With the Pandemic slowly fading, we look forward to resuming our lives. Many things have changed because of global shutdowns and different communication habits have emerged. However, the COVID-19 pandemic has also prompted changes for the ACI Alliance as an organization. Together with the ACI Alliance leadership and with the help of a strategic consultant, we have taken a deep dive into the soul of what the ACI Alliance is and can be. Updating the strategic plan is a process that will allow us to adapt to the changing landscape of hearing healthcare, and will also help us define what role we should play in the future. I first wrote about this effort in the August 2022 edition of ACI Alliance Calling. At the present stage, we are collecting feedback from a multitude of stakeholders: our industry partners, sister societies in the field, patients and their families, and our own members (via a recently disseminated member survey).
Another very exciting new effort is the creation of Special Interest Groups. We will be launching new opportunities for two groups at the upcoming CI conference in Dallas: (1) our members with hearing loss and (2) students from various fields who are interested in cochlear implants. You can read more about these offerings in this issue of *Calling* on page 8. Viral Tejani PhD, an audiologist from University Hospitals Cleveland Medical Center / Case Western Reserve University. Viral is a binaural hearing aid user who is organizing a luncheon session in Dallas for attendees with hearing loss. He outlines his ideas on page 11.

With the Medicare candidacy expansion through the National Coverage Decision (NCD) in our rearview mirror, we need to ensure that we continue to broaden the candidate pool and reach as many candidates as possible. Thus, we will need to increase our outreach efforts considerably. While some of these efforts are led by clinics, partnering organizations, as well as the cochlear implant industry, the ACI Alliance is well positioned to orchestrate coordinated efforts to broker a consistent and strong message. We have always had a firm footprint in this space but feel that we need to broaden and strengthen our efforts in this arena to continue to expand the low penetration of cochlear implants. These efforts will be further cemented in our updated strategic plan. However, their execution will rely on community and stakeholder involvement—in other words, we will need all hands-on deck. We will continue to update our members and provide tools for you to help effect change at the local and national levels. A great example of this was the call for comments relative to the National Coverage Determination for Medicare. We provided information and encouragement to our CI community, which helped generate 152 comments to CMS on the proposed Medicare candidacy decision. This encouragement helped achieve the desired outcome.

Lastly, I would like to update you on the work of the CI2023 Program Committee: under the leadership of Kara Leyzak and Aaron Moberly, the scientific program has been taking shape with several exciting keynote speakers. We will be including keynote speakers who are not CI clinicians or scientists but rather experts in related fields that impact on CI outcomes such as perinatal CMV and language development in bilingual children.

Thank you also to those of you who have submitted abstracts for the CI Meeting. As always, I hope to see you at the upcoming conference and wish you a peaceful Holiday Season!
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In our renewed spirit of in-person connection and collaboration from CI2022 in Washington, DC, we are excited to be preparing for an even stronger showing at CI2023 in Dallas! Time flies, and the conference is rapidly approaching. This year’s theme, *Cochlear Implants in Children and Adults* will highlight four focus topics, determined to be of high priority for our field. These will include an exciting lineup of podium and other presentations on the following topics:

- Cochlear implantation considerations for non-English speaking patients
- Genetics of hearing loss relevant to CI outcomes
- Cytomegalovirus (CMV) and cochlear implantation
- Cochlear implantation at both ends of the age spectrum (< 9 months, > 90 years)

The CI2023 Program Committee is pleased to share our outstanding lineup of invited speakers:

**Carolyn Brown PhD**, Professor in the Department of Communication Sciences and Disorders at the University of Iowa, will be this year’s esteemed John Niparko Memorial Lecturer. Dr. Brown has spent her entire career investigating electrically and acoustically evoked electrophysiological responses in CI patients, and we are thrilled to hear her lecture entitled *Cochlear Implants at IOWA: 1983 to 2023.*

**Kara Leyzac AuD, PhD** / Co-Chair, CI2023 Dallas Program Committee, Medical University of South Carolina

**Aaron C. Moberly MD** / Co-Chair, CI2022 Dallas Program Committee, Vanderbilt University Medical Center
We have two outstanding keynote speakers who will each speak on one of the conference priority topics. Pablo J. Sanchez MD is Professor of Pediatrics at Ohio State University--Nationwide Children’s Hospital where he conducts perinatal research including work on CMV. His keynote topic is **Congenital CMV Infection and Hearing Loss: It’s Time to Screen!**

Ferenc Bunta PhD is Associate Professor in the Department of Communication Sciences and Disorders at the University of Houston. His research focus is on phonological acquisition in bilingual CI patients. We are excited to hear his keynote presentation, **Speech and Language Production of Bilingual Children with Cochlear Implants: Highlights and Clinical Implications.**

Other planned program content will provide attendees interdisciplinary and innovative ways to approach cochlear implantation in single-sided deafness, explore challenging cases, expand CI access in your community, promote clinical efficiency, apply translational research, and provide quality surgical, audiologic, and (re)habilitation care. We are thrilled to offer a safe and exciting in-person event. Please join us June 7-10, 2023, at The Hyatt Regency Dallas Hotel, Dallas, Texas. We can’t wait to see you there!

