

**Maryland Commission on Aging**  
**North Laurel Community Center, 9411 Whiskey Bottom Road, Laurel Maryland**  
**November 26, 2018**  
**Minutes**

**Members Present:**

Rose Maria Li, Chair  
Marianne Hyam Nam Brackney  
John Haaga  
Joy Hatchette  
Dot Principe  
George Rebok  
Carmel Roques  
David Roth  
Mary Ellen Thomsen

**Members Absent:**

Hon. Barbara Frush  
Hon. Jordan Harding  
Jay Magaziner  
Hon. Barbara Robinson

**Guests:**

Jennifer Deal  
Frank Lin  
Carrie Nieman  
Trish Olsen  
Nicholas Read  
Sharonlee Vogel  
Amber Willink

**Staff:**

Rosanne B. Hanratty, Staff to Commission  
Rona E. Kramer, Secretary of Aging

**Welcome:** Dr. Li welcomed members and guests and introduced Dr. Roth, a new member of the Commission.

Dr. Li also informed those present that Dr. Jay Magaziner has been appointed to the Commission but was unable to attend the November meeting. She reported that Mayor Harding had been hospitalized and was not in attendance but looked forward to attending future meetings.

**Presentation to Sharonlee Vogel:**

Secretary Kramer presented a certificate of appreciation to Sharonlee Vogel--who concluded her term as a Commissioner-- in recognition of her ten years of service on the Commission, including as Vice Chair. Secretary Kramer noted that Ms. Vogel served at the State level but had held several posts locally on various Howard County commissions and boards, including the County Commission on Aging. The Secretary complimented Ms. Vogel on her efforts to bring information to the Commission on issues impacting Maryland's older adults and legislative and other proposals affecting the lives of older adults.

Trish Olsen, Director of the North Laurel Community Center, noted that she has known and worked with Ms. Vogel for a lengthy period of time and thanked her for her service to seniors at the State and local levels.

**Secretary's Remarks:**

Secretary Kramer acknowledged the Commissioners' broad range of expertise and thanked them for their work on behalf of Maryland's older adults.

The Secretary said that the Department of Aging may be establishing a position for a volunteer coordinator to oversee and recruit for senior volunteer programs statewide. She noted that Montgomery County's Area Agency on Aging (AAA) has varied large-scale volunteer programs, including approximately 100 volunteers for the local ombudsman program alone. Other AAAs' volunteer programs are not as extensive or well-subscribed. For example, there is a need for volunteers statewide to assist older adults during Medicare open season and with Medicare-related questions year-long as part of the Senior Health Insurance Information Program (SHIP).

She reported that the Community for Life (CFL) program is growing with the addition of new sites on the Eastern Shore and in Allegany County. She noted that the Senior Call Check program, on the other hand, has experienced a low subscription rate and has not reached the 1000 subscriber threshold necessary for a valid pilot to be mounted. The pilot is designed to assess the adequacy of the system to be brought up to scale and to identify and ameliorate system faults such as false reports of failure of subscribers to answer scheduled calls.

Ms. Thomsen noted that she attends meetings of the Baltimore City Commission on Aging which has discussed physical, financial and emotional abuse of older adults. She queried the Secretary about whether the issue of sexual abuse of seniors is being addressed. Secretary Kramer said that during her service as a State Senator she sponsored proposed legislation to address sexual abuse of nursing home residents but that she was not aware of any programs specific to sexual abuse of older adults. She stated that there is a dilemma about how to address the issues surrounding the release of older adult prisoners who require nursing home care. The Secretary also said that the Department was in the process of applying for a grant to enhance efforts to prevent elder abuse.

**Approval of the September 26, 2018 minutes:**

The minutes were approved without change.

**Update on Commission Work in Calendar Year 2019:**

Dr. Li noted that the Commission would be addressing several issues during the coming meetings including guardianship and substance use and that this meeting's speaker Dr. Frank Lin, from Johns Hopkins University, would address an issue of interest to the Commission.

**Presentation--Hearing Loss in the Third Era of Public Health—Frank R. Lin, MD, PhD, Departments of Otolaryngology, Medicine (Geriatrics), Mental Health, and Epidemiology:**

After introducing the members of his team in attendance, Dr. Lin said that he and colleagues had just received a \$10 million grant covering an issue of significant concern to Maryland's older adults: hearing loss.

