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American Cochlear Implant Alliance (ACI Alliance) Seeks to Protect Access to Cochlear Implants and Osseointegrated Devices in Medicare Hearing Health Legislation

Washington, D.C.: The American Cochlear Implant Alliance (ACI Alliance) is promoting specific language to clarify that legislation to cover hearing aids for certain Medicare beneficiaries (i.e., H.R. 4618) does not inadvertently hurt patients with severe or profound hearing loss who would be better served by a referral for evaluation for cochlear implants (CIs) or osseointegrated devices. The inclusion of hearing aid coverage in this legislation is an important step to improving hearing health under the Medicare program, and we remain committed to working with Congress and other advocacy groups to ensure this bill meets the individualized needs of Medicare beneficiaries.

Close to 100% of individuals with profound hearing loss are CI candidates from an audiological perspective and do not benefit sufficiently from traditional hearing aids to have significant open set (no visual clues) listening. On average, adult patients with severe or profound hearing loss wait 7.8 years once they are candidates to move forward. Longer periods of deafness once an adult is a CI candidate is associated with poorer post CI outcomes, as well as declines in cognitive health and quality of life.

Congress has already recognized the importance of cochlear implants and osseointegrated devices for appropriate Medicare beneficiaries as the procedures are covered by Medicare. ACI Alliance is committed to working with policymakers to include the following language in H.R. 4618 and prevent any negative unintended consequences for patients:

ACI Alliance recommends under the section that limits new coverage for hearing aids inclusion of the following language at new Subsection D, Section 2, page 4, after line 14:

- “in accordance with accepted clinical guidelines at the time the hearing aid is being furnished, considering all appropriate hearing health options, including potential candidacy for cochlear implantation or osseointegration.”

Adding “accepted clinical guidelines” to the bill will address current CI referral guidance and encourages consideration of all options to address the individual needs of people with severe or profound hearing loss.

To the section of the bill calling for a report from the Inspector General of the Department of Health and Human Services no later than two years after the bill is enacted, ACI Alliance recommends addition of new Subsection 3 to Section 4, page 7, after line 18:
“Submit to the Secretary of Health and Human Services a report detailing the impact of furnishing hearing aids to individuals with profound or severe hearing loss, and the impact on referral rates for other covered hearing technologies such as cochlear implants and osseointegrated devices.”

This new requirement will enable the hearing health community to assess the impact of hearing aid coverage, and the impact of this coverage on CI and osseointegrated device referrals.

ACI Alliance is a not-for-profit membership organization created with the purpose of eliminating barriers to cochlear implantation by sponsoring research, driving heightened awareness and advocating for improved access to cochlear implants for patients of all ages across the US.

For additional background on cochlear implants, hearing aids and older adults: www.acialliance.org/page/MedicaidMedicare

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