**Conference Dates**
Wednesday, June 7 – Saturday, June 10, 2023

**Conference Website**
www.CI2023dallas.org (links to scientific program, registration, hotel, updates)

**ACI Alliance Detailed Information**
https://www.acialliance.org/page/CI2023

**Hotel and Meeting Venue**
Hyatt Regency Dallas
Reservations now open: $239 + tax single/double
Group Rate Expires: Friday, May 12, 2023

**CI Manufacturer Satellite Symposia**
Wednesday, June 7, starting at 1:00 PM

**CI Manufacturer Breakfast Symposia**
Thursday, Friday, Saturday morning at 7:30 AM

**Opening Reception, Exhibits, Posters**
Thursday, June 8 (Late afternoon)

**Registration Opens**
January 10, 2023 (Discounts for Early Registration and Members)

**Early Bird Registration Ends**
April 7, 2023

**Notification of Abstract Acceptances**
December 2022

**Presenter Registration Required by**
March 10, 2023

**Program Published**
April 2023

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As we are in the season of thanksgiving and celebrations, it seems appropriate to reflect with thankfulness for all of you who participated in CI2022’s (Re)Habilitation Connect Forum and to look forward to celebrating with those of you who will be with us during CI2023.

Once again, there was an overwhelming positive response regarding the (Re)Habilitation Connect Forum. So, in addition to (re)habilitation presentations throughout the regular scientific program, a special afternoon Forum is planned for Friday, June 9th entitled: From Research to Practice: Implementing Evidenced-based Intervention.

During this (re)habilitation-focused afternoon, attendees will have the opportunity to participate in two sessions designed to provide clinically applicable, research-based information on topics, suggested by you, our members, and supported by the Forum Coordinating Committee related to:

- Outcomes and intervention for children with CIs and additional diagnoses
- Developing and implementing adult rehabilitation programs post cochlear implantation

John Oghalai MD (University of Southern CA) and Holly Teagle AuD (University of Auckland) will lead the pediatric portion of the Forum. Linda Thibodeau PhD and Andrea Warner-Czyz PhD (both of University of TX Dallas) will lead the adult portion of the Forum. Our speakers this year bring extensive knowledge and experience in these areas that you do not want to miss.

If as a therapy practitioner, physician, educator, psychologist, or other (re)hab-minded professional, you have wished for more in-depth information and more immediately applicable rehabilitation take-aways from the presentations you have attended at ACI Alliance conferences, this Forum is for you.

So come, join us for this dedicated time, thankful for the opportunity to learn together and celebrating those we have the opportunity serve.

Forum Coordinating Committee

Amy Lynn Birath AuD, CCC-A/SLP, LSLS Cert. AVEd
The Moog Center for Deaf Education

Elizabeth A. Rosenzweig PhD, CCC-SLP, LSLS Cert. AVT
Teachers College, Columbia University

Ivette Cejas PhD
University of Miami

Eun Kyung (Julie) Jeon PhD, AuD, CCC-A
University of Iowa

Heather Grantham, PhD
Central Institute for the Deaf

Melissa J. W. Hall AuD, CCC-A/SLP
University of Florida Health
Member Participation at CI 2023

CI2023 Early Bird Registration for Members to Open January 10th

Advanced registration for CI2023 Dallas: Cochlear Implants in Children and Adults will open January 10, 2023. All members including organizational, professional, and students will receive a specific discount code to be entered during registration.

For professional and student members, your member codes will be emailed to your January 9th. Check your inbox! For organizational members, your member code will be emailed to the main point of contact for each organization on January 9th. If you are not sure who your point of contact is, please use our Find a Clinic Map to find your organization. The point of contact is listed under your clinic.

This is a great time to update those membership lists. Your membership must be current at the time of registration through the conference period. If you need any help with this or any questions, please contact Jessica Houk; jhouk@acialliance.org. Please take advantage of your member discount code!

New Special Interest Groups Forming

ACI Alliance is moving forward to establish Special Interest Groups (SIGs) to provide support and networking opportunities for two groups within ACI Alliance:

- Professionals with hearing loss
- Students

We invite all students in attendance at the conference to meet during lunch on Thursday June 8th. We will provide lunch and discussion with recent graduates who can provide guidance on next steps and career goals. This will be a great way to meet other students and learn from those who recently walked in your footsteps.

