MESSAGE FROM THE CHAIR
Meredith A. Holcomb AuD
Director, Cochlear Implant Program
Assistant Professor, Department of Otolaryngology
University of Miami Miller School of Medicine
Meredith.holcomb@med.miami.edu

“March Madness” is a term I have loved for years as it typically brings feelings of joy and excitement. I grew up in North Carolina and I spent 8 years of my life as a proud student at UNC Chapel Hill where college basketball and the NCAA tournament is everything. Like any normal Tarheel, I always look forward to March. This year CI2020 International Conference was planned during “March Madness” and I knew the conference co-chairs from UNC-Chapel Hill, Dr. Dillon, Dr. Brown, and Dr. Pillsbury, must have strategically chosen this date. As we all know, things did not go as planned.

We greatly appreciate the love and support from our membership, our sponsors, and the CI community in response to our decision to cancel CI2020 in Orlando. The ACI Alliance, with the help of the CI2020 Co-Chairs, Audiology Online and Speech Pathology Online, is in full motion with formatting an online CI2020 Conference. While it will in no way compare to the amazing program scheduled in Orlando, it will be a platform to provide CEUs and to educate a broader audience on the positive impact of cochlear implants.

Sadly, the term “March Madness” will forever hold a different meaning to us. COVID-19 has altered our present and will undoubtedly alter our future. Conferences around the globe were cancelled, sports events were cancelled, CI surgeries were postponed, people were bound to their homes, and worse yet, our world became an unfamiliar and terrifying place to live in. As we hunker down to “flatten the curve” we are reminded of how life can change in a second. Two weeks ago we were stressed with the idea of cancelling the CI2020 conference, which seems so trivial now. Today we are
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dsorkin@aciallance.org

The ACI Alliance is so grateful to the UNC team for developing a unique and ambitious program for CI2020 International. We were heartbroken to cancel the conference, which was several years in development.

To continue the energy and share the timely clinical research that our international cochlear implant community had planned to share in Orlando at CI2020 International, we are organizing an online conference for viewing in early May: CI2020 Online. CEUs will be offered from ASHA, American Academy of Audiology, AG Bell and a number of other providers from outside of the US. Once again, the UNC team stepped up to the plate to select content from what would have been presented at the in-person conference for you to access online. ACI Alliance is delighted to be partnering with AudiologyOnline and SpeechPathology.com to provide this important learning opportunity. The majority of presentations have been drawn from the program that was to be presented in Orlando.

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highly concerned for the health of our family, friends and colleagues, and the viability of our healthcare systems.

While I am confident we will survive this challenging time together, I can’t help but wonder how healthcare will change after COVID-19 calms down. I also wonder how we will change as healthcare providers. In the midst of this pandemic, I have witnessed most of you eagerly adapting to new service delivery methods of hearing healthcare. Many of you have embraced telehealth for patient care and virtual meeting platforms for teaching and social interaction, and I applaud you for your enormous efforts. While this is not a pleasant time for anyone, it certainly has made me think differently about many aspects of my future, both personal and professional. My thoughts and prayers are with each of you, your families, and your patients.
When will the conference be offered? How will I access it?
We worked with our UNC Scientific Committee and our CI sponsors to finalize the program. Presenters are posted on the website at https://www.acialliance.org/page/CI2020internationalonline. It will be available beginning Monday, May 4, and once published, you will be able to access the presentations at any time. You can watch part of the program and then come back, or watch in any order you choose.

Conference access will be via registration on AudiologyOnline (free access to view conference, $99 for an annual membership/CEU access) or via registration on SpeechPathology.com ($99 CEU subscription required to view as well as to earn CEUs). The logistics of watching will be on our website. Captioning will be offered to ensure full access. For more details on the courses, including presenter names: https://www.acialliance.org/page/CI2020internationalonline

What topics will be covered?
We have selected content from the CI2020 scientific program that would have been presented in Orlando. We are working with presenters to record their podium talks in a video format on AudiologyOnline with powerpoint, audio, and video components. The conference theme of “Expanding Indications in Cochlear Implantation” is being emphasized. We will also include three hours of content from the CI manufacturer satellite portions of the program. Each of our cochlear implant sponsors will have a one-hour presentation. There will be 13 hours of content to view, which includes three hours of CI manufacturer presentations. Here are the topics you will find on the CI2020 Online program:

