MESSAGE FROM THE CHAIR

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The rock band Talking Heads song Once in a Lifetime has a line “Same as it ever was.”

Nope, that is not our world, nor should it be. We can do better for all those impacted by hearing loss and cochlear implantation, can’t we?

Change is the way to improve. Keep the best from the past, adopt new ideas and watch the patients and field reap the rewards of transformation.

The ACI Alliance is a young organization, entering just its 8th year. During this time there have been many changes as the organization seeks to maximize leverage to most effectively execute its mission of advancing research, advocacy and awareness. Innovate with purpose.

We have held spectacular meetings under the current and previous formats but we believe the process can become more efficient and effective. The meetings are so large (a good thing!) that we were limited to cities that had facilities that could host it. This has led to the modification to have the ACI Alliance, with the help of our meeting planners, determine ideal meeting locations for optimizing attendance, the educational experience, and financial success. We will create an Education Committee.

continued on page 2
continued from page 1

and beginning in 2021, this group will be responsible for developing the scientific program content of the annual meeting. This group will have broad representation of expertise from our organization allowing for the development of robust, creative and desired content for all attendees. To bring some of the best from our past and include local flavor, the group will engage regional CI centers in the meeting planning process.

Committee membership will be open to all ACI Alliance members through an open application process that will outline the responsibilities. This group will also guide education beyond the annual meeting including our online content. Watch communications for further information on this process later this year. We are now a primary resource for trusted information about cochlear implantation. Others want access to the tremendous knowledge and experience contained within the minds of this organization’s membership. The ACI Alliance will facilitate the transfer of this wisdom and expertise.

Enjoy this issue of ACI Alliance Calling and keep providing us with your ideas for taking the organization to even greater heights.

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**CI2019 Pediatric: Get Ready!**

The Diplomat Hotel
Hollywood, FL
July 10–13, 2019

**Educational Course Directors**

Ivette Cejas PhD and Fred Telischi MD
University of Miami Department of Otolaryngology/Ear Institute

**Get ready to pack your sunglasses, sunscreen, and elegant/casual resort wear.** The CI2019 Pediatric meeting is only a few months away. The University of Miami, Department of Otolaryngology/Ear Institute would like to thank everyone who submitted and reviewed abstracts. With a record number of over 400 abstracts, the final scientific program is sure to have something for all those attending.

Here are some of the highlights of the program that you can look forward to:

- **Medical & Surgical advancements.** Several sessions will target cochlear implantation in surgically complex cases. Topics of interest include: implantation under 12 months, surgical challenges and outcomes in cases with malformations,
use of robotics in cochlear implantation, applicability and use of imaging pre-implantation and intra-operatively, and more.

- **Advanced Programming.** Based on prior meetings feedback and audiologist requests, a session on advanced programming will be organized. Topics will include use of physiologic measures to estimate CI stimulation levels, use of FOX programming, and advanced noise program managements. Come ask questions of your colleagues and learn about innovative strategies to use in complex cases.

- **Electrocochleography (ECochG).** The use of ECochG intra-operatively and post-operatively is growing. This session will present clinical and surgical applications of ECochG, as well as audiology and speech perception outcomes.

- **Social and Emotional Development.** Psychologists, social workers, educators and others working with adolescents are highly encouraged to attend this session. Data on predictors of psychosocial outcomes, depression, anxiety, and bullying in the CI population will be presented.

- **Educational Outcomes of Pediatric CI Users.** Have you ever wondered how this population is doing academically and the various school programs that these children attend? This session will discuss the impact of early intervention, reading achievement, and outcomes of children enrolled in inclusive and/or specialized listening and spoken language programs.

- **Telemedicine.** This session will target current telemedicine practices being used for remote cochlear implant programming and auditory verbal therapy. Come hear about the outcomes and effectiveness of these telemedicine programs.