The other program we will introduce is for our members with hearing loss at lunch on Friday June 9. Join your peers with hearing loss that also work in the hearing loss field to share experiences.

Please view our flyers on both luncheons and share with colleagues. Questions Contact Jessica Houk jhouk@acialliance.org
Members with Hearing Loss

JOIN US FOR LUNCH

Grab a lunch to-go
After the last morning session, Friday June 9th, grab your lunch box from the tables. We will meet in a conference room (TBD) to enjoy lunch and a discussion starting at 12pm.

Meet others with hearing loss in the field
Do you work in the hearing health industry, and also have hearing loss yourself? You are not alone! Meet others peers that also have hearing loss.

Share your thoughts
Meet and greet with others that have hearing loss. Share experiences, challenges, and overcoming stigma.

Questions?
Jessica Houk; jhouk@acialliance.org
Viral Tejani; viral.tejani@UHhospitals.org

REGISTER HERE:
HTTPS://WWW.ACIALLIANCE.ORG /EVENT/MEMBERSHEARINGLOSS
Addressing Accessibility Issues for Deaf and Hard of Hearing Professionals in the Auditory Field

Viral Tejani AuD, PhD  
Senior Clinical Research Audioligist, CI Program  
University Hospitals Cleveland Medical Center / Case Western Reserve University

The population of clinicians and scientists with hearing loss working in the auditory field has been growing in the past 25 years. These individuals’ passions are fueled by channeling their personal experiences with hearing loss (both good and bad) to make an impact on the auditory field though patient care, research, and service to the profession. These clinicians and scientists have faced their own challenges as students and continue to face challenges as trained professionals. Challenges range from understanding how to implement accommodations (e.g., assistive listening devices) in professional settings to addressing implicit and explicit bias of peers who don’t have hearing loss.

Early leaders in our profession recognized that these challenges can lead to a sense of frustration and isolation. They took action to promote awareness amongst our profession and spearheaded informal support groups. Networks of audiologists and hearing scientists with hearing loss were formed and have grown in the last 25 years1,2,3,4,5. These networks support colleagues with hearing loss, provide mentorship for students and junior professionals as they advance in their careers, spread awareness, and advocate for improved accessibility. Recognizing these needs, we will convene an inaugural roundtable at CI 2023 Dallas. The details are forthcoming, but the two goals of this roundtable are to:
- Provide an avenue for our peers with hearing loss to congregate
- Promote dialogue regarding the challenges of being professionals with hearing loss

We are excited for this new initiative and resulting dialogue that will result. Promoting healthy discussions between professionals with hearing loss and our peers will result in better appreciation of different perspectives and increased creativity and productivity in our field. For more information on BIPOC-CSD (network of students, clinicians and scientists in hearing and balance), https://www.acialliance.org/page/RESOURCESONCI

2) Association of Audiologists with Hearing Loss  
https://www.facebook.com/groups/114874958541349/permalink/3869467293082078
5) Scientists and Clinicians with Hearing Loss Studying the Auditory System  
http://deafearscientists.org/
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Evolution of the Annual CI Conference

Daniel M. Zeitler MD / ACI Alliance Board Member
Co-Director Listen for Life Center and CI Program
Virginia Mason Franciscan Health (Seattle)

The annual meeting of the American Cochlear Implant Alliance is the programmatic highlight and cornerstone of the ACI Alliance responsibilities each year where all of our work comes together in one place. The conference serves as an international venue for presenting evidence-based, up-to-date, multidisciplinary research regarding the wholistic approach to treating pediatric and adult cochlear implant recipients. While the meeting is a wonderful chance for attendees to learn, network, share, and socialize it is also the culmination of hours of collaboration, effort, and planning of the ACI Alliance CI Conferences Program Committee. This year’s annual meeting will mark the 10-year anniversary of the event being organized by ACI Alliance; there have been a number of substantial improvements to the process over the years that have made the meeting more successful. We want to share with you, our members, what these changes have been, and hope you are motivated to join the CI Program Committee for the annual conference in the future.

The first ACI Alliance conference in 2013 was a relatively modest effort, put together quickly by the Board of Directors and staff to help jumpstart the organization and bring together those involved in CI and interested in pushing our new entity forward. Nonetheless, the emerging issues meeting that focused on six topics managed to predict what would roll out as key elements of CI provision in the years ahead targeting SSD, multiply involved children, hearing preservation and more. How extraordinary that these same topics have now become mainstream!

