

SUBJECT TO RESOLUTION COMMITTEE REVIEW

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 102
(N-21)

Introduced by: Senior Physicians Section

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

Referred to: Reference Committee A

1 Whereas, Our AMA holds out as a primary objective “to promote the art and science of medicine
2 and the betterment of public health;” and
3

4 Whereas, Our AMA has adopted policy in support of health promotion and preventive care,
5 community preventive services, healthy lifestyles, coverage for preventive care and
6 immunizations, health information and education, training in the principles of population-based
7 medicine, values-based decision-making in the healthcare system, and encouragement of
8 new advances in science and medicine via strong financial and policy support for all aspects
9 of biomedical science and research;¹⁻⁸ and
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11 Whereas, Our AMA has prior policy supporting insurance coverage for hearing remediation⁹
12 as well as for dementia treatment;¹⁰ and
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14 Whereas, There is mounting evidence that there is a strong link between hearing impairment
15 in middle and later life and the development of cognitive, as well as social impairments and
16 falls, although its specific causality in relation to later cognitive loss has not yet conclusively
17 been established;¹¹⁻³¹ and
18

19 Whereas, The landmark Lancet Commission on Dementia Prevention, Intervention and Care of
20 2017, amplified by the 2020 follow-up report¹³⁻¹⁵ concluded that age-related hearing loss (ARHL)
21 may account for nine percent of all cases of dementia, making this the single largest potentially
22 modifiable risk factor for that condition, beginning in mid-life; and
23

24 Whereas, Compared to individuals with normal hearing, those individuals with a mild, moderate,
25 and severe hearing impairment, respectively, have been shown to have a 2-, 3-, and 5-fold
26 increased risk of incident all-cause dementia over 10 years of follow-up in one study;²⁹ and
27

28 Whereas, Based on prior and pilot studies,³⁰⁻³¹ the causative link between hearing impairment in
29 middle age and later life to cognitive impairment is likely to be confirmed by ongoing ACHIEVE³²
30 and other clinical trials now in progress; and
31

32 Whereas, The return on investment for hearing remediation, especially but not exclusively in
33 mid-life, will be substantial and time-sensitive insofar as it may ameliorate (by delay in onset or
34 even prevention of cognitive decline) far more costly care for those with cognitive decline (direct
35 and indirect costs). Delaying the onset of Alzheimer’s Disease by even one year has significant
36 fiscal benefits. A 2014 study estimated a one-year delay in the onset of Alzheimer’s disease
37 would save \$113 Billion by 2030. This underscores the urgency of current action to reduce the
38 cost of healthcare (including, and perhaps especially, to Medicare) while improving other
39 measures influencing the quality of life;³³⁻⁴⁰ and

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1 Whereas, A generally held calculation for the yearly cost of caring for those with dementia
2 exceeds \$307 billion as of 2010, and is expected to rise to \$624 billion in 2030 and \$1.5 trillion
3 by 2050. The current yearly market cost of hearing aids in the US is estimated at \$9 billion. This
4 suggests that, with a 9% increase in risk of development of cognitive loss later in life due to
5 unaddressed hearing loss,^{13,15} remediating even this single important element linked to cognitive
6 decline would be cost-effective immediately, and will be increasingly so in the future;^{39,40} and
7

8 Whereas, The issue of hearing impairment is also a matter of health and social equity, with
9 serious immediate and long-term consequences resulting from neglect of remediation.
10 Unaddressed hearing loss reduces earnings potential and increases disability during gainful
11 years, even before factoring in the likelihood of developing cognitive loss later. Sadly, the cost of
12 hearing amplification and other forms of remediation is significant enough (even with over-the-
13 counter products, which while possibly helpful do not come with professional guidance) to defer
14 purchase and implementation by an indigent population;⁴⁶ and
15

16 Whereas, It is indisputable that promotion of any possibly effective means of delay, prevention,
17 as well as timely treatment of cognitive impairment and dementia is highly desirable for public
18 health, for humane as well as financial reasons; and
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20 Whereas, Congress has shown interest in expanding coverage for hearing remediation in the
21 most recent bill, HR 1118, 'Medicare Hearing Act of 2021,' filed in the current Congressional
22 Session, affording a strategic opportunity for our AMA to more effectively advocate now for
23 expanding coverage to include coverage of preventive strategies in middle age, promoting that
24 as a way to mitigate future Medicare costs;⁴¹⁻⁴³ and
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26 Whereas, Some developed countries such as Brazil have launched national efforts to bring
27 hearing remediation to the masses⁴⁵ as a means of reducing later cognitive decline, suggesting
28 that early remediating of hearing is felt by other nations to be a cost-effective pursuit; and
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30 Whereas, The issues involved in analyzing all factors impeding adequate distribution of hearing
31 remediation are complex, and require physicians to be current, informed, and involved in the
32 discussion with patients;^{44,47-48} and
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34 Whereas, A number of groups have a stake in promoting hearing remediation, including
35 professional and citizen and Federal Agencies, such as the Agency for Health Research and
36 Quality and the National Institute on Deafness and Other Communication Disorders (NIDCD);
37 therefore be it
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39 RESOLVED, That our American Medical Association promote awareness of hearing impairment
40 as a potential contributor to the development of cognitive impairment in later life, to physicians
41 as well as to the public (Directive to Take Action); and be it further
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43 RESOLVED, That our AMA promote, and encourage other stakeholders, including public,
44 private, and professional organizations and relevant governmental agencies, to promote, the
45 conduct and acceleration of research into specific patterns and degrees of hearing loss to
46 determine those most linked to cognitive impairment and amenable to correction (Directive to
47 Take Action); and be it further
48

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

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

Received: 09/30/21

AUTHORS STATEMENT OF PRIORITY

Unaddressed hearing loss has a major effect on many physicians and patients, especially seniors. Additionally, unaddressed hearing loss has been shown to have a disproportionate impact on underrepresented or disadvantaged populations, an important health care disparity issue for our AMA. Increased hearing screening and remediation is a public health issue that is very consistent with our mission and strategic plan. It is reliably estimated that at 9%, unaddressed age-related hearing loss is the single most remediable cause of cognitive decline. Delaying the onset of cognitive decline by even one year has predictably VERY significant societal and fiscal benefits, and accordingly, there is a remarkably negative societal impact for every year that this issue is not effectively addressed.

AMA has significant related policy, but important gaps exist, including education about the connection between hearing loss and cognitive decline, emphasizing the importance of hearing screening at MIDlife, in order to promote remediation, and thereby help to prevent cognitive decline. A few commercial insurers have begun to acknowledge the need. Our AMA must update policy and promote this trend. The proposed action is likely to have meaningful impact but requires new policy or modification of existing policy to implement. There is pending Congressional action that makes this a timely political issue. An AMA resolution is one of the most appropriate avenues to address the issue.

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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 Clinical Investigation
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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