



Donna L. Sorkin, Editor

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Conferences, Collaborations, and Connections...Oh my

Message from the Chair

Daniel M. Zeitler, MD FACS

Co-Director, Listen for Life Cochlear Implant Center

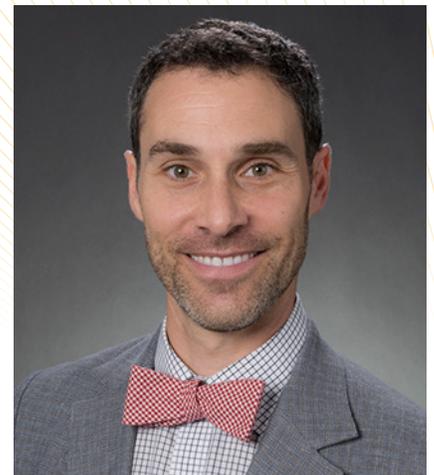
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As I approach the one-year mark as Board Chair, I am struck by how much momentum our organization has and continues to build. From our ongoing national advocacy efforts to developing and expanding national partnerships, this is a particularly exciting and consequential time for our organization.

Our annual conference in Chicago this May promises to be one of our most dynamic yet. The program reflects the breadth of the ACI Alliance: cutting-edge science, practical clinical insight, industry innovation, and—importantly—ongoing efforts to improve the lived experiences of our patients. Add to that a growing list of Special Interest Groups, informative satellite symposia, and our first ever

Nobel Laureate keynote speaker, and this conference is sure to be one to remember. Just as valuable as the formal content, however, is the opportunity to (re)connect with colleagues, forge new collaborations, and remember our shared sense of purpose. In a field evolving as rapidly as ours, there is simply no substitute for shaking hands and being in the same room.

Beyond the conference, our advocacy efforts continue to be central to our mission. Ensuring equitable access to cochlear implantation remains a pressing national issue. We are actively engaged in conversations around public health insurance

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ACI Alliance Board of Directors

Daniel M. Zeitler MD, *Chair of the Board*
Co-Director Listen for Life Hearing Implant Center
Director, Research and Academics
Department of Otolaryngology/HNS
Virginia Mason Franciscan Health

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Director of the Rocky Mountain
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University of Kentucky Medical Center

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University Hospitals Cleveland Medical Center

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Department of Otolaryngology
University of Miami

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Associate Professor
Department of Otolaryngology

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Douglas Grant Cochlear Implant Center
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Barbara Mellert MPH
Information, Technology & Consulting
Dartmouth College
Administrator, Parents of Children with CI
Facebook Group

Michael Scott AuD
Audiology Manager
Dayton Children's Hospital

Douglas Sladen PhD
Associate Professor
Faculty of Medicine
School of Audiology and Speech Sciences
University of British Columbia

Brittney Sprouse AuD
PASC Director
Audiology and Newborn Hearing Screening
University of Chicago Medicine

Donna L. Sorkin MA
Ex Officio Board Member
Executive Director

MESSAGE FROM THE CHAIR *continued from page 1*

coverage for CI in all adults and children, expansion of CI coverage in Medicare beneficiaries, and policy decisions directly impacting patients' ability to receive timely care. These efforts often occur behind the scenes, but they are no less critical.

Equally important is ACI Alliance's expanding ecosystem of collaborations and coalitions. Over the past year, we have strengthened partnerships with key government stakeholders, including the Department of Veterans Affairs and the Department of Defense. These relationships are vital towards ensuring service members, veterans, and their families have access to state-of-the-art cochlear implant care across the lifespan. Our long-time relationship with the *Independence Through Enhancement of Medicare and Medicaid (ITEM) Coalition* has helped earn their commitment to support the National Coverage Determination for CI in Medicare beneficiaries with SSD/asymmetric hearing loss when accepted by CMS for consideration and bolstered their ongoing support for lifelong Medicaid coverage of CI equipment. Our collaborations and shared programming with sister organizations (e.g., ASHA) remain robust and help us gain additional visibility through online lectures, conference exhibiting, shared publications, and the creation and dissemination of patient-facing materials. These relationships are not merely professional courtesies; they are strategic imperatives. By aligning our efforts with those who share our dedication to communication health, our voice grows louder and stronger.