Dr. Lin noted that he uses as a framework the three eras of public health which are broadly defined as that dealing with infectious disease (through the early 20<sup>th</sup> century); that dealing with chronic disease (mid-20<sup>th</sup> century through the present); and that dealing with aging processes (21<sup>st</sup> century forward). He said that the health and policy strategies needed for optimal/healthy aging are preventing/delaying of disease through compression of morbidity; promoting effective treatment of disease by managing multi-morbidity; addressing lifestyle factors through diet, physical activity, social engagement etc.; addressing the biological processes underlying aging through possible future drugs; and optimizing sensory function.

Dr. Lin stated that the optimization of overall sensory function has not been addressed sufficiently and a key component of the overall sensory function umbrella is the prevalence of hearing loss and its marked increase over the lifespan. Hearing loss affects over 20% of individuals aged 60-69, over 50% of those between 70 and 79, and almost 80% of those over age 80.

With regard to the consequences of hearing loss for older adults: He noted that hearing loss is correlated with a decrease in cognitive functioning and that there is some evidence for a causal path between hearing loss and decreased cognitive functioning because hearing loss may lead to brain atrophy, which in turn may lead to cognitive impairment. In fact, Dr. Lin said, the Lancet Commission on Dementia Prevention, Intervention and Care has found that hearing loss in mid- and late- life identified as the single modifiable risk factor for dementia with the greatest population attributable fraction of risk. Dr. Lin also provided an overview of a number of epidemiological studies of hearing and aging outcomes and identified several aspects to healthy aging: keeping socially engaged and active; using health resources at an appropriate level and decreased mortality; maintaining physical mobility and activity; avoiding injury; and maximizing cognitive vitality, along with avoiding dementia.

With regard to the impact of treating hearing loss on older adults, Dr. Lin said notwithstanding the known correlation between hearing loss and cognitive decline, the question of whether treating hearing loss could delay cognitive decline remains unknown because there has never

been a randomized controlled trial of treating hearing loss to explore the effects on reduction of risk of cognitive decline. However, the Aging and Cognitive Health Evaluation in Elders Randomized Trial (ACHIEVE) has been mounted. The trial is being implemented over five years from 2017 through 2022. With an N of 850, the trial is being conducted in four sites and is designed to determine if treating hearing loss in 70-84 year old adults reduces the risk of cognitive decline, dementia, falls and hospitalizations, loneliness, and brain aging.

With regard to how hearing loss may be effectively addressed in society, Dr. Lin presented data showing that prevalence of hearing loss far outpaces hearing aid use among older adults. For example, during the period from 1999-2006, over 50% of those 70-79 experienced hearing loss but less than 10% of adults in that age range utilized hearing aids. This disparity was true for every 10-year cohort of adults beginning at age 50. While the vast majority of older adults (age 65 and over) are Medicare beneficiaries, hearing aids and hearing care services are statutorily excluded under the Medicare program. This statutory exclusion does not apply to Medicaid. What's more, the FDA/Congressional Task Forces on Hearing Aids and subsequent FDA regulations, provided that hearing aids are medical devices that may only be sold through a licensed provider and may not be sold over-the-counter (OTC). These provisions are effective in ensuring that individuals have access to hearing aids that meet strict performance criteria for safety and effectiveness but these same provisions also contribute to affordability barriers to uptake of hearing care in adults.

However, uptake of hearing care in adults is also affected by awareness and understanding of care, access, and technology design. In order to address such barriers, Dr. Lin noted several national studies that have occurred, including the 2014 National Academies of Science, Engineering and Medicine's Workshop on Hearing Loss and Healthy Aging, the work of the President's Council of Advisors on Science and Technology in 2015, and the National Academies Consensus Study on Accessible and Affordable Hearing Care in 2016. Both the President's Council and the National Academies recommended re-regulation of hearing aids to allow for OTC sales because this could be expected to have the most immediate impact on lowering costs and increasing uptake of hearing aid use. An FDA regulatory provision for over-the-counter hearing aids would permit individuals to have direct access to hearing aids and will encourage the entry of consumer electronics manufacturers into the hearing aid market, thus potentially reducing prices for the end users.