Other concurrent sessions will be dedicated to hearing preservation, SSD, rehabilitation, candidacy, expanded indications, and outcomes. We have researchers from all over the world presenting their work that will impact the way we manage and treat pediatric cochlear implant users.

Don’t miss the poster session Thursday afternoon. The popular poster highlight sessions will be conducted just prior to the poster session. A record number of students

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**Key Conference and Travel Details**

**CI2019 Pediatric Conference**

**website:** [www.CI2019miami.org](http://www.CI2019miami.org)

Registration begins January 2019

Early rates end May 13

**Hotel Guest Room Reservations:**

Special conference rate until May 31 (but going fast)

**Two Airports for Air Travel**

- Ft Lauderdale-Hollywood International Airport (FLL) 8 miles from venue
- Miami International Airport (MIA) 22 miles from venue

Conference discounts available from American and United Airlines

Family Friendly Hotel with many amenities and childcare available

**Communication Access:**

Entire conference will be real-time captioned. Conference app will allow captions to be translated into Spanish language captions on mobile devices

**Continuing Education:** ACI Alliance is an approved continuing education provider for the American Academy of Audiology (AAA), American Speech-Language-Hearing Association (ASHA) and the AG Bell Academy for Listening and Spoken Language. We will offer Continuing Education Credits from the above three organizations including Tier One Hours from AAA. Continuing Medical Education (CME) credits will also be offered through our meeting planners, the American College of Surgeons. A certificate of participation is provided for all conference attendees.

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CI2019 Pediatric will be held at The Diplomat Hotel in Hollywood, Florida

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From the first “coalition” of hunters joining with gathers to modern day governments, coalition-building is a fundamental part of achieving specific goals. The American Cochlear Implant Alliance participates in a wide range of policy coalitions focused on a variety of issues and platforms with the overarching theme of promoting and protecting access to 21st hearing technology. The various groups bring together the breadth of organizations active in this area including veterans’ associations, medical organizations, and disability awareness.

**Hearing Health Centered Coalitions**
Currently, the ACI Alliance provides leadership and coordinates Friends of the Congressional Hearing Health Caucus which supports and hosts events for the bi-partisan Congressional Hearing Health Caucus (CHHC) chaired by Congressman David McKinley (R-WV) and Congressman Mike Thompson (D-CA). Congressman McKinley has a cochlear implant. The CHHC was created in 2001 to provide a bipartisan educational setting for discussion of issues related to hearing health for Congressional Members and their staff. The focus of the Congressional Hearing Health Caucus includes several aims that promote hearing health and advancing research including universal newborn hearing health screenings, adult screenings, access to hearing technology via Medicare, addressing untreated hearing loss and supporting NIH research on hearing and balance.

The CHHC was instrumental in promoting the passage of the Early Hearing Detection and Intervention (EHDI) in 2017. The Friends organize events to advance CHHC policies, such as yearly briefing by experts in the field briefings and the popular tour of the labs at the National Institute on Deafness and Other Communication Disorders (NIDCD) at the National Institute of Health (NIH).

**Issue Focused Coalitions**
Our most recent coalition effort is a group of hearing health organizations focused on ensuring families are supported in their choices for their children with hearing loss. There is an effort underway to encourage passage of state bills that the ACI Alliance and our collaborative partners feel would negatively impact parent choice. Although we agree that the system is not perfect, we want to improve the way IDEA is carried out rather than pass repetitive, expensive and overly-prescriptive state laws. The group is also working with regulators at the federal level to develop concrete concepts to improve early intervention programs. The organizations involved believe that the early intervention system structure is sound, but improvements to resources, training, and understanding of hearing health can be achieved and thus improve the services offered to children who are deaf or hard of hearing.

**Deaf and Hard of Hearing Alliance (DHHA)**
The Deaf and Hard of Hearing Alliance (DHHA) is the third hearing-focused coalition we participate in. The member organizations come from wide ranging perspectives but all focus on services, information and public policy to improve the lives of people who are deaf or hard of hearing. DHHA’s major objective is to provide a forum whereby relevant information can be shared, and when appropriate, plans made for collaborative efforts.