For years after, the conference was organized and hosted by a single center, hospital, or academic institution in the organizer’s home city. While this allowed our membership to take advantage of the talents and contributions of some of the busier and well-known CI programs, it was often difficult from a meeting planning perspective to identify a “right place, right time” venue. This also placed smaller programs and/or smaller, more remote locales at a significant disadvantage while simultaneously weakening the competition for site selection. More recently, choosing the location of the annual
CI meeting has been reassigned to the Board of Directors allowing for fair geographic distribution, improved ease and efficiency of scheduling and planning, optimization of logistical and economic considerations, and increased participation by smaller, non-academic or rural or suburban clinics.

Historically, the conferences were divided every other year between adult and pediatric content. While some hearing health care providers and educators among our membership focus on either adults or children, many care for both adults and children. We therefore chose to combine the alternating curricula into a single annual meeting. While CI2019 was the last pediatric-only content meeting, there are now opportunities during each annual meeting for attendees to identify age-specific educational tracks and focus one’s interests appropriately.

One other significant change to the meeting planning process was the development of the Annual Meeting Conference Program Committee. This new committee was established by the Board of Directors and implemented for the first time for the 2021 annual meeting. The committee is currently comprised of 16 members (who are from across the care continuum—surgeons, audiologists, speech-language pathologists, educators of children with hearing loss, scientists, psychologists) drawn from institutions across the United States. The Committee is tasked with the development of the scientific program each year.

Program Committee member selection is a competitive application process and members are chosen by the ACI Alliance Board to represent diversity in geography, ethnicity and gender, training and knowledge, and skill and expertise. Program Committee members will serve a three-year term providing continuity of service while at the same time allowing for senior members to share knowledge and experience with newer members and to encourage participation of all. The work of the Program Committee allows the ACI meeting staff to focus on meeting logistics to ensure that the conference is run efficiently and to continuously implement process improvements to ensure greater attendee satisfaction. The two chairs for the ACI Alliance Annual Meeting will be chosen from the Program Committee members after successfully completing time on the Program Committee.

The entire ACI Alliance membership is given the opportunity to apply for a position on the Conference Program Committee. Consideration for selection include: (1) active ACI Alliance membership; (2) attendance at three or more of recent ACI Alliance annual meetings; and (3) participation in abstract review for a previous ACI Alliance annual meeting.

We look forward to hearing from you during the next application process beginning this December with a due date of February 15. We can’t wait to work with you for CI2024!

For more information on the CI Conferences Program Committee and to apply to serve: https://www.acialliance.org/page/ConferencesProgramCommittee
Let’s talk about what matters MOST.

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One of my colleagues from the business side of cochlear implants once said to me “I could never do your job. You work for years to get something passed. Then it passes but we still don’t have everything we want, so the effort continues. It seems like you’re never done.”

He was absolutely right in his assessment! Incremental progress is a defining characteristic of public affairs—the arena that I have worked in my entire professional life. Incrementalism in public policy—whether in government or private entities—results from ongoing interactions and mutual adaptations among organizations advocating based upon varying values and interests as well as possession of different information.

Those who engage in public policy to improve people’s lives, celebrate when we accomplish forward movement and then we go back to move the needle some more. Our efforts at ACI Alliance are no different whether we are talking about insurance coverage, parent choice on children’s hearing health options, or provision of needed services for people with hearing loss.

United Healthcare’s recent publication of the new Coverage Policy for Cochlear Implants explicitly covers single-sided deafness for the first time for both adults and children over age 5. ACI Alliance had worked with UHC staff for months on the SSD issue. While we were very disappointed with the pediatric age limitation in the new policy given the negative impact on outcomes that a CI at age 5 (or later) has for a child born with SSD, we at least made important progress with the recent expansion of UHC coverage.

We are not satisfied with the outcome. We made a strong case for use of cochlear implants for children with SSD in the recently published American Cochlear Implant Alliance Task Force Guidelines for Clinical Assessment and Management of Cochlear Implantation in Children With Single-Sided Deafness (Park et al, Ear Hear, 2022) and were proud to have endorsement by the American Academy of Audiology for the paper. (The three completed candidacy guidelines are here: https://www.acialliance.org/page/DeterminingCICandidacy.) At the same time, there is little peer reviewed published research on CI outcomes for SSD in children under age 5. The UHC policy starting at age 5 was based, in large part, upon the FDA manufacturer criteria and the lack of such published studies. We need to do better and then go back and get this fixed.

