

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

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
3

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 Ophthalmology* study found that Medicaid patients had significantly
25 decreased odds of securing an appointment compared to privately insured patients (OR=0.41);⁸
26 and
27

28 Whereas, a study in *Ophthalmology* (the journal of the American Academy of Ophthalmology)
29 found that Medicaid patients are over twice as likely to not receive follow-up care after glaucoma
30 diagnosis compared to privately insured patients;⁹ and
31

32 Whereas, no minimum requirements for Medicaid dental coverage exist, and in 2019, only 19
33 states offered comprehensive coverage while 31 offered limited/emergency coverage;¹⁰⁻¹³ and
34

35 Whereas, 18% of Medicaid patients under 65 report an unmet dental need due to cost, double
36 the rate of privately insured patients;⁴ and
37

38 Whereas, up to 25% of non-elderly adults forgo dental care due to cost, as the average yearly
39 cost of dental care for adults under the poverty level is \$523;¹⁴⁻¹⁵ and
40

1 Whereas, adults in poverty are three times as likely to develop dental caries, and 29% of low-
2 income adults report that appearance of their teeth affects their employment chances;¹⁶⁻¹⁷ and
3

4 Whereas, Medicaid patients with dental coverage are more likely to seek dental care due to
5 reduced out-of-pocket cost and receive dental caries treatment than those without;¹⁸ and
6

7 Whereas, our 2 million dental-related emergency room visits a year cost \$2 billion;¹⁹⁻²² and
8

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

12 Whereas, California and Massachusetts restored dental benefits in 2014, and Massachusetts
13 saw a 15% reduction in dental-related ER visits afterward;²³⁻²⁴ and
14

15 Whereas, from 2012 to 2014, states that did not expand Medicaid or expanded Medicaid without
16 dental coverage saw a 27% increase in dental-related ER visits, compared to a 14% reduction
17 in states that expanded Medicaid with dental coverage;²⁵ and
18

19 Whereas, AMA advocacy on Medicaid dental coverage does not conflict with the position of the
20 American Dental Association (ADA), which is active on this issue, and amendments to existing
21 AMA policy on working with the ADA on public payer dental benefits to include Medicaid
22 ensures that the AMA would collaborate with and not conflict with the ADA in this area;²⁶ and
23

24 Whereas, to increase savings on emergency and inpatient care costs and overall costs due to
25 lost productivity, reduced employment, and disability, the benefits of Medicaid expansion can be
26 better realized via comprehensive hearing, vision, and dental coverage; therefore be it
27

28 RESOLVED, that our American Medical Association amend H-185.929 Hearing Aid Coverage
29 by addition as follows; and be it further
30

31 Hearing Aid Coverage H-185.929

- 32 1) Our American Medical Association supports public and private
33 health insurance coverage that provides all hearing-impaired
34 infants and children access to appropriate physician-led teams
35 and hearing services and devices, including digital hearing aids.
- 36 2) Our AMA supports hearing aid coverage for children that, at
37 minimum, recognizes the need for replacement of hearing aids
38 due to maturation, change in hearing ability and normal wear
39 and tear.
- 40 3) Our AMA encourages private health plans to offer optional
41 riders that allow their members to add hearing benefits to
42 existing policies to offset the costs of hearing aid purchases,
43 hearing-related exams and related services.
- 44 4) Our AMA supports coverage of hearing tests administered by a
45 physician or physician-led team as part of Medicare's Benefit.
- 46 5) Our AMA supports policies that increase access to hearing aids
47 and other technologies and services that alleviate hearing loss
48 and its consequences for the elderly.
- 49 6) Our AMA encourages increased transparency and access for
50 hearing aid technologies through itemization of audiologic
51 service costs for hearing aids.

- 1 7) Our AMA supports the availability of over-the-counter hearing
2 aids for the treatment of mild-to-moderate hearing loss.
3 8) Our AMA supports physician and patient education on the
4 proper role of over the counter hearing aids, including the value
5 of physician-led assessment of hearing loss, and when they are
6 appropriate for patients and when there are possible cost-
7 savings.
8 9) Our AMA encourages the United States Preventive Services
9 Task Force to re-evaluate its determination not to recommend
10 preventive hearing services and screenings in asymptomatic
11 adults over age 65 in consideration of new evidence connecting
12 hearing loss to dementia.
13 10) Our AMA advocates that hearing exams, hearing aids, cochlear
14 implants, and aural rehabilitative services be covered in all
15 Medicaid and CHIP programs and any new public payers.

16 (Modify Current HOD Policy)

17
18 RESOLVED, that our AMA advocate that routine comprehensive vision exams and visual aids
19 (including eyeglasses and contact lenses) be covered in all Medicaid and CHIP programs and
20 by any new public payers (Directive to Take Action); and be it further
21

22 RESOLVED, that our AMA amend H-330.872, “Medicare Coverage for Dental Services” by
23 addition and deletion as follows.
24

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

38 (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.
- 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 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]