

AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION

Resolution: 8
(I-21)

Introduced by: Christopher Libby, MD; Anna Yap, MD; Daniel Udrea, MD; Trevor Cline, MD; Amar Kelkar, MD; Pauline Huynh, MD; Ben Meyer, MD; Hari Iyer, MD

Subject: Medicare Coverage of Dental, Vision, and Hearing Services

Referred to: Reference Committee

1 Whereas, The Social Security Act expressly prohibits coverage for most dental services,
2 specifically “services in connection with the care, treatment, filling, removal, or replacement of
3 teeth or structures directly supporting teeth,” by Original Medicare for its beneficiaries¹; and
4

5 Whereas, Though Medicare covers “medically necessary” dental care, the Centers for Medicare
6 & Medicaid Services presently interprets this to cover a very limited scope of services and
7 coverage determinations are often inconsistent--for example, Medicare Part A will cover an oral
8 examination as part of a comprehensive workup in preparation for a kidney transplant, but not
9 for transplantation of non-kidney organs^{2,3}; and

10 Whereas, Almost 24 million Medicare beneficiaries have no dental coverage, comprising nearly
11 half of Medicare beneficiaries⁴; and
12

13 Whereas, In 2021, 16.6 million Medicare Advantage enrollees have some dental benefits
14 through their plans, but 78% of those with coverage are enrolled in plans with annual dollar
15 limits on dental coverage (average annual limit of \$1,300), 10% are required to pay an
16 additional premium for dental coverage, and plans with coverage for extensive dental services
17 often necessitate significant coinsurance cost-sharing (most common cost-sharing of 50%)⁴;
18 and
19

20 Whereas, Lack of dental coverage and dental underinsurance leads to Medicare beneficiaries
21 forgoing recommended care, with 47% of those enrolled in Medicare not visiting the dentist in
22 2018⁴; and
23

24 Whereas, Racial inequities are perpetuated in access to dental services, with Black and
25 Hispanic Medicare enrollees most likely to have not seen a dentist in the past year (68% and
26 61%, respectively)⁴; and
27

28 Whereas, Only 7.27% of Medigap (Medicare Supplement) plans offer additional benefits such
29 as dental, hearing, and vision coverage⁵; and
30

31 Whereas, Poor dental health has myriad negative repercussions for patients’ health, including
32 nutritional deficiencies secondary to tooth loss, exacerbation of diabetes and cardiovascular
33 disease by untreated caries and periodontal disease, infections, and delayed diagnoses
34 resulting in preventable complications and adverse outcomes, including for cancer^{6,7}; and
35

36 Whereas, Original Medicare does not cover routine eye examinations for eyeglasses, nor does
37 it cover eyeglasses themselves other than eyeglasses following cataract surgery^{2,8}; and
38

1 Whereas, Untreated vision loss is correlated with increased risk of falls, depression, cognitive
2 impairment, hospitalization, and mobility limitations among older adults⁹; and
3
4 Whereas, Thirty-nine percent of Medicare beneficiaries reported having trouble seeing even
5 with their glasses, and low-income beneficiaries were most likely to have vision trouble⁹; and
6
7 Whereas, Among Medicare beneficiaries, forty-three percent who have difficulty seeing have not
8 had an eye exam within the last year¹⁰; and
9
10 Whereas, Medicare beneficiaries with supplemental vision plans spent an average of \$415 for
11 vision care, while those with Medicare Advantage spent an average of \$331, with 61% and 65%
12 of spending being comprised of out-of-pocket costs to the patient, indicating that even those
13 who have some vision care have significant out-of-pocket expenses for vision care⁹; and
14
15 Whereas, Medicare beneficiaries hospitalized for common illnesses were shown to have longer
16 mean lengths of stay, higher readmission rates, and higher costs both during hospitalization and
17 ninety days post-discharge if they had partial or severe vision loss compared to matched
18 hospitalized Medicare beneficiaries with no vision loss, resulting in an estimated \$500 million in
19 excess healthcare costs annually¹¹; and
20
21 Whereas, Among Medicare beneficiaries, low vision is associated with an increased risk of hip
22 fractures, depression, anxiety, and dementia, and more prevalent among Black and Hispanic
23 patients¹²; and
24
25 Whereas, Medicare beneficiaries with vision impairment reported lower well-being, which was
26 found to be mediated by limitations on mobility and household activities/ instrumental activities
27 of daily living relative to Medicare patients without visual impairment¹³; and
28
29 Whereas, A 2018 study published in *JAMA Ophthalmology* found that Hispanic and Black
30 Medicare beneficiaries were significantly less likely to report using low-vision devices than white
31 patients, but there were no similar disparities for low-vision rehabilitation (which is covered by
32 Medicare), leading the study authors to conclude that “policy makers could consider expanding
33 Medicare coverage to include low-vision devices in an effort to address significant disparities in
34 the use of this evidence-based intervention”¹⁴; and
35
36 Whereas, Among adults over the age of 65, the prevalence of falls in the past year for patients
37 with vision impairment was over double that for patients without vision impairment (27.6%
38 versus 13.2%), and the prevalence of activity restriction due to fear of falling was much higher in
39 patients with vision impairment as well (50.8% versus 33.9% for patients without vision
40 impairment)¹⁵; and
41
42 Whereas, A 2017 *JAMA Ophthalmology* study indicated that visual impairment was associated
43 with a 1.9- to 2.8-fold increase in cognitive dysfunction or dementia among adults 60 years and
44 older¹⁶; and
45
46 Whereas, Nearly 25% of people aged 65-74 and 50% persons of people over 75 suffer from
47 disabling hearing loss, which is associated with decreased quality of life, increased risk of
48 cognitive decline and hospitalization, and higher healthcare costs by thousands of dollars,
49 outweighing the relative cost of providing hearing services¹⁷⁻²¹; and
50