**Broader Disability Coalitions**
ACI Alliance also participates in broader groups to further our initiative to raise awareness of the full scope of care and issues that surround cochlear implants. Two of them are managed by Powers, our public affairs firm. These include the Habilitation Benefits (HAB) Coalition and the Independence through Enhancement of Medicare and Medicaid (ITEM) Coalition. HAB was established in August 2011 and works to ensure habilitation is established appropriately in the essential health benefits (EHB) package. Habilitative and rehabilitative services and devices, such as cochlear implants, are mandated as EHB in the Affordable Care Act (ACA). The mission of the coalition is to coordinate and leverage advocacy for coverage of habilitation benefits in the essential health benefits package as well as ensure the implications of the contents of the EHB package on the benchmark plans offered under the Medicaid program.

The ITEM Coalition was created to address inadequate Medicaid and

*continued on page 5*
Medicare access to assistive devices, technologies, and related services. The mission is to raise awareness about the importance of such devices and services in enhancing the function, independence, health status, and quality of life of people with disabilities and chronic conditions of all ages. The ITEM Coalition’s advocacy efforts target barriers to access to necessary devices and technologies under Medicare and Medicaid, as well as other federal health programs and private plans.

There is power in numbers and we have seen success due to these coalitions. The US Preventive Health Task Force is looking at hearing loss screening for adults; this was initiated after a Friends of the Congressional Hearing Health Caucus briefing. Improved coverage of CI processors under Medicaid programs at the state level remains a priority for the ITEM coalition. In the end, we see a great benefit to participation to expand understanding and action relative to cochlear implants.

Want to know more?
For the latest conference updates including the detailed program: www.CI2019miami.org
For details on local activities, dining and more: https://www.sunny.org/acia/

Save the Date for CI 2020 International
16th International Symposium on Cochlear Implants and Other Implantable Technologies
March 18–21, 2020
Hyatt Regency Orlando
Orlando, FL

Organizers
American Cochlear Implant Alliance and University of North Carolina

Educational Directors
Kevin D. Brown MD, PhD
Margaret Dillon AuD
Harold C. Pillsbury MD

Visit www.acialliance.org for details.

Schedule
March 18: Pre-Conference Activities
March 19-21: CI2020 International Scientific Program
March 21: Post-Conference Consumer Workshop (tentative)

Abstract submissions for CI2020 Podium and Poster Presentations to open in June 2019
MRI examinations can be stressful, but they are common and a necessary part of life. At Advanced Bionics we believe that MRI procedures should be hassle free for all cochlear implant patients. That is why we developed the HiRes™ Ultra 3D cochlear implant, which is compatible with 3.0 Tesla MRI with the magnet left in place.

AdvancedBionics.com
Please contact your AB representative for availability in your area.
Medicaid and Cochlear Implants

Donna L. Sorkin MA, Executive Director, ACI Alliance / dsorkin@aciallance.org

Over the past few years, we have focused attention on collecting data and examining the impact that the Medicaid program has on cochlear implant access to care. Recently published research found that an average of 55% of pediatric surgeries are funded by Medicaid. In some states, a child who is deaf is covered by Medicaid regardless of family income; hence this percentage is even higher than the average (45%) of all US children covered by Medicaid.

The proportion of US adult surgeries funded under Medicaid is a smaller proportion and varies to a greater extent by state.

The importance of Medicaid as a funding vehicle for cochlear implants, particularly for children, highlights the need to examine and address access concerns associated with the program. The most frequently cited challenge, noted by a majority of study respondents, was low reimbursement. This issue was noted for the entire continuum of care—the surgery, device, programming, (re)habilitation, and equipment replacement. In some states, CI companies have contracted with state Medicaid agencies to be a direct durable medical equipment provider and this certainly lessens the burden on clinics. But the fact remains that reimbursement, when it is well below actual cost, has a long-term impact on clinic viability. Other concerns that were repeatedly mentioned were rules that severely limited replacement of sound processors, limits on batteries, and paperwork requirements. Caps on therapy for children were an issue in a few states. Coverage of cochlear implantation is not a required service for adults though an estimated 60% of states cover CI for eligible adults.