- Deafness and Asymmetric Hearing Loss
- Implications/Techniques for Individualized Mapping
- Challenging Mapping Cases
- Challenging Surgical Cases
- CI in Young Children
- Cognition and CI
- Bimodal, Bilateral and Electro-Acoustic Stimulation
- Supporting the Patient and Family
- Expanding Candidacy
- Increasing CI Market Penetration and Practice Management
- Clinical Applications of the AIM System (Advanced Bionics)
- Maximizing the Possibilities for Every Patient (Cochlear Americas)
- Closer to Natural Hearing for Every Individual (MED-EL)

Is there a cost to participate?
We are offering free access to CI2020 Online to anyone on AudiologyOnline; access is not limited to ACI Alliance members. The conference will be open access, and free to view.

We welcome those from around the globe to join us.

Will you offer CEUs?
Yes! CEUs will be offered from ASHA, American Academy of Audiology, and AG Bell. If participants would like CEUs, they will need to become members of AudiologyOnline or SpeechPathology.com for $99 per year.

These online learning sites will offer CEU access to the conference as well as to the hundreds of other courses in their course libraries. AudiologyOnline courses are designed for audiologists and hearing aid dispensers; SpeechPathology.com courses are designed for speech-language pathologists.

Certificates of completion are available through these sites. There is also the opportunity to earn CEUs from other associations that are part of the AudiologyOnline platform, including several from outside of the US. We regret that we are unable to offer CME for this program.

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Who should attend?
The online conference is intended for all who would have attended CI2020 International in Orlando and work with children and/or adults with cochlear implants as well as those who conduct CI research. This includes CI audiologists, surgeons, speech-language pathologists, educators, psychologists, and others in clinical settings as well as scientists in the field. The conference will be of interest to hearing health professionals outside of the CI field who want to learn more about CI candidacy and outcomes. The audience is global and since the courses can be taken at any time, it provides a convenient learning tool for those who live in different time zones and with limited financial resources for continuing education.

Join us!
We are honored to have the opportunity to encourage cochlear implant learning around the globe during this challenging time when in-person educational opportunities are so limited. We are grateful to our sponsors that support our awareness and educational outreach: Advanced Bionics, Cochlear, and MED-EL. We are appreciative of our tech savvy partners at AudiologyOnline, who thought of the importance of this online conference option at precisely the same moment we did!

Federal Government Response to COVID-19

Peter Thomas J.D., Governmental Affairs Counsel to ACI Alliance
Joe Nahra, Director of Governmental Relations
Megan La Suer J.D., MHA / Associate
Powers Pyles Sutter & Verville PC

The U.S. Congress and the Administration continue to develop a federal response to the COVID-19 (“coronavirus”) crisis currently impacting life across the United States and worldwide. Congress is currently finalizing—and the President is poised to sign—a third legislative response package, following major legislation enacted on March 6 (the Coronavirus Preparedness and Response Supplemental Appropriations Act) and March 18 (the Families First Coronavirus Response Act). At the same time, the Administration has instituted a host of regulatory actions to address the crisis, particularly providing waivers and regulatory relief for hospitals, health care facilities and providers, including for the provision of telehealth services. The Medicaid program is largely administered by the states, but the federal Centers for Medicare and Medicaid Services (CMS) has provided guidance on requesting additional flexibilities on a case-by-case basis.

CMS Waivers of Current Regulations

Medicare

The Coronavirus Preparedness and Response Supplemental Appropriations Act included a provision which allows the Secretary of the U.S. Department of Health and Human Services (“HHS”) to waive certain Medicare telehealth payment requirements during this public health emergency. HHS also waived the “originating site” requirement, meaning services can be provided to beneficiaries in any healthcare facility, as well as in their home.

CMS did not expand the list of eligible providers that can bill at the “distant site” to include audiologists or speech-language pathologists (SLPs). However, CMS announced that clinicians who may not independently bill for evaluation and management telehealth visits may now bill for “e-visits” under the waiver. “E-visits” are not considered telehealth services for Medicare purposes. They are defined continued on page 5
as patient-initiated communication between established patients-practitioners using online patient portals. In its announcement, CMS provided SLPs as an example of a type of clinician that would now be able to bill for e-visits. Audiologists were not named in the announcement, and stakeholders have further clarified with CMS that audiologists are not currently permitted to be reimbursed for e-visits for Medicare beneficiaries. Check with other non-Medicare payers to determine whether they will cover e-visits provided by audiologists.