By joining the OPTION network two years ago, the ACI Alliance has deepened engagement with listening and spoken language providers, early educators, and professionals working in early intervention. Many of these providers have joined our organization and taken on active roles as State Champions and national advocates. These partnerships underscore a fundamental truth: outcomes in cochlear implantation are not determined in the OR alone. They are shaped by the quality of post-implant support, educational environments, family engagement, and long-term habilitation. Together with our EI colleagues, we are building a more integrated and patient-centered model of care.

What makes all of this possible is you—our members. ACI Alliance is not just an organization; it is a community bound by a shared belief that hearing healthcare should be innovative, evidence-based, and accessible to all who can benefit. As Chair of the Board, I am deeply grateful for your engagement, your expertise, and your commitment.

I look forward to seeing all of you in Chicago and to continuing the work, together, of advancing cochlear implantation and improving lives through hearing. ■



CI2026 Chicago: Conference
on Cochlear Implants
May 6-9, 2026 | Chicago, IL
Hyatt Regency Chicago Hotel

ACI ALLIANCE®
AMERICAN COCHLEAR IMPLANT ALLIANCE

CI2026 CHICAGO

CI2026 Chicago: Conference on Cochlear Implants

MAY 6-9, 2026



Molly R. Smeal AuD

*Director of Adult Audiology
Hearts for Hearing*

Kevin Y. Zhan MD

*Co-Chair, CI2026 Program Committee
Assistant Professor of Otolaryngology
Otology, Neurotology & Skullbase Surgery
Director, Northwestern Medicine Cochlear
Implant Program*



Molly R. Smeal AuD



Kevin Y. Zhan MD

This year's CI2026 in Chicago will showcase our field's growing commitment to access, innovation, and clinical

excellence. We are thrilled to have Craig Buchman MD and Nobel Economics Laureate James Robinson PhD present our keynote

lectures. We are excited to offer several important key educational masterclasses on audiology programming, program growth and practice building, best practices for non-English speaking patients, and case-based discussions and engagement. Several concurrent sessions will highlight research and advancements in clinic efficiency and streamlined protocols to improve access to cochlear implant care. Throughout the meeting, presenters will showcase emerging technologies that are reshaping cochlear implants, programming, and outcomes, and addressing persistent gaps in access to care across all communities. We can't wait to see you all in Chicago in a few short months!

To view the comprehensive program of podium talks, panels and keynotes, please follow this link to the CI 2026 Conference site: [Program-planning-grid-v5_for-website.pdf](#) Small changes are possible. ■

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**We are looking forward to seeing all of you this spring
in Chicago, Illinois!**

INVITED KEYNOTE

Dr. John K. Niparko Memorial Lecture: Tonotopic Coding in Cochlear Implantation



Craig Buchman, MD, FACS

Professor, Department of Otolaryngology-Head and Neck Surgery at the University

of Utah and Past Lindburg

Professor and Chair, Department of Otolaryngology-Head & Neck Surgery, Washington University in St. Louis.

incentives, and norms in shaping prosperity and the adoption of transformative technologies. Awarded the 2024 Nobel Prize for his work on how institutions are formed and how they determine who benefits from innovation, Professor Robinson is widely recognized for his rare ability to translate deep, rigorous scholarship into clear, compelling insights for diverse audiences. An engaging and generous speaker, he combines intellectual authority with humility, curiosity, and genuine respect for practitioners, making his talks both thought-provoking and accessible.

CEU and CME for audiologists, physicians, speech language pathologists, and auditory verbal therapists. Supporting documentation will allow attendees to submit for Educator or Early Intervention Continuing Education Credits.