Utilizing our research findings, ACI Alliance held meetings in October 2018 with the Centers for Medicare and Medicaid Services (CMS) and with Congressional offices to increase visibility of this important intervention with key governmental officials and to discuss some of the issues we identified. Although Medicaid is a program that is administered by states using state regulations, federal officials can communicate concern to a state if a program is being run in a manner that impedes access for children. The EPSDT section of Medicaid is intended to ensure that children’s health needs under Medicaid are being met—regardless of where they live. Please let us know if your state has a specific Medicaid access concern so that we can continue to communicate with Federal officials about this key insurer of cochlear implants for children. To view details on the research: https://journals.lww.com/otology-neurotology/Full-text/2019/03000/Impact_of_Medicaid_on_Cochlear_Implant_Access.47.aspx

Colin Driscoll, ACI Alliance Chair, on Capitol Hill

Colin Driscoll with Donna Sorkin, ACI Alliance Executive Director
Why RONDO 2?
Easy for Them, Easy for You

With RONDO 2’s wireless charging, there’s no need to open the processor or change batteries—making it incredibly simple to use. The lightweight off-the-ear design is so comfortable it’s easy to forget it’s there. And RONDO 2 adapts to changing listening conditions for optimal hearing on the go.

✅ Easy to use
✅ Easy to charge
✅ Easy to wear

Learn more at www.medel.com/us/RONDO2.
Administration’s FY 2020 Budget Proposes Significant Cuts in Medicaid Funding: Implications for Cochlear Implant Access

Peter Thomas JD, Government Affairs Counsel to the ACI Alliance; Powers, Pyles, Sutter & Verville PC

On March 11, the Administration released its proposed budget, calling for large cuts in funding to the Department of Health and Human Services. The budget proposes cutting $777 billion over ten years from Medicaid and from Affordable Care Act (ACA) subsidies, as well as repealing much of the ACA’s Medicaid expansion. The proposal calls for replacing Medicaid coverage with a block grant system, imposing a per-capita cap on the rest of the Medicaid program, and calls for policies that would eliminate Medicaid coverage for individuals that do not meet specific work requirements. Additionally, the Administration proposes to end the ACA’s nationwide protections for people with pre-existing conditions. Together, these budget proposals pose a major threat to access to Medicaid and private insurance as payers of cochlear implantation and related services.

The Center on Budget and Policy Priorities estimates that approximately 1.7 million people could lose health coverage if policies from the Administration’s proposal were implemented. These proposed policies are of concern to ACI Alliance members, as these new plans may be permitted to forgo coverage of certain benefits and services associated with CI. However, it should be noted that the Administration’s budget proposals are considered by most observers as a political statement more than likely future policy. The budget is not binding on Congress, is unlikely to be supported, particularly by House Democrats, and has highly questionable chances of success in the Republican-controlled Senate where they need Democratic support to progress.

ACI Alliance representatives intend to again meet with the Centers for Medicare and Medicaid Services (CMS) and key Congressional staff to discuss Medicaid coverage of cochlear implants and access to CI and related services under the program. These meetings will provide a venue for ACI Alliance to continue to raise the profile of CI with key CMS officials, discuss new data developed by ACI Alliance relevant to Medicaid coverage of CI and related services, and educate leading staff of the Senate Finance Committee and House Energy & Commerce Committee.

