

AMERICAN MEDICAL ASSOCIATION  
SENIOR PHYSICIANS SECTION

Resolution 2  
(J-21)

Introduced by: Senior Physicians Section

Subject: Towards Prevention of Hearing-Loss Associated Cognitive Impairment

Referred to: SPS Delegate

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Whereas, Our American Medical Association (AMA) holds out as a primary objective “to promote the science and art of medicine and the betterment of public health”; and

Whereas, Our AMA has adopted policy in support of health promotion and preventive care, community preventive services, healthy lifestyles, coverage for preventive care and immunizations, health information and education, training in the principles of population-based medicine, values-based decision-making in the healthcare system, and encouragement of new advances in science and medicine via strong financial and policy support for all aspects of biomedical science and research<sup>1-8</sup>; and

Whereas, Our AMA has prior policy supporting insurance coverage for hearing remediation<sup>9</sup> as well as for dementia treatment<sup>10</sup>; and

Whereas, There is mounting evidence that there is a strong link between hearing impairment in middle and later life and the development of cognitive, as well as social impairments and falls., although its specific causality in relation to later cognitive loss has not yet conclusively been established<sup>11-31</sup>; and

Whereas, The landmark Lancet Commission on Dementia Prevention, Intervention and Care of 2017, amplified by the 2020 follow-up report<sup>13-15</sup> concluded that age-related hearing loss (ARHL) may account for nine percent of all cases of dementia, making this the single largest potentially modifiable risk factor for the condition beginning in mid-life; and

Whereas, compared to individuals with normal hearing, those individuals with a mild, moderate, and severe hearing impairment, respectively, have been shown to have a 2-, 3-, and 5-FOLD increased risk of incident all-cause dementia over >10 years of follow-up in one study<sup>29</sup>; and

Whereas, Based on prior and pilot studies<sup>30-31</sup> the causative link between hearing impairment in middle age and later life to cognitive impairment is likely to be confirmed by ongoing ACHIEVE<sup>32</sup> and other clinical trials now in progress; and

Whereas, The return on investment for hearing remediation, especially but not exclusively in mid-life, will be substantial and time-sensitive insofar as it may ameliorate, by delay in onset or even prevention of cognitive decline, far more costly care for those with cognitive decline (direct and indirect costs). Delaying the onset of Alzheimer’s Disease by even one year has significant fiscal benefits. A 2014 study estimated a one-year delay in the onset of Alzheimer’s disease

would save \$113 Billion by 2030. This underscores the urgency of current action to reduce the cost of healthcare (including, and perhaps especially, to Medicare) while improving other measures influencing the quality of life<sup>33-40</sup>; and

Whereas, A generally held calculation for the yearly cost of caring for those with dementia exceeds \$307 billion as of 2010, and is expected to rise to \$624 billion in 2030 and \$1.5 trillion by 2050. The current yearly market cost of hearing aids in the US is estimated at \$9 Billion. This suggests that, with a 9% increase in risk of development of cognitive loss later in life due to unaddressed hearing loss<sup>13,15</sup> remediating even this single important element linked to cognitive decline would be cost-effective immediately, and will be increasingly so in the future<sup>39-40</sup> and

Whereas, The issue of hearing impairment is also a matter of health and social equity, with serious immediate and long-term consequences resulting from neglect of remediation. Unaddressed hearing loss reduces earnings potential and increases disability during gainful years, even before factoring in the likelihood of developing cognitive loss later. Sadly, the cost of hearing amplification and other forms of remediation is significant enough (even with over-the-counter products, which while possibly helpful do not come with professional guidance) to defer purchase and implementation by an indigent population<sup>46</sup>; and

Whereas, it is indisputable that promotion of any possibly effective means of delay, prevention, as well as timely treatment of cognitive impairment and dementia is highly desirable for public health, for humane as well as financial reasons; and

Whereas, Congress has shown initial interest in expanding coverage for hearing remediation in the most recent bill HR 4618, "Medicare Hearing Act of 2019." The relation of hearing loss to cognitive loss was acknowledged, and the bill passed out of Committee with a favorable recommendation. The bill ultimately failed, but is likely to be refiled in the current Congressional session, affording a strategic opportunity for our AMA to more effectively advocate now for expanding coverage to include coverage of preventive strategies in middle age, promoting that as a way to mitigate future Medicare costs<sup>41-43</sup>; and

Whereas, some developed countries such as Brazil have launched national efforts to bring hearing remediation to the masses<sup>45</sup> as a means of reducing later cognitive decline, suggesting that early remediating of hearing is felt by other nations to be a cost-effective pursuit; and

Whereas, The issues involved in analyzing all factors impeding adequate distribution of hearing remediation are complex, and require the physician to be current, informed, and involved in the discussion with patients<sup>44, 47-48</sup>; therefore be it

RESOLVED, That our AMA shall promote awareness of hearing impairment as a potential contributor to the development of cognitive impairment in later life, to physicians as well as to the public, utilizing our internal AMA media resources and continuing education; and be it further

RESOLVED, That our AMA, along with other stakeholders, shall promote the conduct and acceleration of research into specific patterns and degrees of hearing loss to determine those most linked to cognitive impairment and amenable to correction; and be it further

RESOLVED, That our AMA shall advocate for increasing hearing screening and avenues for coverage for effective hearing loss remediation beginning in mid-life or whenever detected, including third party insurance, especially when such loss is shown conclusively to contribute significantly to development of, or to magnify the functional deficits of cognitive impairment, and/or to limit the capacity of individuals for independent living.

#### RELEVANT AMA POLICY

<sup>1</sup>Code of Medical Ethics 8.11 Health Promotion and Preventive Care

<sup>2</sup>H-35.967 Treatment of persons with Hearing Loss

<sup>3</sup>H-425.982 Preventive Medicine: Training in the Principles of Population-Based Medicine

<sup>4</sup>H-170.986 Health Education: Health Information and Education

<sup>5</sup>H-425.972 Preventive Medicine: Healthy Lifestyles

<sup>6</sup>D-425.996 Preventive Medicine: Implementing the Guidelines to Community Preventive Services

<sup>7</sup>H-460.943 Research: Potential Impact of Health System Reform Legislative Reform Proposals on Biomedical Research and Clinical Investigation

<sup>8</sup>H-450.938 Quality of Care: Value-Based Decision-Making in the Health Care System

<sup>9</sup>H-185.929 Health Insurance: Hearing Aid Coverage

<sup>10</sup>D-345.985 Mental Health: Payment for Dementia Treatment in Hospitals and Other Psychiatric Facilities

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