Having spoken openly about his own experience with hearing loss and long-term hearing aid use, he brings a deeply personal perspective to conversations about hearing health, further grounding his work in empathy, insight, and lived experience. ■

INVITED KEYNOTE

Why Proven Technologies Fail to Spread: Institutions, Incentives, and the Case of Hearing Health



James A. Robinson PhD

is the Nobel Laureate in Economic Sciences and Professor of Political Science

and Public Policy at the University of Chicago. His groundbreaking research has reshaped how scholars and policymakers understand the role of institutions,



CI2026 CHICAGO

Schedule at a Glance

Conference Dates

Wednesday, May 6 – Saturday, May 9, 2026

Meeting Location – Hyatt Regency Chicago, Chicago, IL

Wednesday, May 6:

CI Manufacturer Satellite Symposia – 1:00 PM - 5:45 PM

Thursday, May 7:

Advanced Bionics Breakfast Symposium – 7:30 AM

Opening General Session—Niparko Memorial Lecture

Concurrent Sessions:

- Podium Presentations
- Panels
- Poster Highlights

Poster Exhibits Session

Welcome Reception | Exhibits

Friday, May 8:

MED-EL Breakfast Symposia – 7:30 AM

General Session—Keynote Presentation

Keynote Panel on Barriers to Care

Concurrent Sessions:

- Podium Presentations
- Panels

Saturday, May 9:

Cochlear North America Breakfast Symposium – 7:30 AM

Concurrent Sessions:

- Podium Presentations
- Panels



(Re)Habilitation Connect Forum: Supporting Social and Emotional Well-Being in Cochlear Implant Users

Ivette Cejas PhD

Professor and Director, Family Support Services, University of Miami



Join us Friday afternoon at CI2026 Chicago for an engaging, multidisciplinary (Re)Habilitation Connect Forum dedicated to one of the most critical, yet often under addressed aspects of cochlear implant care: social and emotional well-being.

While cochlear implants provide powerful access to sound and spoken language, hearing alone does not guarantee social confidence, emotional resilience, or overall quality of life. Children and adults with cochlear implants may face unique challenges related to identity, peer relationships, self-advocacy, listening fatigue, academic or workplace participation, and mental health. Despite the growing recognition of these needs, there remains a significant shortage of providers specifically trained to support the social and emotional development of individuals with hearing loss. As a result, audiologists and speech-language pathologists

are frequently called upon to help bridge this gap often without clear guidance or dedicated resources.

This forum will address that gap directly.

The program will feature two dedicated sessions: one focused on pediatric populations and one on adults. This will allow in-depth discussion of age-specific challenges and supports across the lifespan. Presentations will integrate current evidence-based research with practical, clinic-ready strategies that can be implemented immediately.

Hear from a dynamic panel of researchers, physicians, educators, psychologists/social workers, and speech-language pathologists who will share insights from the literature as well as real-world clinical experience. Together, they will explore:

- What the current research tells us about social-emotional outcomes in CI users
- Risk and protective factors influencing resilience and well-being
- Practical tools for screening, counseling, and intervention
- Strategies to support families, schools, and adult patients
- Ways audiologists and SLPs can confidently address social and emotional concerns within their scope of practice

Pediatric Session

Moderators: Ivette Cejas PhD and Jenna Voss, PhD, LSLS Cert AVEEd

- Irina Castellanos PhD
- Dorothy White PhD

- Landon Lacey Wehbe, MS, CCC-SLP, LSLS Cert AVT
- Sherry Fickenscher MS, LSLS Cert. AVEEd

Adult Session

Moderators: James Dornhoffer, MD and Michelle Havlik, MHS, CCC-SLP, LSLS

- Lindsay Zombek MS, CCC-SLP, LSLS Cert AVT
- Blair Richlin PhD CCC-SLP, LSLS AVEEd
- Monita Chatterjee Ph.D.
- Teddy McRackan MD, M.S.C.R.
- Barbara J. Gordon LCSW

Attendees will leave with actionable strategies to strengthen patient-centered care and promote communication, resilience, and quality of life in both clinical and educational settings.

If you work with children or adults with cochlear implants, this session is for you. Don't miss this opportunity to deepen your understanding, expand your toolkit, and connect with colleagues committed to supporting the whole person.