We completed a major step forward with the September 26 decision by the Centers for Medicare and Medicaid Services (CMS) to expand coverage for cochlear implants for appropriate Medicare beneficiaries. The policy change provides a significant improvement in access to care for older adults who previously had much more limited access to CI than younger adults whose private insurance plans typically follow the more expansive FDA criteria. With this change, the criteria for older adults moved from 40% words correct in sentences in the best aided condition to 60% correct on comparable test scores. This important amendment was the result of an ACI Alliance initiative that was begun in 2013 with the initiation of a collaborative effort with CMS to conduct a multi-center study to determine if Medicare candidacy could be more aligned with the FDA guidelines. The study, led by ACI Alliance leaders Terry Zwolan, Craig Buchman and John Niparko followed the National Coverage Determination process defined by CMS.
The final study findings were published in *JAMA Oto* (Zwolan et al, 2020) and demonstrated a median change in the best aided condition (typically CI on one side and hearing aid on the other) and implanted ear of 53% and 24%, respectively. These significant outcomes led to the decision by CMS to make this important change. Importantly, the entire CI community was strongly behind the change. ACI Alliance urged our members and sister organizations to participate in the public comment process by supporting the proposal to expand. Comments were submitted by 151 individuals with all but two strongly endorsing the proposed expansion.

The process took much longer than any of us anticipated but the outcome was stunning. The work by the study leaders as well as those CI centers that participated and contributed important patient findings led to the successful outcome.

Getting where we need to be is never going to be a straightforward or easy process. All of us working together can move the needle by participating in public policy—processes that are typically incremental and often quite slow. As members of American Cochlear Implant Alliance, you can help us improve access to care in our country by participating in our efforts at the state or national levels.

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**CONSTRUCTS FOR COCHLEAR IMPLANT ADVOCACY**

The landscape of public policy is complicated:

- **LAW & REGULATIONS**: Some issues are addressed at the federal level, others at the state level. Once a law is passed, regulations must be developed.

- **CI CANDIDACY: ADULTS & CHILDREN**: Converge patterns are different for adults and children. Older adults under Medicare are covered for CIs, but the candidacy criteria are more stringent than for younger adults.

- **ADVOCATES: VARIOUS PERSPECTIVES**: Professionals, consumers, and parents can all be advocates.

- **INSURANCE TYPES**: All of the main types of insurance (Medicare, Medicaid, private, and VA) cover CIs, but they may cover them differently. And within the private insurance system, different insurers cover them differently.

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Déjà vu? Much like 2020, November Elections Result in Tight Margins

The November 2022 midterm election results, for many, looked similar to November 2020 with a record breaking-number of people voting, several races too close to call for days or weeks, and at least one major run-off election in Georgia. Unlike the last election, one party did not gain control of both Congressional chambers, with the Senate remaining in Democrat control and the House flipping to Republican control. The “red wave” for Republicans did not materialize as predicted, and both chambers have a very slim majority, with the House having a slimmer majority in the 118th Congress than in the 117th Congress.

At the time of this writing (November 28), Democrats remain in control of the Senate with 50 seats and a runoff election is scheduled for December 6 in Georgia. The Republicans have 220 seats in the House with two seats still undecided. A split Congress will have a significant impact on any future health care policies, potentially slowing the President’s legislative agenda but preserving the ability of the President to pursue further executive action. While the future of some seats remain undecided, most of the critical elections are now settled.

Senate

Democrats retained the majority in the Senate, flipping one seat in Pennsylvania with Lt. Gov. John Fetterman (D) beating opponent Mehmet Oz (R), filling the seat left open by the retirement of Sen. Patrick J. Toomey (R). Other vulnerable Democrats successfully fended off challengers in key states, including in Nevada, where incumbent Sen. Catherine Cortez Masto (D) defeated opponent Adam Laxalt (R) and in Arizona, where incumbent Sen. Mark Kelly (D) defeated Blake Masters (R).

Ultimately, Republican hopes for a “red wave” to retake control of the Senate fizzled. Although Georgia still awaits results for one of their Senate seats in a runoff election to be held on December 6, 2022, between incumbent Sen. Raphael Warnock (D) and challenger Herschel Walker (R), the results will not impact party control the Senate. However, having a one-vote margin would give Senate Democrats more flexibility in determining some key nominations and passing legislation. Whatever the result in Georgia, an increased focus is likely on bipartisan compromise.

House

Republicans have flipped the House to gain the majority; however, the margin of victory is much tighter than expected. Republicans were able to flip 9 seats from Democrats, much less than expected by most pollsters and party leaders. With Republican control, Rep. Kevin McCarthy (R-CA) will most likely become Speaker of the House in January, although the Freedom Caucus will make his election as Speaker, and his ongoing tenure, more challenging. Meanwhile, current Speaker of the House, Rep. Nancy Pelosi (D-CA), and her senior leadership team announced they will be stepping down from their leadership posts, clearing the way for a new Democratic House leadership team in the 118th Congress.

