AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 113
(A-22)

Introduced by: Senior Physicians Section

Subject: Prevention of Hearing Loss-Associated-Cognitive-Impairment through Earlier Recognition and Remediation

Referred to: Reference Committee A

Whereas, Our AMA holds out as a primary objective "to promote the art and science 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;[1-8] and

Whereas, Our AMA has prior policy supporting insurance coverage for hearing remediation[9] as well as for dementia treatment;[10] 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;[11-31] and

Whereas, The landmark Lancet Commission on Dementia Prevention, Intervention and Care of 2017, amplified by the 2020 follow-up report[13-15] 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 that 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;[29] and

Whereas, Based on prior and pilot studies,[30-31] the causative link between hearing impairment in middle age and later life to cognitive impairment is likely to be confirmed by ongoing ACHIEVE[32] 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 because 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 the US $113 Billion by 2030. [33-40] This underscores the urgency of current action to reduce subsequent dementia related healthcare costs (perhaps especially, to Medicare) while simultaneously improving the quality of life of affected individuals; and

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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,[13,15] remediating even this single important element linked to cognitive decline would be cost-effective immediately, and will be increasingly so in the future;[39,40] 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 deter purchase and implementation by an indigent population;[46] 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 interest in expanding coverage for hearing remediation in the most recent bill, HR 1118, 'Medicare Hearing Act of 2021,' filed 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, by promoting this as a way to mitigate future Medicare costs;[41-43] and

Whereas, Some developed countries such as Brazil have launched national efforts to bring hearing remediation to the masses[45] 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 physicians to be current, informed, and involved in the discussion with patients;[44,47-48] and

Whereas, A number of groups have a stake in promoting hearing remediation, including professional and citizen and Federal Agencies, such as the Agency for Health Research and Quality and the National Institute on Deafness and Other Communication Disorders (NIDCD); therefore be it

RESOLVED, That our American Medical Association 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 (Directive to Take Action); and be it further

RESOLVED, That our AMA promote, and encourage other stakeholders, including public, private, and professional organizations and relevant governmental agencies, to 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 (Directive to Take Action); and be it further

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

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Fiscal Note: Modest - between $1,000 - $5,000

Received: 04/07/22

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2. H-35.967 Treatment of Persons with Hearing Disorders
3. H-425.982 Training in the Principles of Population-Based Medicine
4. H-170.986 Health Information and Education
5. H-425.972 Healthy Lifestyles
6. D-425.996 Implementing the Guidelines to Community Preventive Services
7. H-460.943 Potential Impact of Health System Reform Legislative Reform Proposals on Biomedical Research and ClinicalInvestigation
8. H-450.938 Value-Based Decision-Making in the Health Care System
9. H-185.929 Hearing Aid Coverage
10. D-345.985 Payment for Dementia Treatment in Hospitals and Other Psychiatric Facilities
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