

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

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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 beneficiaries<sup>1</sup>; 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<sup>2,3</sup>; and  
10

11 Whereas, Almost 24 million Medicare beneficiaries have no dental coverage, comprising nearly  
12 half of Medicare beneficiaries<sup>4</sup>; and  
13

14 Whereas, In 2021, 16.6 million Medicare Advantage enrollees have some dental benefits  
15 through their plans, but 78% of those with coverage are enrolled in plans with annual dollar  
16 limits on dental coverage (average annual limit of \$1,300), 10% are required to pay an  
17 additional premium for dental coverage, and plans with coverage for extensive dental services  
18 often necessitate significant coinsurance cost-sharing (most common cost-sharing of 50%)<sup>4</sup>;  
19 and  
20

21 Whereas, Lack of dental coverage and dental underinsurance leads to Medicare beneficiaries  
22 forgoing recommended care, with 47% of those enrolled in Medicare not visiting the dentist in  
23 2018<sup>4</sup>; and  
24

25 Whereas, Racial inequities are perpetuated in access to dental services, with Black and  
26 Hispanic Medicare enrollees most likely to have not seen a dentist in the past year (68% and  
27 61%, respectively)<sup>4</sup>; and  
28

29 Whereas, Only 7.27% of Medigap (Medicare Supplement) plans offer additional benefits such  
30 as dental, hearing, and vision coverage<sup>5</sup>; and  
31

32 Whereas, Poor dental health has myriad negative repercussions for patients’ health, including  
33 nutritional deficiencies secondary to tooth loss, exacerbation of diabetes and cardiovascular  
34 disease by untreated caries and periodontal disease, infections, and delayed diagnoses  
35 resulting in preventable complications and adverse outcomes, including for cancer<sup>6,7</sup>; and  
36

37 Whereas, Original Medicare does not cover routine eye examinations for eyeglasses, nor does  
38 it cover eyeglasses themselves other than eyeglasses following cataract surgery<sup>2,8</sup>; and  
39

1 Whereas, Untreated vision loss is correlated with increased risk of falls, depression, cognitive  
2 impairment, hospitalization, and mobility limitations among older adults<sup>9</sup>; 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 trouble<sup>9</sup>; and  
6

7 Whereas, Among Medicare beneficiaries, forty-three percent who have difficulty seeing have not  
8 had an eye exam within the last year<sup>10</sup>; 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 care<sup>9</sup>; 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 annually<sup>11</sup>; 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 patients<sup>12</sup>; 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 impairment<sup>13</sup>; 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”<sup>14</sup>; 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)<sup>15</sup>; 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 older<sup>16</sup>; 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 services<sup>17-21</sup>; 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 \$6,000<sup>22-23</sup> 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 plans<sup>26-25</sup>; 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”<sup>26</sup>; 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”<sup>27</sup>; 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<sup>5,28,29</sup>;  
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  
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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 audiologic 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:

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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 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. [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]