Increased Turnover of Senior Medicaid Staff

CMS has been experiencing leadership issues within its Medicaid agency, most recently with the departure of Tim Hill, Senior Center for Medicaid and CHIP Services official. Hill had been with CMS for nearly three decades and was one of four individuals to serve as Medicaid director in 2018. Hill also held various leadership positions within CMS, including Director of the CMCS Financial Management Group, CMS Chief Financial Officer, Deputy Director of the Center for Consumer Information and Insurance Oversight, and Deputy Director of the Center for Medicare. Notably, Hill was the second career official to leave the Center for Medicaid and CHIP Services in the month of March. This high turnover rate of senior staff presents challenges for Medicaid program continuity and our ability to get CMS to focus on CI issues. This underscores the importance of ACI Alliance’s advocacy efforts and the necessity to continue pressing CMS to address our concerns.

Cochlear Implant Rehabilitation for Adults

Naama’s Blog

https://www.acialliance.org/page/ACIABlog
Confidence over the Phone

Captions confirm every word they hear.

CapTel® Captioned Telephones show word-for-word captions of everything a caller says over the phone. It’s like closed captions on TV, only for phone calls. CapTel restores a patient’s confidence in talking over the telephone, knowing they can confirm what they hear just by reading the captions.

A no-cost CapTel phone is available for your patients with hearing loss.

REQUIREMENTS: Hearing Loss, High Speed Internet, Dial-tone.

No-Cost Phone with valid third-party certification is subject to change without notice. Terms and conditions may apply. FEDERAL LAW PROHIBITS ANYONE BUT REGISTERED USERS WITH HEARING LOSS FROM USING INTERNET PROTOCOL (IP) CAPTIONED TELEPHONES WITH THE CAPTIONS TURNED ON. IP Captioned Telephone Service may use a live operator. The operator generates captions of what the other party to the call says. These captions are then sent to your phone. There is a cost for each minute of captions generated, paid from a federally administered fund. No cost is passed on to the CapTel user for using the service. CapTel captioning service is intended exclusively for individuals with hearing loss. CapTel is a registered trademark of Ultratec, Inc. The Bluetooth® word mark and logos are registered trademarks owned by Bluetooth SIG, Inc. (v1.5 7-18)
Is your clinic, center or educational institution an Organizational Member of ACI Alliance? Organizational membership is designed for teams of professionals working in cochlear implant centers, clinics, non-profits, educational institutions, associations and other organizations. Our 97 Organizational Members are university centers, hospitals, private clinics, educational institutions, and nonprofit entities. Membership benefits are extended to all employees and there is no additional cost to include everyone on your team. Ten members of the Organizational account may attend the conference at the member rate. Please let us know if we need to update your member account so that all current staff are receiving emails and notifications.

Did you know that the Organizational Member Map (accessed through “Find a Cochlear Implant Clinic” on our home page) is the most visited area of the ACI Alliance website? Parents, CI candidates, family members, primary care physicians and hearing health professionals all come on our website to identify where a CI candidate may receive an evaluation or services. Google search sends people looking for CI centers to us! Don’t miss out on the opportunity to reach people who are looking for a clinic. Join as an Organizational Member to reach the patients looking for help: https://www.acialliance.org/page/MemberTypes

Questions or concerns? Please contact me at jhouk@acialliance.org.

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ACI Alliance Organizational Membership

Jessica Houk MBA, Manager of Information Technology and Membership Services, ACI Alliance / jhouk@acialliance.org

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ACI Alliance Resource

Adult Candidacy for Cochlear Implantation: Clinical Guidance

This clinical guidance provides primary care physicians and others in their clinics with information to help them identify and encourage adults who may be candidates for CI to be evaluated at a cochlear implant center. We know that family physicians and internists have a key role in referrals to specialists for patient health concerns. The resource, which includes a two-page bulleted document as well as a longer version with details and sources, may be viewed and downloaded on the ACI Alliance website under the Cochlear Implant tab/Clinical Guidance http://www.acialliance.org/page/ClinicalGuidance. Printed copies may be ordered by members for distribution at primary care meetings with six weeks notice.
Major Organizational Accomplishments 2018