Some key champions of cochlear implant issues retained their seats in the House, including: co-chair of the Hearing Health Caucus, Rep. Mike Thompson (D-CA); Rep. Joe Neguse (D-CO), who introduced legislation in 2019 to ensure that private insurance companies provide coverage for hearing devices, including cochlear implants; and Rep Matsui (D-CA) who led the House passage of reauthorization of the Early Hearing Detection

Peter Thomas J.D., /
Governmental Affairs
Counsel to ACI Alliance

Taryn Couture / Director
of Governmental Relations
Powers Pyles Sutter & Verville PC
and Intervention Act. Rep. David McKinley (R-WV), the Republican co-chair of the Hearing Health Caucus, lost his Republican primary after his district merged with another.

**Healthcare Agenda in the 118th Congress**

With Congress remaining split between Democrat and Republican control, sweeping health care legislation will be difficult to pass, although incremental policy improvements are possible and additional executive action will continue through regulatory activity.

With most legislation needing bipartisan support to pass both chambers, Congress will likely focus its efforts on preparing for future pandemics, broadening Medicare coverage for telehealth, and addressing the Medicare physician payment system so that Congress does not need to address annual reimbursement cuts. Congress is also likely to look to future healthcare innovation, particularly through the newly-formed Advanced Research Projects Agency for Health (ARPA-H) which will be based at the National institutes of Health (NIH) and will be focused on advances in biomedical and health sciences.

The Biden Administration is expected to continue working to enhance the Affordable Care Act (ACA) by improving health equity, limiting the availability of short-term, limited-duration health plans (also known as “bare bones” plans”), and other measures. The Administration will also be tasked with preparing for the unwinding of the COVID-19 Public Health Emergency (PHE), including an end to most of the healthcare waivers that were extended over the last nearly three years. Finally, the Administration will also focus on implementing new protections against discrimination on the basis of disability in health programs and activities, as well as other protected classes, including plans to revamp Section 504 of the Rehabilitation Act, which prohibits federal programs from discriminating against people with disabilities.

Healthcare, as always, will continue to remain a primary focus for all branches of Government, but with a split Congress, the executive branch will be a key driver of policy.
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At the end of every year since I began working in public policy, I have looked back and thought, “We won’t see another year like this one again” and every year I am proven wrong. Like its predecessors, 2022 had some political surprises, shifts in approaches, and new opportunities. Our advocacy networks – State Champs and CI CAN – were busy at the federal and state levels. Many of their efforts will have positive long-lasting impacts. Despite COVID, we hosted our first Virtual Hill Day in which State Champs met with the offices of key Members of Congress who sit on Committees important to our issues. Below is a summary of our greatest hits.

**EHDI Legislation**

EHDI is the federal program that provides newborn hearing screening and early intervention support for children with hearing loss and their families. These programs are crucial. At the end of 2021, we reported on how the US House of Representatives had voted unanimously on reauthorizing the Early Hearing Detection and Intervention Act. Earlier this year, a similar bill passed out of the Senate HELP Committee but has yet to have a floor vote for final passage. We are hopeful that something will happen during the upcoming lame duck session. If not, the process for reauthorizing EHDI will begin all over again in 2023 with a new Congress with new leadership. Since the legislation may be voted on in the coming weeks, please be prepared to participate in any Action Alerts urging the Senate to vote for passage. These will come into your mailbox.

**Supporting Language and Technology Options for Families**

Our State Champions and other advocates continue to carry out a focused effort to protect all options on communication and technology. Legislation continues to be introduced in states that would hamper, if not skip altogether, the important steps for assessing and providing unbiased information to families of children who are deaf or hard of hearing. While a few bills did pass, the final language of those bills reflects compromises sought by ACI Alliance members and other hearing health organizations to ensure that parents are provided all the information vs. narrowed and biased tidbits. We expect bills (which are often referred to as “LEAD-K” initiatives) in 2023. Click here for more information and to read our Parent Choice Position Paper.

One of the surprises was a Los Angeles school board resolution that focuses on American Sign Language for all young children with hearing loss. We were stunned to learn that the resolution includes the requirement that all children birth to 3 years of age will be placed in ASL settings regardless unless families opt out. This is in direct violation of federal IDEA and EHDI laws that require appropriate assessment and discussion of options with families. We and other hearing health organizations are working together to address the situation in Los Angeles and prepare for situations elsewhere should this spread.

**Expanding Medicaid**

We have noted before that it is possible to bring about change in state Medicaid policies. COVID-19 paused most efforts, but work picked up in 2022. ACI Alliance staff met with advocates in several states including Arkansas, Arizona, Georgia, and Washington. As of this writing, we are expecting Washington State to cover appropriate adults for cochlear implant surgery and ongoing support under Medicaid. We hope to see more successes in 2023.