**Medicaid**
States already have considerable flexibility when it comes to covering telehealth under their state plans. In general, no federal approval is needed to reimburse telehealth visits in the same manner as face-to-face services; however, other changes may require section 1135 waivers (which are reviewed and approved by CMS). As of March 24, 2020, thirteen states had been granted section 1135 waivers. Additionally, many states have taken steps to expand telehealth services to Medicaid beneficiaries outside of federal waivers. For example, some states are now allowing out-of-state practitioners to utilize telemedicine when treating in-state patients, without having to first acquire a license in that state. Other states have expanded reimbursable telehealth services or waived certain restrictions. In this ever-changing health policy landscape, it is encouraged to communicate with your state Medicaid agency regarding actions taken as a result of COVID-19.

**HIPAA**
The HHS Office of Civil Rights (“OCR”) announced that HIPAA covered entities will not be subject to penalties for violations of the HIPAA Privacy, Security, and Breach Notification Rules that occur in the good faith provision of telehealth during the public health emergency. This waiver allows for practitioners to use certain audio-visual chat applications, such as Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype, for all telehealth services without fear of violating HIPAA. OCR acknowledges that for purposes of reimbursement, certain payors may impose restrictions on the types of technologies that can be used to provide telehealth services. It is encouraged that you communicate with payors if you are uncertain about their telehealth and HIPAA policies, especially when providing any virtual services for the first time.

**Congressional Action**
The first coronavirus response package included more than $8 billion in emergency funding for federal agencies, state and local governments, and community health centers for pandemic response, as well as a series of provisions to expand access to telehealth for Medicare patients, as outlined above. The second package included additional appropriations of more than $2 billion, expansions of emergency family, medical, and sick leave for some mid-size businesses, and assurances of free diagnostic testing for COVID-19 patients covered by all payers nationwide. In addition, the legislation temporarily increased the federal share of funding for all state Medicaid programs, increasing the Federal Medical Assistance Percentage (FMAP) across the board by 6.2%.

The third COVID-19 response package, which passed the Senate March 26 and passed the House on March 27 before being signed by the President soon after, authorizes more than $2 trillion in provisions to combat the crisis and boost the economy, including direct cash payments to many Americans to help offset economic losses, additional funding to federal agencies and state and local governments, increased funding for unemployment insurance, significant federal funds for hospitals, extensive loan and grant funding for businesses and non-profit organizations with fewer than 500 employees, and much more.

We will continue to monitor the crisis as it unfolds and share any necessary information with the ACI Alliance membership. For a detailed analysis of the CARES Act by Powers staff, please visit the ACI Alliance COVID-19 website resources: [https://www.acialliance.org/page/covid-19updates](https://www.acialliance.org/page/covid-19updates)
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Learn more at AdvancedBionics.com
With the cancellation of CI2020 International in March, we are especially looking forward to our next cochlear implant conference in Dallas on April 28–May 1, 2021. The conference theme, Cochlear Implantation: It Takes a Village, will focus on the wide-ranging needs of children and adults during the cochlear implant process. The topics include, but are not limited to:

- Team approach to patient management including expanded indications for special needs populations
- Cognition and effect on CI outcomes
- Managing bilingual patients and families
- Innovative models of service delivery for a CI program
- Roles of therapy, education, and family engagement in the CI process for adults and children
- Advances in CI technology and surgical techniques
- Hearing preservation
- Role of vestibular assessment in the CI process
- Gene therapy, genetics, and alternative methods of managing hearing loss

The marvelous (Re)Habilitation Connect Forum, which had been planned for one full afternoon at CI2020, will be offered in Dallas with the same topics and speakers invited back. The theme of this program is From Data to Delivery: Implementing Research Based Intervention.

With this conference, we are initiating a new format for conference program development utilizing a board appointed CI Conferences Program Committee with membership drawn from across the care continuum. The Conferences Committee was selected to be geographically diverse, representative of various types of institutions and integrate clinicians, educators and scientists.

