AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 102
(A-24)

Introduced by: Medical Student Section

Subject: Medicaid & CHIP Benefit Improvements

Referred to: Reference Committee A

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1 Whereas, the Centers for Medicare and Services list hearing, vision, and dental care as optional
2 benefits in Medicaid, and states vary drastically in Medicaid coverage of these services; and
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4 Whereas, Medicaid is not subject to Medicare's budgetary constraints, and much of the cost of
5 improved benefits is borne by existing federal agreements for Medicaid expansion funding; and
6
7 Whereas, only 28 states provide varying levels of hearing coverage based on hearing loss
8 severity, 18 states offer no coverage, and some only cover devices but not services;[2] and
9
10 Whereas, of the 28 states providing some Medicaid hearing coverage, a study rated only 6 as
11 "fair" (on a scale of poor, fair, good, excellent);[2] and
12
13 Whereas, Medicaid patients are more likely to report hearing problems compared to privately
14 insured patients, and lower-income patients are twice as likely to experience more difficulty
15 using hearing aids, in part due to the cost of required support services;[3,4] and
16
17 Whereas, while FDA approval of over-the-counter hearing aids is expected to greatly increase
18 access, a pair can still cost $1,000, a prohibitive cost for many Medicaid patients;[5-6] and
19
20 Whereas, only 33 states offer some Medicaid vision coverage, with 28 limiting access based on
21 severity of vision impairment, pre-existing conditions, restrictions to only eyeglasses and not
22 contacts, number of visits allowed, and approval of coverage only every 2 to 4 years;[7] and
23
24 Whereas, a *JAMA Opthalmology* study found that Medicaid patients had significantly decreased
25 odds of securing an appointment compared to privately insured patients (OR=0.41);[8] and
26
27 Whereas, a study in *Ophthalmology* (the journal of the American Academy of Ophthalmology)
28 found that Medicaid patients are over twice as likely to not receive follow-up care after glaucoma
29 diagnosis compared to privately insured patients;[9] and
30
31 Whereas, no minimum requirements for Medicaid dental coverage exist, and in 2019, only 19
32 states offered comprehensive coverage while 31 offered limited/emergency coverage;[10-13] and
33
34 Whereas, 18% of Medicaid patients under 65 report an unmet dental need due to cost, double
35 the rate of privately insured patients;[4] and
36
37 Whereas, up to 25% of non-elderly adults forgo dental care due to cost, as the average yearly
38 cost of dental care for adults under the poverty level is $523;[14-15] and

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Whereas, adults in poverty are three times as likely to develop dental caries, and 29% of low-income adults report that appearance of their teeth affects their employment chances;[16-17] and
Whereas, Medicaid patients with dental coverage are more likely to seek dental care due to reduced out-of-pocket cost and receive dental caries treatment than those without;[18] and

Whereas, our 2 million dental-related emergency room visits a year cost $2 billion;[19-22] and

Whereas, California and Massachusetts cut Medicaid dental benefits in 2010 and subsequently saw 32% and 11% increases in dental-related ER visits respectively;[23-24] and

Whereas, California and Massachusetts restored dental benefits in 2014, and Massachusetts saw a 15% reduction in dental-related ER visits afterward;[23-24] and

Whereas, from 2012 to 2014, states that did not expand Medicaid or expanded Medicaid without dental coverage saw a 27% increase in dental-related ER visits, compared to a 14% reduction in states that expanded Medicaid with dental coverage;[25] and

Whereas, AMA advocacy on Medicaid dental coverage does not conflict with the position of the American Dental Association (ADA), which is active on this issue, and amendments to existing AMA policy on working with the ADA on public payer dental benefits to include Medicaid ensures that the AMA would collaborate with and not conflict with the ADA in this area;[26] and

Whereas, to increase savings on emergency and inpatient care costs and overall costs due to lost productivity, reduced employment, and disability, the benefits of Medicaid expansion can be better realized via comprehensive hearing, vision, and dental coverage; therefore be it

RESOLVED, that our American Medical Association amend H-185.929 Hearing Aid Coverage by addition as follows;

