



To whom it may Concern:

I am writing to support continued coverage of existing patients and specifically of Medicare beneficiaries with hearing test scores less than 40% and for those in ranges of 40% to 50% and 50% to 60% and for both unilateral and bilateral cochlear implantation. My clinical experience suggests that older adults with sensorineural hearing loss can benefit from unilateral and bilateral implantation and this benefit can play a role in improvements in their functional status and connectedness. in older adults

Many research articles (see list below) have looked at this population with great interest as we are living longer. In my experience, age is not the most relevant factor to outcome, and while older adults perform similar to younger adults they may take longer to obtain those outcomes and be less robust. However, they can achieve benefit that can be significant and impact other health related areas of their lives. Francis et al, 2002 has suggests that the correlation between speech perception gains and health related quality of life outcomes suggests that **early intervention** may reduce cumulative downstream effects of auditory deprivation. Dalton et al, 2003, reports that individuals with moderate to severe hearing loss were more likely than individuals without hearing loss to have impaired ADLs and IADLs and that hearing loss is associated with reduced quality of life in older adults. Vermeire et al., 2005, found that cochlear implantation in the elderly provides improvement in quality of life and speech understanding similar to those for younger adults. Lastly, Buchman et al, 1999, reports nearly all patients gained significant benefit from their implant in both interpersonal and environmental awareness and that the surgery was safe and well tolerated in the elderly population

Today, for example, I saw an 82 year old man who has had his implant for 18 months. Prior to the implant, he had 0% discrimination for CNC words with his hearing aids in place. With his unilateral cochlear implant he scored 64% words with his cochlear implant. He reports being able to attend community meetings and better interactions with his family. Even at 82, he continues to run a business and relies heavily on communication. He is so thankful for the opportunities the implant has afforded him.

I currently work at The Listening Center at Johns Hopkins with a focus on adult patients. Approximately 60% of my patients are Medicare patients. Bilateral implantation has increased in recent years, but likely makes up about 20-30% of my caseload. I find that outcomes are individually based and there are many factors that contribute to success. My colleagues and I led by Dr. Niparko, Dr. Francis and Dr. Lin continue to research this topic of implants in older adults.

A PROGRAM OF THE DEPARTMENT OF OTOLARYNGOLOGY-HEAD & NECK SURGERY

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Thank you for allowing me the opportunity to submit my comments to you on this topic. Aggressive and early intervention with hearing loss ensures the most optimal outcomes.

Sincerely,



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