

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 418
(A-24)

Introduced by: Resident and Fellow Section

Subject: Early and Periodic Eye Exams for Adults

Referred to: Reference Committee D

- 1 Whereas, eye exams are a screening tool that uses evidence-based medicine to assess for the
2 presence or absence of diseases to provide treatment and work to preserve vision¹⁻²; and
3
- 4 Whereas, the American Academy of Ophthalmology (AAO) recommends that all adults get a
5 complete eye examination by an ophthalmologist at age 40 in order to detect common diseases,
6 provide early treatment, and preserve vision³⁻⁴; and
7
- 8 Whereas, those under the age of 40 who are healthy and have good vision should receive a eye
9 exam every 5–10 years³⁻⁵; and
10
- 11 Whereas, adults who suffer from chronic systemic conditions are more likely to develop eye
12 disorders and subsequent vision loss from eye disorders than their healthy peers and would
13 benefit from earlier screening to better manage their disorders⁶⁻⁷; and
14
- 15 Whereas, diseases such as diabetes and high blood pressure, as well as family history of eye
16 disease, significantly raise an individual's chances of developing eye related disease, and
17 people with this history are not recommended to wait to get an eye exam until they are 40 years
18 old^{3,6-7}; and
19
- 20 Whereas, diabetic patients can develop diabetic retinopathy, earlier cataracts, and glaucoma;
21 this increased risk does not start when the patient can be classified as elderly, but has rather
22 been shown to start from the age of 45 years according to the Centers for Disease Control and
23 Prevention (CDC)⁸⁻¹¹; and
24
- 25 Whereas, according to the CDC, approximately 4.5% of adults aged 45–64 have undiagnosed
26 diabetes, something which a baseline or routine eye exam could aid in diagnosing as according
27 to the National Eye Institute⁸⁻¹²; and
28
- 29 Whereas, 40–45% of Americans with diabetes have visibly evident diabetic retinopathy, which
30 can show up early in the disease process of diabetes¹¹; and
31
- 32 Whereas, according to the CDC, early detection and treatment can prevent or delay blindness
33 due to diabetic retinopathy in 90% of people with diabetes, but 50% or more of them don't get
34 their eyes examined or are diagnosed too late for effective treatment and could therefore benefit
35 from early eye examinations¹; and

1 Whereas, hypertensive patients likewise have similar ocular manifestations such as:
2 hypertensive retinopathy, choroidopathy, and ocular neuropathy¹³⁻¹⁴; and

3
4 Whereas, earlier screening and treatment for these patients has been shown to reduce the
5 burden of blindness due to diabetic retinopathy and hypertensive eye disease¹⁵; and

6
7 Whereas, diabetes and hypertension continue to increase in prevalence in the U.S. making this
8 a growing issue that should be addressed sooner rather than later to decrease sequelae and
9 financial burden^{9,16}; and

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11 Whereas, Medicare and other insurance companies do not cover routine eye examinations
12 without a pre-existing diagnosis¹⁷; and

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14 Whereas, the AMA supports evidence-based screening in policy G-600.064, "AMA
15 Endorsement of Screening Tests or Standards," stating "Our AMA continues to advocate its
16 policies on medical necessity determinations to government agencies, managed care
17 organizations, third party payers, and private sector health care accreditation organizations."¹⁸;
18 and

19
20 Whereas, the AMA has policy supporting eye screenings for children (Encouraging Vision
21 Screenings for Schoolchildren H-425.977) and for the elderly (Eye Exams for the Elderly H-
22 25.990); however, for all adults, but especially for those adults at high risk, screenings need to
23 occur between childhood and old age¹⁹⁻²⁰; and

24
25 Whereas, the AAO has policy that supports the screening of children and the elderly, as well as
26 healthy adults at age 40, and particularly supports that all individuals who are "at high risk of
27 developing ocular abnormalities related to systemic diseases such as diabetes mellitus and
28 hypertension or who have a family history of eye disease, require periodic comprehensive eye
29 examinations to prevent or minimize vision loss²¹"; and

30
31 Whereas, the AMA does not have a policy encouraging eye screenings for either adults
32 between childhood and elderliness nor those especially vulnerable adults who are at high risk of
33 developing ocular abnormalities related to systemic diseases or who have a family history of
34 eye disease and addressing this gap will actively decrease vision loss; and

35
36 Whereas, current United States Preventive Services Task Force (USPSTF) guidelines do not
37 have any recommendations regarding adult eye examinations and have only weighed in on the
38 evidence regarding vision screening, stating "evidence is insufficient to assess the balance of
39 benefits and harms of screening for impaired visual acuity in older adults"²²; and