1 Whereas, Fewer than 30% of those aged 70 and older who could benefit from hearing aids have
2 ever used them, with many reporting cost as prohibitive, with an average cost of \$2,500 for a
3 pair of digital hearing aids and some ranging up to \$6,000²²⁻²³ and

4
5 Whereas, Original Medicare does not cover hearing exams, hearing aids, or aural rehabilitative
6 services, while Medicare Advantage charges additional premiums for hearing coverage, with
7 out-of-pocket costs and annual limits varying significantly across Advantage plans²⁶⁻²⁵; and

8
9 Whereas, The *Lancet* Commission has recognized hearing impairment as one of the most
10 important modifiable risk factors for dementia, and observed that "hearing aid use was the
11 largest factor protecting from decline" and "the long follow-up times in these prospective studies
12 suggest hearing aid use is protective, rather than the possibility that those developing dementia
13 are less likely to use hearing aids"²⁶; and

14
15 Whereas, Medicare beneficiaries with functional hearing difficulty (which reflects perceived
16 hearing under daily circumstances and takes the use of hearing aids into account for patients
17 that have them) experience more unmet healthcare needs, such that study investigators
18 concluded that "rethinking service delivery models to provide better access to hearing care
19 could lead to increased hearing aid use and improved interactions between providers and
20 patients with hearing loss"²⁷; and

21
22 Whereas, AMA Policy H-185.929, "Hearing Aid Coverage," supports Medicare covering hearing
23 tests, but does not indicate support for hearing aids or aural rehabilitative services (which
24 includes fittings and adjustments); and

25
26 Whereas, Numerous recent proposals from the legislative and executive branches have
27 proposed the creation of new dental benefits for preventive and restorative services and
28 additional vision and hearing benefits for routine exams and aids under Medicare Part B,
29 including President Biden's 2022 budget request, legislation (H.R. 3) passed by the House of
30 Representatives in 2019, and most recently, the Senate Democrats' budget resolution^{5,28,29};
31 therefore be it

32
33 RESOLVED, That our AMA support Medicare coverage of preventive dental care, including
34 dental cleanings and x-rays, and restorative services, including fillings, extractions, and
35 dentures; and be it further

36
37 RESOLVED, That our AMA support Medicare coverage of routine eye examinations and visual
38 aids, including eyeglasses; and be it further

39
40 RESOLVED, That our AMA amend Hearing Aid Coverage H-185.929 by addition as follows:

41
42 1. Our AMA supports public and private health insurance coverage that provides all
43 hearing-impaired infants and children access to appropriate physician-led teams and
44 hearing services and devices, including digital hearing aids.

45 2. Our AMA supports hearing aid coverage for children that, at minimum, recognizes the
46 need for replacement of hearing aids due to maturation, change in hearing ability and
47 normal wear and tear.

48 3. Our AMA encourages private health plans to offer optional riders that allow their
49 members to add hearing benefits to existing policies to offset the costs of hearing aid
50 purchases, hearing-related exams and related services.

51 4. Our AMA supports coverage of hearing tests administered by a physician or physician-
52 led team, aural rehabilitative services, and hearing aids as part of Medicare's Benefit.

- 1 5. Our AMA supports policies that increase access to hearing aids and other technologies
- 2 and services that alleviate hearing loss and its consequences for the elderly.
- 3 6. Our AMA encourages increased transparency and access for hearing aid technologies
- 4 through itemization of audiology service costs for hearing aids.
- 5 7. Our AMA supports the availability of over-the-counter hearing aids for the treatment of
- 6 mild-to-moderate hearing loss.; and be it further

7
8 RESOLVED, That this resolution be immediately forwarded to our AMA House of Delegates at
9 the November 2021 Special Meeting.

Fiscal Note:

References:

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Relevant AMA Policy:

Eye Exams for the Elderly H-25.990

Our AMA (1) encourages the development of programs and/or outreach efforts to support periodic eye examinations for elderly patients; and (2) 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]

Hearing Aid Coverage H-185.929

1. Our AMA 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 audiology 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. [CMS Rep. 6, I-15; Appended: Res. 124, A-19]

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 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]

Importance of Oral Health in Patient Care D-160.925

Our AMA: (1) recognizes the importance of (a) managing oral health and (b) access to dental care as a part of optimal patient care; and (2) will explore opportunities for collaboration with the American Dental Association on a comprehensive strategy for improving oral health care and education for clinicians.
[Res. 911, I-16; Reaffirmed: CMS Rep. 03, A-19]