven to reduce costly secondary fractures. The Committee included language about this in its FY24 report and notes that taking prompt action to create a coordinated care payment mechanism for post osteoporotic fracture care would align with the directives of the President's March 18<sup>th</sup> Executive Order on Women's Health Research and Innovation that specifically calls out osteoporosis as a condition to be targeted for improved care by HHS. Evidence-based post-fracture care has been shown to reduce the rates of costly secondary fractures through improved screening, treatment initiation and adherence, patient and caregiver education and counseling, and comprehensive falls prevention strategies.***

**Background:**

Up to 2.1 million osteoporotic bone fractures were suffered by approximately 1.8 million Medicare beneficiaries in 2016. That is more than the number of heart attacks, strokes or new breast cancer cases. The total annual cost for osteoporotic fractures among Medicare beneficiaries was \$57 billion in 2018 and without reforms is expected to grow to over \$95 billion in 2040, as our population ages. Too many Medicare beneficiaries who suffer an osteoporotic fracture are not getting the follow-up care been proven to reduce subsequent fractures because Medicare payment codes do not incentivize its use. Leading health systems have successfully employed models of coordinated post-fracture care and successfully reduced the rate of secondary (repeat) fractures and lowered costs. These secondary fracture prevention models (sometimes called fracture liaison service) have been in operation for more than 15 years in leading health systems in the U.S. and in countries around the world. A [demonstration by the VA](#) also found this coordinated post-fracture care improved care and reduced fractures and costs. These models are typically headed by a nurse coordinator who utilizes established protocols to ensure that individuals who suffer a fracture are identified and a care plan is established and implemented to assure receipt of appropriate screening, treatment and patient and caregiver education and counseling. Many models have incorporated a pharmacist in the care coordination team to enable prompt resolution of patient concerns related to prescribed medications and improved medication adherence. A population registry of fracture patients is typically established as well as a process and timeline for patient assessment and follow-up care. In addition to managing osteoporosis, where appropriate, these programs will refer patients to fall prevention services.

Numerous studies have demonstrated the effectiveness of model post-fracture care. For example, Kaiser Permanente demonstrated that its program reduced the expected hip fracture rate by over 40% (since 1998). If implemented nationally, Kaiser estimates a similar effort could reduce the number of hip fractures by over 100,000 and save over \$5 billion/year. A recent meta-analysis of 159 publications evaluating their impact found that patients receiving care from a model post fracture program had higher rates of bone density testing (48.0% vs 23.5%), treatment initiation (38.0% vs 17.2%) and greater adherence to treatment (57.0% vs 34.1%)<sup>1</sup>.

**(Centers for Disease Control & Prevention; Chronic Disease Prevention & Health Promotion)**

**The Committee has included \$1 million for CDC to plan and begin implementation of a national education and action initiative aimed at reducing osteoporotic fractures and falls among older Americans modeled after the successful Million Hearts campaign. Such an initiative should set national goals for improving bone health through the lifetime and reducing the rate of primary and secondary osteoporotic fractures and in the rate of falls which often precipitate fractures.**

**Background:**

In the U.S. more than 54 million people, mostly women, either already have osteoporosis or are at high risk of the disease due to low bone density. Up to 2.1 million osteoporotic bone fractures were suffered by approximately 1.8 million Medicare beneficiaries in 2016. *That is more than the number of heart attacks, strokes or new breast cancer cases.* The total annual cost for osteoporotic fractures among Medicare beneficiaries was \$57 billion in 2018 and is expected to grow to over \$95 billion in 2040 as the population ages. There are also significant racial and geographic disparities in incidence, costs and deaths from osteoporotic fractures.

Greater awareness and utilization of existing tools could lead to substantial improvements. Medicare pays for the osteoporosis screening recommended by the USPSTF, allowing for early and effective preventive steps and interventions. Yet only 8 percent of people at highest risk of a fragility fracture - women who have suffered a previous fracture - are screened for osteoporosis and about 80 percent of patients with osteoporosis go untreated even after a fracture. By comparison, while those who are hospitalized for an acute myocardial infarction (heart attack) are at a 9.2 percent risk for another AMI related hospitalization in the next year, 90 percent are started on treatment. One reason for this is that in 2012, the Department of HHS started a major national education and action initiative, Million Hearts, co-led by CDC and CMS. The national initiative successfully aligned national cardiovascular disease prevention efforts around a select set of evidence-based public health and clinical goals and strategies and has made significant progress toward preventing one million heart attacks and strokes in five years.

Given the high incidence and human and economic costs associated with both fractures and falls among older Americans, a similarly aggressive initiative aimed at these related problems is warranted and would pay dividends in terms of both patient outcomes and overall health care costs. Like heart disease, we know what steps are needed to reduce the incidence of falls and fractures among older Americans. We need to educate and activate the public and health professionals about bone health through the lifetime and reduce the toll of osteoporosis. Because we know that over 95% of hip fractures occur following a fall, such a campaign must also focus on reducing the growing rates of falls among older adults.

The start-up funding of \$1 million would be used in consultation with key stakeholders and experts to: identify target audiences; set national education and action goals for the initiative;

identify needed educational materials; develop plans for effective outreach to target audiences; produce educational materials, and launch educational efforts.