40
41 Whereas, vision screening as discussed in the USPSTF is a completely distinct diagnostic tool
42 to an eye examination which is discussed in this resolution; and

43
44 Whereas, the AAO describes vision screening as a distinct entity from eye examinations; and
45 furthermore that vision screenings are unable "to provide the same results as a comprehensive
46 eye and vision examination" from an ophthalmologist or optometrist and that "Comprehensive
47 eye examinations are the only effective way to confirm or rule out any eye disease²³"; and

48
49 Whereas, this is especially true in the setting of undiagnosed hypertensive and diabetic
50 retinopathies, where vision loss happens late in the course of the disease and where, according

1 to the CDC, patients “may not notice symptoms in the early stage. That’s why it’s very important
2 to get a dilated eye exam at least once a year to catch any problems early when treatment is
3 most effective²⁴”; and

4
5 Whereas, various recent proposals from the executive and legislative branches (including
6 President Biden’s 2022 budget request, House bill H.R. 33 introduced to the House of
7 Representatives in 2023, and the Senate bill S.842 introduced to the Senate also in 2023) have
8 proposed the creation of additional benefits for routine eye exams under Medicare Part B,
9 showing significant political interest in increasing insurance benefits for eye exams²⁵⁻²⁷; and

10
11 Whereas, by updating AMA policy H-25.990 to include eye examinations for those older than 40
12 years and who have chronic systemic conditions affecting development of eye disease our AMA
13 will be in line with current AAO guidelines^{3,4}; therefore be it

14
15 RESOLVED, that our American Medical Association amend policy H-25.990 “Eye Exams for the
16 Elderly” by addition to read as follows:

17
18 **Eye Exams for the Elderly and Adults H-25.990**

19 Our AMA (1) encourages the development of programs and/or outreach efforts to
20 support periodic eye examinations and access to affordable prescription eyeglasses for
21 elderly patients and adults who suffer from chronic systemic conditions that increase
22 their likelihood of developing eye disease as well as a baseline eye examination for all
23 adults aged 40 and above. (2) Our AMA encourages physicians to work with their state
24 medical associations and appropriate specialty societies to create statutes that uphold
25 the interests of patients and communities and that safeguard physicians from liability
26 when reporting in good faith the results of vision screenings.

27 (Modify Current HOD Policy)

Fiscal Note: Minimal - less than \$1,000

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RELEVANT AMA POLICY:

AMA Endorsement of Screening Tests or Standards G-600.064

(1) Delegates, state, or specialty societies submitting a resolution seeking endorsement or AMA adoption of specific screening tests must also submit an evidence-based review that determines the strength or quality of the evidence supporting their request, and that evaluates the degree to which the test satisfies the minimal criteria for validating the appropriateness of the screening test, which are: (a) the test must be able to detect the target condition earlier than without screening and with sufficient accuracy to avoid producing large numbers of false-positive and false-negative results; and (b) screening for and treating persons with early disease should improve the likelihood of favorable health outcomes compared with treating patients when they present with signs or symptoms of disease. (2) This review will be made available to the reference committee, which will either recommend to the House of Delegates that the resolution be referred or not be adopted. [CSA Rep. 7, A-02CC&B Rep. 3, I-08 Reaffirmed: CCB/CLRPD Rep. 3, A-12 Reaffirmed: CCB/CLRPD Rep. 1, A-22]

Early and Periodic Screening, Diagnosis, and Treatment D-290.987

Our AMA recognizes the importance of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program and will advocate for EPSDT to remain intact as critical to the health and well-being of children. [Res. 708, I-05 Modified: CMS Rep. 1, A-15]

Insurance Coverage of Periodic Health Care Services H-185.965

Our AMA adopts the policy that patients should be able to receive insurance coverage for periodic services performed within an appropriately flexible interval (i.e., once annually, rather than having to wait precisely 365 days). [Res. 128, A-99 Reaffirmed: CMS Rep. 5, A-09 Modified: Sub. Res. 811, I-10 Reaffirmed: CMS Rep. 01, A-20]

Eye Exams for the Elderly H-25.990

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]

Encouraging Vision Screenings for Schoolchildren H-425.977

Our AMA: (1) encourages and supports outreach efforts to provide vision screenings for school-age children prior to primary school enrollment; (2) encourages the development of programs to improve school readiness by detecting undiagnosed vision problems; and (3) supports periodic pediatric eye screenings based on evidence-based guidelines with referral to an ophthalmologist for a comprehensive professional evaluation as appropriate. [Res. 430, A-05 Modified: CSAPH Rep. 1, A-15]

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