Research

- Continued Year Two of a three-year grant to Medical University of South Carolina (PI Theodore McRackan) to study and validate Quality of Life (QOL) instruments specifically targeted to cochlear implant recipients. A variety of assessments have been developed to document the impact of cochlear implantation on communication abilities in adults and children though knowledge of the functional outcomes of cochlear implantation remains limited. During the first year, the study organized a 29-center consortium of US CI centers to recruit a diverse sample of patients. https://www.acialliance.org/page/QOLMeasures

- Collaborated with American Hearing Research Foundation to co-fund a grant on the cost effectiveness of cochlear implants. Grant was awarded to Nicklaus Children’s Research Institute (PI Alexandra Quittner PhD) for: “Reductions in Societal Costs and Burden for those with Severe to Profound Hearing Loss: Impact of Pediatric Cochlear Implantation” to replicate the Mohr Project HOPE (2000) study. https://www.acialliance.org/page/SocietalCosts

- Continued multi-center study for CMS with the aim of expanding candidacy under Medicare. Strong patient outcomes in study participants which are equivalent to the under 65 population have been documented. A meeting with CMS staff indicated strong support for continuing another 6 months to demonstrate outcomes over 12 months for a larger patient study group. https://www.acialliance.org/page/MedicareExpansion

- Collected and published data on Medicaid utilization across 30+ states demonstrating widespread dependence on Medicaid coverage for pediatric CI, which exceeds 50% of surgeries for children in most states. https://journals.lww.com/otology-neurotology/Full-text/2019/03000/Impact_of_Medicaid_on_Cochlear_Implant_Access.47.aspx

- Initiated a program to support survey research activities undertaken by ACI Alliance Members with bi-annual push-outs of approved survey instruments to our membership. https://www.acialliance.org/page/MemberSurveys

Awareness

- Conducted CI2018 Emerging Issues in Cochlear Implantation in Washington DC March 7–10, 2018 focusing on four strategic issues for CI: Quality of Life and CI, CI Candidacy, Parental Engagement in Pediatric CI Outcomes, and Cochlear Implant Practice Management.

- Opened the conference with an introduction from Congressman David McKinley, the only Member of Congress with a cochlear implant and the Co-Chair of the Congressional Hearing Health Caucus.

- Initiated outreach to the national organizations of family physicians, internists and pediatricians seeking to organize presentations at national and state conferences. ACI Alliance presented at the October 2018 Family Medical Experience (FMX) annual meeting of the American Academy of Family Physicians (4000 family doctors) on cochlear implant candidacy and outcomes in adults and children. Distributed the Adult Clinical Guidance for primary care practice. https://www.acialliance.org/page/AdultCandidacy

- Conducted session at American Academy of Audiology conference on candidacy evolution in children and adults: “But I Thought (S) he Had Too Much Hearing for a Cochlear Implant: Real Cases of Successful Recipients.”

- Initiated major website upgrade to aid those outside of cochlear implantation to find helpful information with a “portal” entry feature for key non-CI audiences (parents, adults, primary care, hearing healthcare outside of CI). Improved the clinic search functionality by providing a US map and interactive functionality to find CI centers at the state level. Further improved Google search for key terms with ACI Alliance coming up #1 for many key terms such as cochlear implant insurance, cochlear implant outcomes, and steps to a cochlear implant.


- Developed, published and distributed three issues of ACI Alliance Calling, a communication tool for our membership and the general public (April, September, December 2018) https://www.acialliance.org/page/ACI_Newsletter.

ACCOMPLISHMENTS

continued from page 12

B07NYHK2RX/ref=sr_1_1?keywords=Bruce+Sloane+on+cochlear+implants&qid=1551553236&sr=books&sr=1-1-slp
e • Initiated PR outreach campaign in conjunction with the March 2018 launch of the film The Listening Project with radio, electronic, and print profiling the journeys of 15 young adults, deaf from childhood, who benefited from advanced hearing technology at the annual ACI Alliance conference in Washington, DC. [https://www.acialliance.org/page/TheListeningProject](https://www.acialliance.org/page/TheListeningProject)


• Held Sirius XM Cochlear Implant Special with Doctor Radio at ACI Alliance CI2018DC in March 2018. The show covered a range of topics including the cochlear implant process, the surgery and aftercare, how a CI works, and health insurance coverage.