Hearing Aid Coverage H-185.929

1) Our American Medical Association supports public and private health insurance coverage that provides all hearing-impaired infants and children access to appropriate physician-led teams and hearing services and devices, including digital hearing aids.
2) Our AMA supports hearing aid coverage for children that, at minimum, recognizes the need for replacement of hearing aids due to maturation, change in hearing ability and normal wear and tear.
3) Our AMA encourages private health plans to offer optional riders that allow their members to add hearing benefits to existing policies to offset the costs of hearing aid purchases, hearing-related exams and related services.
4) Our AMA supports coverage of hearing tests administered by a physician or physician-led team as part of Medicare's Benefit.
5) Our AMA supports policies that increase access to hearing aids and other technologies and services that alleviate hearing loss and its consequences for the elderly.
6) Our AMA encourages increased transparency and access for hearing aid technologies through itemization of audiologic service costs for hearing aids.
7) Our AMA supports the availability of over-the-counter hearing aids for the treatment of mild-to-moderate hearing loss.
8) Our AMA supports physician and patient education on the proper role of over the counter hearing aids, including the value of physician-led assessment of hearing

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loss, and when they are appropriate for patients and when there are possible cost-savings.

9) Our AMA encourages the United States Preventive Services Task Force to re-evaluate its determination not to recommend preventive hearing services and screenings in asymptomatic adults over age 65 in consideration of new evidence connecting hearing loss to dementia.

10) Our AMA advocates that hearing exams, hearing aids, cochlear implants, and aural rehabilitative services be covered in all Medicaid and CHIP programs and any other public payers. (Modify Current HOD Policy); and be it further

RESOLVED, that our AMA advocate that routine comprehensive vision exams and visual aids (including eyeglasses and contact lenses) be covered in all Medicaid and CHIP programs and by any other public payers (Directive to Take Action); and be it further

RESOLVED, that our AMA amend H-330.872, “Medicare Coverage for Dental Services” by addition and deletion as follows.

Medicare Coverage for Dental Services H-330.872
Our AMA supports: (1) continued opportunities to work with the American Dental Association and other interested national organizations to improve access to dental care for Medicare, ~~and~~ Medicaid, CHIP, and other public payer beneficiaries; and (2) initiatives to expand health services research on the effectiveness of expanded dental coverage in improving health and preventing disease among ~~in the~~ Medicare, Medicaid, CHIP, and other public payer beneficiaries ~~population,~~ the optimal dental benefit plan designs to cost-effectively improve health and prevent disease ~~in the~~ among Medicare, Medicaid, CHIP, and other public payer beneficiaries ~~population~~, and the impact of expanded dental coverage on health care costs and utilization. (Modify Current HOD Policy)

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

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RELEVANT AMA Policy

H-185.929 Hearing Aid Coverage

1) Our American Medical Association supports public and private health insurance coverage that provides all hearing-impaired infants and children access to appropriate physician-led teams and hearing services and devices, including digital hearing aids.
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7) Our AMA supports the availability of over-the-counter hearing aids for the treatment of mild-to-moderate hearing loss.
8) Our AMA supports physician and patient education on the proper role of over the counter hearing aids, including the value of physician-led assessment of hearing loss, and when they are appropriate for patients and when there are possible cost-savings.
9) Our AMA encourages the United States Preventive Services Task Force to re-evaluate its determination not to recommend preventive hearing services and screenings in asymptomatic adults over age 65 in consideration of new evidence connecting hearing loss to dementia. [CMS Rep. 6, I-15; Appended: Res. 124, A-19; Appended: CMS Rep. 02, A-23; Reaffirmed: CMS Rep. 02, A-23]

H-25.990 Eye Exams for the Elderly

1. Our American Medical Association encourages the development of programs and/or outreach efforts to support periodic eye examinations and access to affordable prescription eyeglasses for elderly patients.
2. Our AMA encourages physicians to work with their state medical associations and appropriate specialty societies to create statutes that uphold the interests of patients and communities and that safeguard physicians from liability when reporting in good faith the results of vision screenings. [Res. 813, I-05; Reaffirmed: CSAPH Rep. 1, A-15; Modified: CMS Rep. 02, A-23]

H-330.872 Medicare Coverage for Dental Services

Our AMA supports: (1) continued opportunities to work with the American Dental Association and other interested national organizations to improve access to dental care for Medicare beneficiaries; and (2) initiatives to expand health services research on the effectiveness of expanded dental coverage in improving health and preventing disease in the Medicare population, the optimal dental benefit plan designs to cost-effectively improve health and prevent disease in the Medicare population, and the impact of expanded dental coverage on health care costs and utilization. [CMS Rep. 03, A-19; Reaffirmed: CMS Rep. 02, A-23]

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