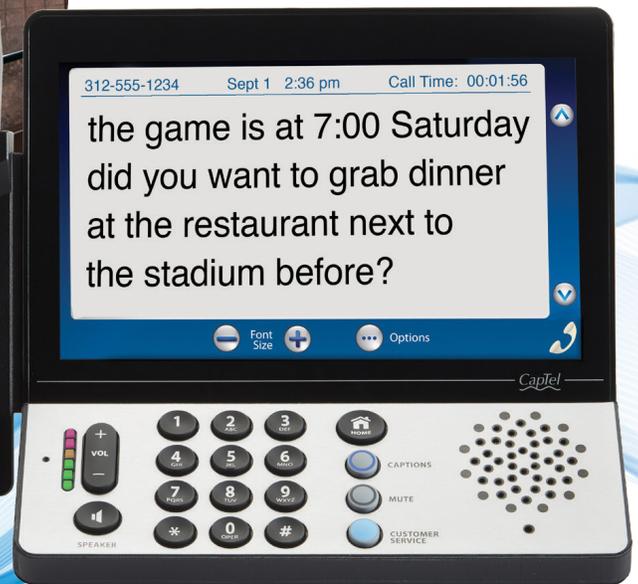
Following the presentations and discussion panels, we will gather to "Continue the Conversation" with speakers and attendees at a reception being generously supported by Hearing First. ■



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Awareness about Cochlear Implantation: It's up to all of us

Donna L. Sorokin MA

Executive Director

American Cochlear Implant Alliance

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examine institutions, incentives, and the case of hearing health. Despite wide-ranging efforts to expand access to cochlear implants—especially our important advocacy activities—one element in our mission (that includes research, advocacy and awareness) continues to stymie our efforts. That element is the lack of awareness in the general population, among primary care physicians and even among hearing health professionals about the candidacy and benefits of cochlear implantation.

Working with hearing care professionals outside of CI is one important way to achieve inroads as an estimated 90% of people with profound hearing loss wear hearing aids. Hence our collaborations with the American Speech-Language-Hearing Association, the American Academy of Audiology, and the International Hearing Society are essential.

We focus a great deal of attention on the Internet as a means of answering questions for people exploring cochlear implants. Our website is designed to be a source of reliable information for the public and medical professionals in primary care and hearing health outside of CI. Our website shows up on page 1 for Google and AI search for 110 key CI search terms like:

- Cochlear implant surgery (searched over 10,000 times per month)
- Does Medicare cover cochlear implants?
- Cochlear implant insurance coverage

- Cochlear implant surgery scar
- What is a cochlear implant?
- Cochlear implant in infants
- Age limit for cochlear implant

We were thrilled when American Cochlear Implant Alliance was recently given an organizational page on Wikipedia, adding to our visibility and credibility as an information source. Help us continue



Several articles in this issue of **S**Calling address the topic of cochlear implant awareness and the need for collaboration that goes beyond a narrow discussion of the CI intervention. Chair of the Board Daniel Zeitler reviews the important connections ACI Alliance has with other organizations in the field of hearing health and their support and involvement in reaching a broad audience about CI. An article by Ivette Cejas, a psychologist at the University of Miami, describes this year's (Re)habilitation Connect Forum at CI 2026 Chicago on social and emotional concerns associated with cochlear implantation in children and adults. One of our conference keynote speakers, James A. Robinson who was a 2024 Nobel Laureate in Economic Sciences, will discuss why proven technologies fail to spread. His remarks will borrow from his awarded Nobel work and will

to grow our website as a means of expanding CI awareness. You can help us expand our reach by including a hot link to ACI Alliance on your own organization's website, referencing our content in your work, and referring patients to our site for support and information that can help them move forward. We've made great progress but there's so much more we can do together to improve cochlear implant awareness. ■

Hearing Health Maintains Level Funding in FY 2026 Appropriations Bill Despite Proposed Cuts



Peter W. Thomas JD
Managing Partner
Powers Pyles
Sutter & Verville PC



Taryn Couture
Director of
Government Relations
Powers Pyles Sutter
& Verville PC

On Monday, January 29th, the President signed into law a fiscal year 2026 appropriations bill that funded multiple federal departments. The bipartisan legislation, H.R. 7148, the Consolidated Appropriations Act of 2026, included funding for the Department of Health and Human Services. The bill does not include the vast majority of funding cuts originally proposed in the President's budget that was released in the spring of 2025 and keeps most health programs funded at the same level as FY 2025. Given the threat of major funding reductions and proposed elimination of multiple programs, this is welcome news.