We are proud of the work our advocates have done over the past year. If you are interested in becoming a State Champ, please let me know at nwestin@acialliance.org.
cCMV Legislation

This year saw an increase in states supporting screening and awareness for cCMV. This has been a growing issue for ACI Alliance advocates and we are pleased to see success in a number of states. Bills on testing for cCMV after a newborn has failed the hearing screening test passed in Kentucky, Florida, Pennsylvania, and Nebraska. The Nebraska bill included a strong education component. Minnesota became the first state to ensure cCMV is added to the universal newborn screening.

As we look to 2023, a number of states are already working on possible legislation. ACI Alliance advocates are actively involved in efforts in Delaware, Michigan, Tennessee, District of Columbia, and Texas. Our advocates are joined by health organizations, parents, and clinicians to change policy and make positive changes. We also partner with the National CMV Foundation to share information and insights, and connect advocates. ACI Alliance staff will continue to support these efforts and work to bring interested parties together.

WHAT IS CCMV?

Congenital Cytomegalovirus (cCMV) affects approximately 1 per every 200 births in the United States and is the most common cause of non-hereditary hearing loss. Infants are infected due to exposure of the mother who often is unaware they had cCMV due to the mild, cold-like symptoms in adults. cCMV is responsible for hearing loss in 1 in 5 children who have no other known risk factor or cause. Hearing loss related to cCMV may not be present at birth, but rather delayed in onset and hence would be missed by newborn hearing screening and may fluctuate or progress during childhood.

Currently, there is no national legislation regarding education or screening for cCMV; a growing number of states have cCMV screening or educational laws. Screening for the virus is usually undertaken only after an infant has failed an initial hearing screening. Consequently, many children who are asymptomatic at birth develop hearing loss later. ACI Alliance and its advocacy networks actively support legislation that recommend screening for cCMV as part of the newborn screening panel or after a child has failed the newborn hearing test. Over the past few years, cCMV has become such an important issue that it is one of four key topics for the CI2023 Conference schedule for June of 2023 and includes a Keynote by pediatrician and researcher Dr. Pablo Sanchez. We will continue our efforts to raise awareness with our advocates and allies and hope you will consider joining our efforts as a State Champion or CI CAN Member.
Increasing awareness of cochlear implants is one of three elements of the American Cochlear Implant Alliance mission statement. To that end, ACI Alliance appointed four chairs to organize task forces to provide clarity on assessment and candidacy determination for adults and children with bilateral deafness and single-sided deafness (SSD).

As of December 2022, three of the four task force guidelines have been published by *Ear & Hearing*: Pediatric Bilateral and SSD and Adult SSD. These are available open access without charge. The Adult Bilateral guidelines paper is in review. The pediatric papers were the first published and have been endorsed by the American Academy of Audiology. ACI Alliance collaborated with AudiologyOnline in early 2022 on a four-part webinar series on these same topics, with task force members participating.

We are now undertaking the important step of publicizing the guidelines to healthcare providers, the wider hearing loss community, and insurers to encourage appropriate access to care. Our promotion efforts for providers outside hearing health includes pediatricians, family practitioners and professionals working with older populations. That includes promoting these resources at state chapter meetings of organizations like the American Academy of Pediatrics and the American College of Family Physicians. We will also be encouraging our CI CAN members and State Champions to promote the infographics within their own professional and personal networks to increase candidacy awareness to the broadest possible audience.

To support outreach efforts, infographics are available for each paper which are available electronically or by ordering printed cards. The pediatric infographics may be printed as a double-sided card, which includes additional details (i.e., website URL code) to facilitate access. ACI Alliance website has additional information.

We are grateful to task force members and AudiologyOnline for their contributions and support. Access to the noted resources can be found at [www.acialliance.org/page/DeterminingCICandidacy](http://www.acialliance.org/page/DeterminingCICandidacy).
Meet the ACI Alliance Board of Directors

Lori Bobsin PhD, CCC-SLP, LSLS Cert. AVT

This past year marked my twentieth year with the University of Virginia Cochlear Implant Program as the Coordinator of the Aural Habilitation and Outreach Program. I was humbled and honored to be selected for this position by the late Dr. Roger Ruth, charged with the development of one of the only rehabilitation programs associated with a Cochlear Implant Program in Virginia in 2001. Strange by today’s standards of care, the idea of therapeutic intervention as a necessary component of cochlear implantation surgery was “ground-breaking” at the time. I’m forever thankful to Dr. Ruth for his vision and forethought in providing this opportunity to our patients and their families.