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with broad-ranging knowledge. The Conferences Program Committee members are listed here: https://www.acialliance.org/page/CommitteeDescription

For information, watch our website and your inbox as we will share information about the conference soon. We look forward to seeing you in Dallas!
The ACI Alliance COVID-19 Response

“This will all make sense when I am older”
—song line from Frozen 2

Nichole Westin MA, Governmental Affairs Manager, ACI Alliance / nwestin@acialliance.org

The virus known as COVID-19 has temporarily upended life as we know it. Everything is seemingly being pushed to the edge and creative solutions are rapidly filling gaps we did not know about just days ago. As our members respond to the needs of their patients and families, we at the ACI Alliance are also looking at ways to best help your changing needs.

COVID-19 Resource Page
With the multitude of waivers and policy changes coming from the federal and state governments, we are posting updated information on our new COVID-19 resource page: https://www.acialliance.org/page/covid-19updates. Our objective is to continually provide updates until this crisis has passed.

Included on the webpage is information on the recent COVID-19 federal laws, changes and waivers promulgated by CMS, and “how to” for telehealth. Check back often as we will be making updates often. If you see any information that is missing or misinformed, please let me know at nwestin@acialliance.org.

Tracking Medicaid Waivers
One of the key informational pieces on the COVID-19 resources page is information on those states that have waivers in place allowing for Medicaid reimbursement for telehealth appointments for speech therapy and audiology. Currently, we know that waivers covering both speech and audiology are in place in half the states with other states covering one or none. For instance, California Medicaid has a standing policy to cover speech and audiology in children zero to five, but they are working on clearing hurdles for older children. North Carolina will likely have something in place for older children as part of their Phase 2 response.

Issues that exist, even with the waivers, is hiccups with receiving payment due to missing billing codes, needing approval for certain code modifiers, and wording of waivers on the origination of the appointment. In Michigan, the requirement that it must be a physician submitting the billing has prevented audiologists and SLPs from receiving payments, not only from Medicaid but from private insurers as well. However, the relevant state agency in Michigan is working on approving the appropriate codes to address the situation. In Arkansas, a stumbling block was the site to site provision, but the state is adjusting its codes to reflect the current situation (as did the State of Maryland waiver).

The waivers are coming fast and furious, but if your state has not provided one, we will provide suggested text for your Medicaid office requesting that one be implemented as soon as possible. The time is now to make this request as regulators and policy makers are willing and able to make temporary adjustments that even weeks ago they might not have considered. We will continue to track state changes and provide updates on the COVID-19 resource page.

Private Insurance
Private insurance companies are also supporting telehealth in the hearing health world. In North Carolina, most private insurance companies cover telehealth services. While some larger private insurance companies already provide coverage, others are implementing temporary waivers along the lines of Medicaid. Cigna, United, and various Blue Cross plans (Vermont, Oklahoma, South Carolina, Minnesota) have released waivers for speech therapy, but not audiology. Refer to each individual policy due to the variability across the country. Do not be afraid to request coverage for your patients.

Ways to Make Changes
Since we know there are issues in the process, one way to assist yourself, your

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patients, and your community is by presenting workable solutions to the policy makers. When transitioning to telehealth, ACI Alliance members in Massachusetts were faced with the quagmire of competing rules, policies, and billing codes. To change this, they wrote to the State Insurance Commissioner asking for a streamlined approach to this service to ease the burden on overwhelmed medical offices. If you are interested in doing something similar in your state, we will be creating a resource with relevant bullet points and how to locate the key person in your state. We are here to help you with making the case to state Medicaid and private insurance on coverage for your services based on what we are learning from members’ efforts around the country.

Watch for Our Upcoming Survey
We will develop and distribute a member survey to collect information on the benefits of telehealth as a possible means to provide telehealth services in the future (and not as a temporary solution to the current environment). We know that some patients had difficulty traveling to the clinic setting prior to the pandemic and thus being able to routinely provide these services would be a positive step forward. We will aim to collect information both on the provider and patient benefits with possible application to Medicaid and private insurance plans.