The bill includes \$116.6 billion for the Department of Health and Human Services, with \$8.95 billion

of that amount reserved for the Health Resources and Services Administration ("HRSA"). The Early Hearing Detection and Intervention Program ("EHDI"), which falls under HRSA, faced a proposal to zero fund the program, eliminating it entirely. ACI Alliance strongly opposed this proposal and participated in efforts for Congress to reject this proposal. In a clear rebuke to the President's budget, the House and Senate granted level funding (\$18,818,000) for the EHDI program on a bipartisan basis. This success is in no small part due to efforts by the ACI Alliance, which weighed in with the Hill in support of level funding for EHDI, highlighting the benefit of the program and raising concerns with the impact of the President's proposed cuts.

The Centers for Disease Control and Prevention ("CDC") also faced heavy proposed cuts under the President's Budget, and despite facing increased scrutiny by the President and his party in the House and Senate, the CDC maintained relative level funding at \$9.2 billion. The bill even included some increases at the CDC including resources to improve the public health infrastructure and health data surveillance. However, some programs at CDC did not fare as well, unfortunately, including a decrease in funding for the EHDI program at the CDC, which tracks much of the data for the program. The final agreement decreased EHDI at CDC from \$10,760,000 to \$6,760,000. This decrease is likely due, in-part, to the staff reduction at the CDC already imposed by the Administration.

Included in the final bill was also a number of healthcare program extensions, including an extension of Medicare telehealth flexibilities through the end of 2027. Also included was a 2.5% increase to Medicare physician payments from January 1, 2026, through December 31, 2026. This measure aims to offset, but does not fully mitigate, the 2.83% conversion factor reduction finalized by CMS in 2025.

The bill did not include an extension of the enhanced Affordable Care Act ("ACA") premium subsidies that expired at the end of 2025. The omission of these enhanced subsidies has the effect of raising healthcare insurance premiums for many Americans. The bill also only included funding for the Department of Homeland Security ("DHS") for two weeks, giving the House and the Senate until February 13th to come to an agreement on how to fund DHS before it faces a shutdown. It is unclear how long this targeted shutdown will last.

ACI Alliance staff will continue to closely monitor the impact of funding cuts to the EHDI program at the CDC, and will advocate for maintaining and increasing funding for priority programs in the fiscal year 2027 appropriations bills. ■

Twenty-Five Years of Change in Children's Hearing Health: A Conversation with Dr. Karl White

Monica Yavrom, DDS, MPH

Governmental Affairs Manager

ACI Alliance

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As a pioneer in Early Hearing Detection and Intervention (EHDI), Karl White PhD has helped shape the systems that now support children with hearing loss and their families from the earliest days of life. In advance of the CI 2026 Conference, ACI Alliance had the pleasure of interviewing Dr. White as he reflects on his career, the history of EHDI, and his perspective on the road ahead.

The following is a summary and highlights from the ACI Alliance interview with Dr. White, Director, National Center for Hearing Assessment and Management, Utah State University.

Beginnings & Early Inspiration

It takes a village to implement a change like newborn hearing screening.

Karl White's path into childhood hearing loss was, as he describes it, "a grand accident." Trained as a statistician with a PhD in statistics

and educational measurement, he initially expected to spend his career teaching.

However, that changed when he attended an academic conference job fair and struck up a conversation with representatives from the newly established National Technical Institute for the Deaf (NTID). He had never met a deaf person and knew little about deafness or hearing loss, but he was drawn to the group's enthusiasm and clear sense of purpose. With few traditional statistics positions available, he took a chance and joined NTID, a decision that would shape his career.

