



AMERICAN COCHLEAR IMPLANT ALLIANCE

Research. Advocacy. Awareness.

OUR MISSION:

To advance access to the gift of hearing provided by cochlear implantation through research, advocacy and awareness.

July 18, 2018

Ms. Michele Phinney
Director, Office of Regulation and Policy Coordination
Maryland Department of Health
201 West Preston Street, Room 512
Baltimore, MD 21201

Re: Proposed Rule to Amend OMAR 10.09.51 Audiology Services

Dear Ms. Phinney:

On behalf of the members of the American Cochlear Implant Alliance (ACI Alliance), thank you for this opportunity to submit comments on the recently published proposed rule to amend OMAR 10.09.51 Audiology Services, updating the language for audiology services and expanding audiology services to Maryland Medicaid participants 21 years old or older. Our members cross the spectrum of patient care and include surgeons, speech language pathologists, audiologists, psychologists, and users of cochlear implants (CI) and their families. Our medical team members work with children and adults and can speak to the impact having a cochlear implant can have on an individual and their families.

Importance of CI Coverage and Rehabilitation Therapy

We are pleased the State of Maryland is joining the majority of states in offering services for adults with hearing loss whose hearing loss profile is best addressed with cochlear implantation. As deaf adults are often receiving Medicaid benefits due to the fact that their disability prevents them from being appropriately employed, a cochlear implant may provide the sensitive hearing needed for them to effectively address the hearing loss disability and reengage with the workforce.

Overall, the ACI Alliance is pleased with the proposed rule that will expand Medicaid coverage of cochlear implants to adults, particularly the acknowledgement of the importance of rehabilitation aural therapy after the surgery codified in .04(B)(3)(c). Consistent speech therapy is essential to ensure a recipient's overall success with a CI; thank you for recognizing and providing the necessary coverage.

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Suggested Changes to Section .05 Limitations

The ACI Alliance would like to provide suggested alterations to *Section .05 Limitations* to improve the overall long-term benefits for the CI adult user.

1. We ask for clarification of .05(A)(2) as it specifies coverage of unilateral cochlear implant for patients over 21, but says nothing regarding bilateral implantation. Section .04(B)(3)(A) states that coverage is allowed for both bilateral or unilateral CI so clarification on this issue would be appreciated.
2. We note the proposed rule in .05(A)(7) increases the number of disposable batteries for hearing aids but decreases the number of batteries for CI processors. Battery life for powering the sound processor varies greatly based upon age of patient, device brand and even the specific processor from the same manufacturer, age of the internal and external devices and how they work together, an individual's map (or program) characteristics, and other factors. The same device on two different individuals will have different power requirements thus we urge you to keep the current rule of a maximum of 476 disposable batteries based on the individual patient needs vs. specifying 180 batteries, which are likely to cause shortfalls for some patients.
3. We ask that the state consider expanding the number of rechargeable batteries as well. It is common practice to provide two rechargeable batteries per device to allow for the user to charge their battery while still utilizing the device to hear and/or to bring a spare with them at all times. Further, the rechargeable battery life decreases over time and is susceptible to the same issues described above for disposable batteries.
4. Our members are particularly concerned with the language of .05(B)(4) which states, "*Cochlear implant [audiological] audiology services and external components provided less than 90 days after the surgery or covered through initial reimbursement for the implant and the surgery*". We would appreciate clarification and a change to this clause as it is standard practice throughout the cochlear implant medical community to begin providing these services within three weeks post-surgery, and sometimes sooner. Services provided within this 21-day window include initial mapping of the sound processor as well as the start of auditory and speech therapy. It is unheard of to wait 90 days for the initial stimulation.



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Sound Processor Replacement

We urge Maryland Medicaid to provide coverage for sound processor replacements and upgrades for both adults and children after the device's useful life, which is usually within the industry standard of five years. The sound processor is a battery-operated external device worn over the ear that analyzes and digitizes sound signals, changes them to an electronic signal and sends the signal to a transmitter that was placed under the skin during surgery.

Technology is advancing rapidly and each new device generation provides improvements in: speech understanding in quiet and in noise, music perception, environmental sound awareness, connectivity to other devices such as cell phones, battery life, and more. In addition, cochlear implant manufacturers obsolete devices and then discontinue service for obsoleted equipment periodically. Allowing a five-year window would avoid recipients having an obsolete device that cannot be repaired.

The members of the American Cochlear Implant Alliance thank the State of Maryland for including hearing health for adults as a component of overall health and for covering the technology available to access sound for adults who have limited income and severe to profound hearing loss who do not benefit sufficiently from traditional amplification. We would be pleased to provide further information or speak on our suggestions at your convenience.

Thank you for this important opportunity to submit comments.

Sincerely,

A handwritten signature in black ink that reads "Donna Sorokin".

Donna Sorokin
Executive Director
American Cochlear Implant Alliance