Non COVID-19 Work
While our current workload is primarily focused on responding to the impacts of COVID-19, we have been making policy strides in other areas such as LEAD-K and CMV. We have begun work with the National CMV Foundation on supporting state legislation that tests for, and provides education, on CMV. Our State Champions in Pennsylvania stepped up to support a bill that had been moving through their legislature. These same Champs also worked against a LEAD-K bill in their state. This year was already slow for LEAD-K bills as compared to 2019, but our work with the parent choice alliance continues as four states saw new bills and still others carried over bills from 2019. Please note that while many state legislatures have ended for the year or suspended work until further notice, we will be ready to pick up once sessions begin anew.

If you would like to join us in our advocacy efforts, please do not hesitate to contact me at nwestin@acialliance.org.

Telehealth Resources
Telepractice 101 from Hearing First
https://bit.ly/2wT72kO

UNC Tele-audiology Webinar

Tele-therapy 101 from NY State Champ
Elizabeth Rosenzweig

ASHA COVID-19 Information
https://bit.ly/2xHUhJL

Learning LSL at Home from Hearing First

New ACI Alliance Board Members

Lori L. Bobsin PhD
Coordinator, Aural Habilitation and Outreach
University of Virginia Cochlear Implant Program
Department of Otolaryngology–Head and Neck Surgery

Daniel M. Zeitler MD
Co-Director, Cochlear Implant Program
Department of Otolaryngology
Virginia Mason Medical Center
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WHO to Release Inaugural World Report on Hearing in May 2020

In December 2019, American Cochlear Implant Alliance Executive Director Donna Sorkin, joined representatives of organizations from around the world to participate in the first World Hearing Forum at WHO headquarters in Geneva. We are honored to participate in the process of developing a report to expand the focus on hearing health around the world. ACI Alliance member Paige Stringer is an important leader in the process and we are delighted to have her share her thoughts on the upcoming report.

Paige Stringer, MA, MPHe, Founder and Executive Director, Global Foundation For Children With Hearing Loss

A n influential policy tool is about to be launched by the World Health Organization (WHO) that promises to lend support to the ACI Alliance in its advocacy and research work—the World Report on Hearing.

In 2017, the World Health Assembly unanimously adopted a resolution (WHA70.13) that encourages all countries to include ear and hearing care within their national health systems. The WHO was asked to produce the first-ever World Report on Hearing to provide governments with a comprehensive resource grounded in evidence to help achieve the goals as specified in the resolution.

For the last few years, the WHO Ear and Hearing Care Team has led the production of this report with the support of academics and stakeholders in the field of hearing care from around the world. The highly anticipated World Report on Hearing is due to release in May 2020 at the next World Health Assembly in Geneva. Its content provides a consistent narrative on ear and hearing care across the human life span for government policymakers and representatives of international agencies, civil society, professional bodies and service providers. Organizations such as ACI Alliance that are working tirelessly to promote access to hearing health care services and products with policy-makers, will find the resource to be useful in their efforts.

The report covers a wide range of topics including the importance of good hearing health and communication on a person’s well-being, epidemiological information about hearing loss, and evidence-based recommendations for preventive actions and key interventions that should be incorporated into health plans and programs to address hearing loss and deafness at every stage of a person’s life. Among other themes important to the ACI Alliance, the report stresses early identification, access to hearing technology including cochlear implants, the importance of therapy and rehabilitation services, research and continued on page 13

Participants at the World Hearing Forum at WHO headquarters in Geneva in December 2019.

Donna Sorkin and Julie Ligeti of Cochlear Ltd at WHO in Geneva.
awareness initiatives, and the integration of hearing health care services, expertise, and products into the health system.

After its release in May, the WHO World Report on Hearing will be available for free download at https://www.who.int/activities/highlighting-priorities-for-ear-and-hearing-care

To further support the implementation of World Health Assembly resolution WHA70.13, the WHO initiated the World Hearing Forum in 2018. The World Hearing Forum is a vibrant, enthusiastic body of government and non-government organizations, professional societies, parent groups, academic institutions, and other ear and hearing care stakeholders that are committed to working together and in their respective countries to help achieve the goals of the resolution. Supporting the World Report on Hearing through advocacy and promotion is one of the four key initiatives of the World Hearing Forum. To learn more about the World Hearing Forum, its plans, and how to get involved, please visit: https://www.who.int/activities/promoting-world-hearing-forum

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**ACI Alliance Free Military Membership**

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

Did you know that we offer a free consumer membership to military members? Military membership is designed for active, retired, and veterans with hearing loss and their families. A copy of the military identification card or DD214 is required. Please let your patients know that they may become a member and receive these benefits:

**Alliance Digital Newsletter**—Up to four issues of this e-newsletter with personal stories and updates on the Alliance’s mission including information on research, advocacy and awareness activities and a status report on performance against goals.