Illustrating the importance of solving health problems with rigorous public health research to inform public policy, Dr. Lin noted, in August 2017 an over-the-counter hearing aid bill was signed into law. This law obligates the FDA to publish proposed regulations governing the use and sale of over-the-counter hearing aids by 2020.

As an example of efforts to address issues surrounding hearing loss and treatment, Dr. Lin described the work of the Cochlear Center for Hearing and Public Health. The Center is grounded in development of a sustainable foundation for addressing hearing loss and aging, which, in turn, rests on the three pillars of: a regulated market for OTC hearing aids; third-party insurance coverage for hearing care services; and development of robust public health evidence

about the impact of hearing loss and hearing loss interventions. Several efforts are already under way to develop such evidence including development and testing of innovative community-based hearing interventions using Community Health Workers (CHWs) funded through a grant from the National Institutes of Health (the Baltimore HEARS project) and through a 501c3 entity AccessHEARS. In addition, an effort to address patient-provider communication in hospital settings—Engaging Healthcare to Address Communication Environments (ENHANCE)—is under development to provide a simple, scalable program for public consumption. This effort includes the use of uniform strategies to interact with patients in hospital settings and the use of an inexpensive sound amplifier with patients 50 or over. Dr. Lin stated that since there is strong evidence that hearing deficits increase the risk of hospitalizations and re-hospitalizations, the 30-day re-hospitalization rate for those patients included in the ENHANCE project will be tracked in order to assess the value of the intervention in reducing hospital re-admissions.

Moreover, within the context of enhancing third party insurance coverage of hearing care services, Dr. Lin highlighted the necessity for health economic analyses to establish the bases for future legislation to authorize Medicare reimbursement for hearing care services. Such analyses may be based, in part, on the outcomes of efforts such as the ENHANCE project such as its impact on the hospital readmission rate.

Dr. Lin identified possible collaborative opportunities between the Cochlear Center and the State of Maryland, including the Department of Aging and Commission on Aging. Dr. Lin said that as of July 2018, the Maryland Medicaid program covers provision of hearing aids for adults. Reimbursement for hearing aids under the Medicaid program reflects practice under current FDA regulations and does not take account of future changes to FDA regulations to allow OTC sale of hearing aids—about which the FDA is required to publish proposed regulations by 2020. Dr. Lin proposed the creation of a State committee or task force to develop guidance on how the Maryland Medicaid program may adopt novel reimbursement models to optimize efficiency of and access to hearing services and hearing aids.

In addition, he noted the need to assess the effect of Medicaid reimbursement for hearing aids on the uptake of hearing care and health outcomes among older adults and asked that the Commission express support for collaborative research with the Hilltop Institute at the University of Maryland Baltimore County to analyze and compare Medicaid data pre- and post-hearing aid reimbursement. He also proposed that, within the context of the ongoing work of the Maryland Community Health Worker Advisory Committee which is charged with advising the Maryland Department of Health (MDH) on the training and certification of CHWs in Maryland, the Maryland Commission on Aging support pilots of the HEARS CHW intervention in collaboration with local commissions on aging.

Secretary Kramer offered to facilitate meetings with MDH staff on the issues and collaborative opportunities that Dr. Lin outlined. In addition she identified the possible relevance of the Maryland Primary Care Program, which is initially focusing on Medicare beneficiaries of participating primary care practices, to Dr. Lin's and the Cochlear Center's efforts. Ms. Roques

and Secretary Kramer noted that opportunities likely exist within the CFL program for better screening of hearing loss and encouragement of the use of hearing aids and other interventions to remediate for such loss, for example in the role played by the service navigator under the CFL program. Ms. Principe observed that functioning in several activities of daily living is predicated on adequate hearing and that, in the presence of untreated hearing loss, a degradation of an individual's abilities could occur. Dr. Haaga asked about assessment of hearing under ongoing research studies. Dr. Lin said that the Health and Retirement Study does include a measure of hearing but the methodology used is not adequate.

**Adjournment:**

The meeting was adjourned at 12 noon.

Prepared by Rosanne B. Hanratty