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July 8, 2019

The Honorable Richard Neal, Chairman
Committee on Ways and Means
U.S. House of Representatives
2309 Rayburn House Office Building
Washington, DC 20515-2101

Dear Chairman Neal:

On behalf of the more than 2 million retirees and future
retirees represented by the National Retiree Legislative
Network, I am requesting that you call for votes in the
Committee on Ways and Means on the following two bills.

***H.R. 2693, Increasing Access to Osteoporosis Testing
for Medicare Beneficiaries Act of 2019.*** Today,
approximately 54 million Americans either have
osteoporosis or low bone mass, placing them at increased
risk for osteoporosis. Women account for 71 percent of
osteoporotic fractures.

Early diagnosis and treatment of osteoporosis have
proven to dramatically reduce fracture rates. Since those
most at risk are seniors on Medicare, it's essential
Medicare reimbursement rates adequately cover the tests
that measure bone mass and predict fracture risk.
Medicare reimbursement rates are not adequate. In fact,
they've been moving in the wrong direction.

Medicare reimbursement for osteoporosis screening has
declined from \$140 in 2007 to \$42 in 2018. As a result of
reduced screening due to declining reimbursements, it is
estimated that more than 40,000 additional hip fractures
occur each year, resulting in nearly 10,000 hip-fracture
deaths.

Passage of ***H.R. 2693*** would create a floor reimbursement
rate under Medicare Part B for the dual-energy x-ray
absorptiometry (DXA) tests. Congress has twice
recognized the importance of reversing Medicare cuts to
DXA reimbursement in order to maintain patient access,
yet the Medicare reimbursement rate for DXA tests
administered in a doctor's office has been cut
significantly. As osteoporosis is under-diagnosed among
Medicare beneficiaries, it's important to enact ***H.R. 2693***.

H.R. 2770, Huntington's Disease Parity Act.
Huntington's Disease is a fatal hereditary disorder that
causes total physical and mental deterioration. This
disease affects more than 200,000 Americans.

Currently, there is a two-year waiting period for Medicare coverage for Huntington's sufferers despite the fact that such individuals often become incapacitated before reaching the age 65 eligibility requirement for Medicare.

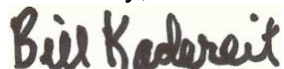
In 2000, CMS waived the two-year waiting period requirement for people disabled by Amyotrophic Lateral Sclerosis (ALS), a degenerative neurological condition that is similar to Huntington's disease. In light of the significant cognitive, behavioral, and physical incapacitation faced by individuals with Huntington's disease, there is an urgent need to remove the two-year waiting period for Medicare coverage.

Passage of **H.R. 2770** would ensure Medicare is made available to people with Huntington's Disease immediately after qualifying for Social Security Disability Insurance.

To learn more about why the NRLN supports these two bills, please ask a member of your staff to contact me or Alyson Parker, the NRLN's Executive Director in Washington, DC at 813-545-6792 or executivedirector@nrln.org.

The NRLN's full Legislative Agenda and detailed whitepapers can be found at www.nrln.org. Your consideration on these issues would be appreciated.

Sincerely,

A handwritten signature in black ink that reads "Bill Kadereit". The signature is written in a cursive, slightly slanted style.

Bill Kadereit, President,
National Retiree Legislative Network
Phone: 972-722-5928
Email: president@nrln.org