**Advocacy Alerts**—Updates on the Alliance’s efforts to work with health care plan executives and government officials and what members can do to make a difference.

**Board of Directors Election**—Opportunity to vote for the American Cochlear Implant Alliance Board of Directors and Chair slate put forth by the Alliance Nominating Committee (subject to by-laws regulations).

**Family Members**—Military members have the option of adding two (2) additional family members to their membership account with separate email addresses for each member.

As part of our mission of expanding access to cochlear implantation for individuals who may benefit, American Cochlear Implant Alliance CI clinicians is actively examining the efforts by the US Department of Veterans Affairs (VA) to increase awareness about CI candidacy and benefits for veterans receiving hearing services within the Veterans Health Administration (VHA).

Read Veteran Stories here: https://www.acialliance.org/page/VeteranStories

Military members receive a **FREE** lifetime membership to ACI Alliance.

Join here: https://www.acialliance.org/page
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A CONSUMER’S PERSPECTIVE

What Makes You Different is What Makes You Special  Angela Irwin

Angela Irwin is a 20+ year bilateral cochlear implant recipient, TEDx speaker, and confidence coach who is passionate about helping others overcome their negative self-beliefs in order to achieve their full potential.

The simple statement that is the title of this column took me 43 years to embrace. In March 2018, I had the privilege to share a bit of my journey of hearing loss to deafness and back again (through CI’s) on the TEDx stage. This talk was the first time in my life that I had ever shared some of my most personal thoughts and feelings about what I went through over the course of 15 years of slowly losing my hearing, and my mom was in the audience. While I don’t think it’s visible in the video, my right leg was shaking the entire time.

My talk has everything and nothing to do with hearing loss. It’s obviously focused on what I went through personally, but it’s also relevant for anyone who has ever felt different or not enough. For anyone who has experienced shame for something that is beyond their control.

Looking back, it’s a bit hard to believe that during that 15 years, I never talked about it. That was my coping mechanism. As if somehow, by not talking about it, it meant it wasn’t really happening. But that one day per year, when I had to go for a hearing evaluation, it couldn’t be avoided. I hated myself on those days. A few years in, I knew that on that day, I would be given the news that my hearing loss was getting worse. I also knew that it meant I would come out from the sound-proof booth to find my mom crying. And that’s where the self-hatred came in. For the pain I was causing her.

For me, being told year after year, by a plethora of professionals, “We don’t know why this is happening and we’ve never seen this progressive loss in a child” left me feeling flawed and broken. Being made fun of for the way I spoke, as my hearing and speech enunciation were deteriorating, taught me that being silent was the safest course—although this was often misinterpreted as being “stuck-up.”

What I’ve learned and embraced:
The thing that I thought made me flawed, has actually been a great gift. It has shaped me into who I am. For all of us, our specific experiences shape us into who we are. Despite our common social conditioning to “fit in,” we are not meant to be like anyone else! We’re not coming off an assembly line; we’re all unique, and that should be shared and celebrated. Not made to feel “less than.”

My talk goes into more detail, but for the parents of deaf children, I urge you to do everything possible to help your child understand my messages, messages that took me too many decades to embrace. Help them to understand that their deafness is nothing to be ashamed of and presents no limits to what they can achieve.

Parting thoughts:
Be you. Be bold. Share more of yourself. The world needs all our gifts and talents.

“The privilege of a lifetime is being who you are.”
—Joseph Campbell
https://www.brainyquote.com/authors/joseph-campbell-quotes

To view Angela’s inspirational TED talk: https://www.ted.com/talks/angela_irwin_what_losing_my_hearing_and_getting_it_back_taught_me_about_inclusion
For the first time, candidates with unilateral hearing loss have an approved option for restoring binaural hearing.

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go.medel.com/ssd-us

* Fine structure coding is not indicated for pre-lingual children in the USA. For information on potential risks and contraindications relating to implantation, please visit www.medel.com/us/isi
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