For two decades, I have provided Listening and Spoken Language therapy services, as well as consultation and training to individuals, families, and state agencies. I have had the opportunity to present at national and state conferences and have taught graduate-level courses in aural habilitation as adjunct faculty at the University of Virginia. Advanced by the completion of my doctoral work at UVA, my research interests continue to interweave the connection of cognitive and linguistic development of children with hearing loss, as I believe the inclusion of cognitive processing strategies in therapeutic objectives is vital to best possible language outcomes. In addition, I have served as President of the Virginia Chapter of the Alexander Graham Bell Association for the Deaf and Hard of Hearing, where I have also served as the Advocacy Chair.

I am a true believer of “to whom much is given, much will be required”. My professional journey has been bolstered by talented and generous professional mentors for whom I am forever grateful. During graduate school, I was made aware of the potential of young children with hearing loss, if given the gift of hearing through cochlear implantation and appropriate intervention. From this moment, my professional passion was born. It became a driving force in my life to make sure all children with hearing loss had access to this unlimited life-potential. Furthermore, I feel obligated to pass on the knowledge that has both been given and gained throughout the last twenty years to assist the path of the next generation of professionals. As such, I am honored to serve on the Board of the American Cochlear Implant Alliance and as a State Champion for Virginia, where these opportunities abound.

Fred F. Telischi MEE, MD

I’m proud and honored to have participated in the ACI Alliance as a board member for several years, beginning in 2019 when Dr. Ivette Cejas and I chaired the annual meeting in South Florida on behalf of the University of Miami Ear Institute. My interest in devices to overcome hearing loss began several decades ago as an electrical engineering student at Cornell University during a course taught by a professor afflicted with hearing loss and tinnitus. During residency at the University of Miami, I was drawn to the delicate microsurgical procedures of the ear, especially the early versions of cochlear implantation. I was drawn to the field even further as a clinical fellow in neurotology at the House Ear Institute.

I’ve been fortunate to have been practicing during the exciting time of evolution of CI technology, clinical application and surgical techniques. The importance of this revolutionary technology to habilitate deafness cannot be overstated and working with wonderful colleagues on the board of the ACI Alliance has allowed me to take part in the essential advocacy work of the organization. Promoting the benefits of CI for appropriate patients requires diligent communication and keeping an eye on the payors to allow access to the procedure needs continual vigilance. The ACI Alliance mission to accomplish these and other tasks has been invigorating for me. It’s been a wonderful experience and I hope that I’ve contributed as much as I’ve received from my time on the Board.
I am a Lieutenant in the US Navy completing my general surgery residency. Late in my second year of residency, I was on trauma call and awoke in the middle of the night to my pager alerting me to a trauma. It sounded very strange and I thought it might need a new battery. I headed down to the trauma bay and immediately realized there was nothing wrong with my pager, but something was very wrong with my left ear.

The world sounded like it was in an echoey tunnel. With everyone talking behind masks, I couldn’t make out who was talking or oftentimes what they were saying at all. I couldn’t understand what the patient was saying. It was very disorienting and disturbing. I thought that maybe I had an ear infection and that my left ear was simply filled with fluid. I took some decongestant and anti-inflammatory medication and decided to wait it out. It is true what they say about doctors being the worst patients.

Nearly two weeks later, I got an appointment with an ENT. My hearing test confirmed that there was no residual hearing in my left ear. I had profound sensorineural deafness. I went through a course of intratympanic steroids and systemic steroids, with no improvement. Now that I had a diagnosis, I dove into research. I concluded that a cochlear implant was my best chance at restoring my hearing to as close to baseline as possible and maintaining optimal function in the OR. I traveled three hours to the nearest ENT surgeon who could perform a cochlear implant.

I was an excellent candidate and their office submitted my insurance claim. Unfortunately, because I am in residency, I am not currently covered by TRICARE. My private insurance denied my claim with the argument that I had a functional right ear. Two appeals and a peer-to-peer conference were unsuccessful in changing their opinion. Clearly, this insurance carrier like many carriers was out of touch with the latest research that indicates a clear benefit of cochlear implantation in the single-sided deaf population, especially those of us with occupations where sound localization is highly desirable. Even though my wife and I had just had a new baby, we are diligent savers and decided to move forward with the cochlear implant anyway, knowing that we would be able to replenish our savings and that this was why we had an emergency fund in the first place.

I received my cochlear implant and was activated 2 weeks later. At first, sounds were electronic and unclear. With dedicated rehabilitation, I soon heard my first word: possibility. I thought: how fitting! I am now operating at peak performance with my cochlear implant, with excellent word recognition and acuity that rivals my good ear. I am so grateful for this technology that has truly blessed my life and which I hope to use to bless the lives of many others through my work.

Recently, I was the moderator on an ACI Alliance Tuesday Talk with Doug Hildrew MD and Cyndi Truheart AuD on the topic of the Department of Veterans Affairs and Cochlear Implantation. I was honored to help share the benefits of cochlear implants for the military community including CI in single-sided deafness.