• Encouraged and participated in a series of live radio shows on cochlear implantation with several still available on demand: [https://intotomorrow.com/cochlear-implants-advancements/](https://intotomorrow.com/cochlear-implants-advancements/), [https://www.youtube.com/watch?v=LdNRMbJQhXM](https://www.youtube.com/watch?v=LdNRMbJQhXM)

Advocacy

• Expanded staff to include one full-time position devoted to governmental policy.

• Continued expansion of ACI Alliance State Champion program, which grew by late 2018 to 99 Champs representing 42 states. Expanded State Champion program to include consumers and parents. [https://www.acialliance.org/page/ACIAStateChamps](https://www.acialliance.org/page/ACIAStateChamps)

• Collaborated with other organizations in the field to create a new parent choice coalition to address threats at the state and national level to families that wish to pursue their own choices for their children via a vis communication modality and technology with support from governmental institutions at the state and national level per intended federal policy.

• Developed and adopted the Position Statement: Supporting Parent Choice for Children who are Deaf and Hard of Hearing. The evidence-based position supports strengthening processes that support parent choice via existing federal legislation rather than passing state laws that would recommend intervention services for children with hearing loss based solely on standardized milestones for children with typical hearing without consideration of a range of child specific factors and an assessment of a child’s unique strengths and needs by qualified interdisciplinary teams per IDEA law. [https://www.acialliance.org/page/SupportingParentChoice](https://www.acialliance.org/page/SupportingParentChoice)

• Supported State Champions efforts across the country to educate and inform state legislators about parent choice concerns relative to proposed LEAD-K laws that could interfere with parents’ ability to secure appropriate services and make choices for their deaf and hard of hearing children.

• Organized clinicians with an interest in VA practices as a means of providing ongoing information to the VA on cochlear implant candidacy evaluation and care.

• Met with CMS staff and relevant Hill staff on the access challenges Medicaid imposes for CI in children of low SES families.

• Conducted ACI Alliance on the Hill on March 7, 2018 with 90 participating advocates focusing on Medicaid, Essential Health Benefits and access to CI at the VA.

• Followed up on Medicaid access concerns from ACI Alliance on the Hill by holding meetings with the staff at Centers for Medicare & Medicaid Services (CMS) as well as with the Majority and Minority staff for the House Energy and Commerce Committee and Senate Finance Committee. Issues of concern include reimbursement, replacement policies for sound processors and other equipment, caps on rehabilitative therapies, and Medicaid Managed Care policies.

• Actively participate in coalitions in the hearing loss and general disability field to address access and awareness.

• Provided leadership for coordination of Friends of the Congressional Hearing Health Caucus with two events: May educational briefing for Congressional staff “Untreated Hearing Loss in Older Adults” August Congressional staff tour of NIH labs involved in hearing science.

Build an Effective Organization

• Increased total number of Organizational members to 88 by year-end (up from 77 the prior year).

• Initiated new (free) military member category designed for active, retired, and veterans with hearing loss and their families.

• Continued expansion of social media with website visibility and increased Twitter @acialliance and Facebook presence. [https://www.facebook.com/ACIALLIANCE.ORG/](https://www.facebook.com/ACIALLIANCE.ORG/)

• Initiated use of LinkedIn.

• Expanded interactions with healthcare organizations and disciplines outside of hearing care to increase cochlear implant visibility in the larger healthcare communities.
Throughout my life, my parents have always told me to never let my disability define me. As a deaf person who hears and speaks well with cochlear implants and attends mainstream schools, I will not lie and say that it has been easy or that my disability does not get in my way. There have been many occasions when I just wanted to give up because I felt tired. However, I must keep moving forward because I need to realize that people with disabilities are the strongest because they encounter far more challenges than anyone else.

Currently, I am attending Wheaton College in Norton, Massachusetts and have less than two months until graduation. At school, I receive accommodations such as CART, usage of an FM system, and a note-taker. When I initially entered college, I was set on majoring in chemistry with the intention of teaching high school chemistry. However, in my third year, I had to take a sociology course as a requirement. During the first office hour with my sociology professor, I told her, “I will hate sociology.” As I became more exposed to the sociology field, I discovered many different topics of interest, such as accessibility and disability. A semester later, I returned to that same professor’s office begging her to let me change my major to sociology, despite only taking one class.

In my senior year, all sociology majors have the privilege of taking an independent research project on a topic of interest. At my college, I was heavily involved in accessibility and disability issues. Additionally, I am co-founder and president of WheAccess, the first club on campus for students with disabilities. There are numerous studies on the experiences of students with disabilities within the classroom but limited on the faculty experience with accessibility. Therefore, I chose to focus my research project on understanding how accessibility shapes the faculty experience within the classroom. It is essential that we understand the faculty perspective because it will allow us to solve many issues with accessibility in the college classroom. Advocating for accessibility and persons with disabilities has allowed me to use my voice to stand up for those who do not have a voice.

As an organization, the American Cochlear Implant Alliance focuses on advocating for cochlear implants and listening and spoken language. I am forever grateful for the person I am today.

Editor’s Note: Jessica Chaikof shared her recently completed senior thesis with us for publication on the ACI Alliance website. You can find it, as well as a 15-minute video of Jessica presenting her thesis, under the Advocacy tab/Educational Advocacy on our website here: https://www.acialliance.org/page/educationaladvocacy
Whether your patient prefers the latest behind-the-ear technology or a discreet off-the-ear sound processor, Cochlear has solutions to optimize their hearing outcomes.

Cochlear’s research has shown that some patients are comfortable controlling the settings on their sound processor, while others simply want to put their device on and forget about it. Some prefer a sound processor that sits on the ear, while others prefer a more discreet off-the-ear solution.¹

For more information visit: https://bit.ly/2U9eeezC

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The Nucleus 7 Sound Processor is compatible with iPhone X, iPhone 8 Plus, iPhone 8, iPhone 7 Plus, iPhone 7, iPhone 6s Plus, iPhone 6s, iPhone 6 Plus, iPhone 6, iPhone SE, iPhone 5s, iPhone 5c, iPhone 5, iPad Pro (12.9-inch), iPad Pro (9.7-inch), iPad Air 2, iPad Air, iPad mini 4, iPad mini 3, iPad mini 2, iPad mini, iPad (4th generation) and iPod touch (6th generation) using iOS 10.0 or later. The Nucleus Smart App is compatible with iPhone 5 (or later) and iPod 6th generation devices (or later) running iOS 10.0 or later. Apple, the Apple logo, FaceTime, Made for iPad logo, Made for iPhone logo, Made for iPod logo, Made for iPod, iPhone, iPad Pro, iPad Air, iPad mini, iPad and iPod touch are trademarks of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc., registered in the U.S. and other countries. Information accurate as of February 2018.

* Nucleus 7 and Kanso Sound Processor with Aqua+ is water resistant to level IP68 of the International Standard IEC60529. This water protection rating means that the sound processor with the Aqua+ can be continuously submerged under water to a depth of 3 meters (9 feet and 9 inches) for up to 2 hours. This water protection only applies when you use the Aqua+ and LR44 alkaline or nickel metal hydride rechargeable batteries.

** The Acoustic Component should only be used when behavioral audiometric thresholds can be obtained and the recipient can provide feedback regarding sound quality. The Hybrid L24 Implant is approved in the U.S. for adults ages 18 and older.