During his time with NTID, White became immersed in deaf education and culture, learning Signed Exact English, teaching, and interpreting. A pivotal moment in his career was when he took a sabbatical in Washington, DC as a Congressional Science Fellow, expanding his focus to policy. While working on Capitol Hill, he contributed to policy efforts that led to the Education of the Deaf Act of 1986, which helped establish a congressionally appointed commission. The commission's report emphasized the need for much earlier identification, a gap that was glaring at the time.

A contact at the Maternal and Child Health Bureau later invited White to help implement national recommendations on early identification, where he was able to bring his research and systems expertise. In partnership with clinical and policy leaders, his work led to the Rhode Island Hearing

Assessment Project, the first large-scale evaluation of universal newborn hearing screening.

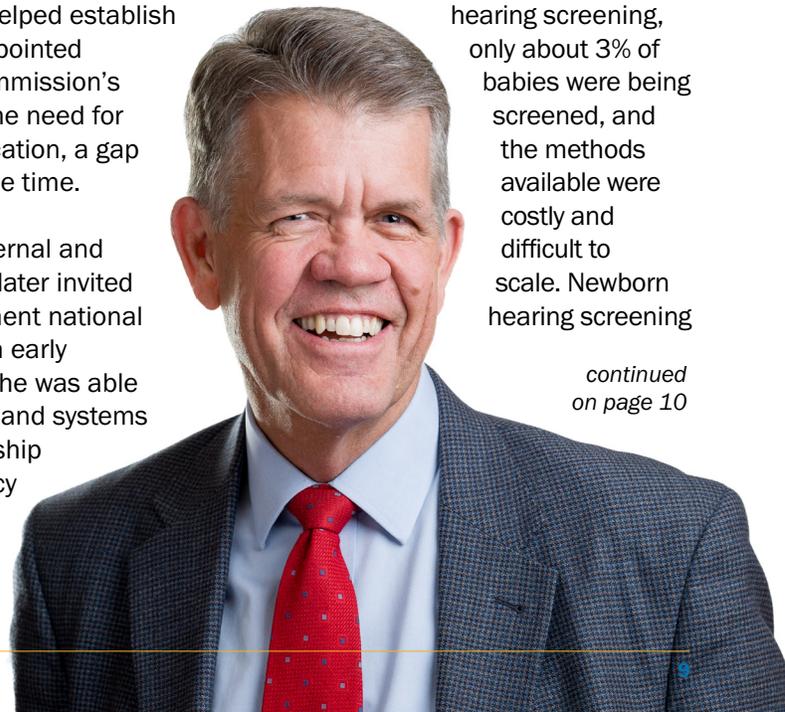
Dr. White credits a broad network of public health, medical, and federal leaders for keeping newborn hearing screening a national priority and helping embed early hearing detection into routine newborn care. Looking back, he sees his career as a series of opportunities to build systems that did not yet exist, systems that now identify children with hearing loss earlier and connect families to intervention at a critical time.

Reflecting on Change & Progress

Slow changes are the most permanent.

One lesson that stayed with White from his time in Washington is that "slow changes are the most permanent." When the National Institutes of Health (NIH) issued its 1993 recommendation supporting universal newborn hearing screening, only about 3% of babies were being screened, and the methods available were costly and difficult to scale. Newborn hearing screening

*continued
on page 10*



A CONVERSATION WITH DR. KARL WHITE *continued from page 9*

represented a fundamental shift in medical practice at a time when the healthcare system was focused on cutting costs, not adding new procedures. Many in the field hoped change would happen immediately, but it took nearly a decade to reach widespread adoption. In hindsight, White recognizes that “slow changes are the most permanent.”

Today, screening is a routine part of hospital care, laying a foundation that did not exist a generation ago. For him, the most extraordinary change is not just the technology, but the fact that early hearing detection is now embedded at the very start of life, creating opportunities that simply were not possible before.

Remaining Challenges in EHDl

The average pediatrician in this country will only see one or two deaf babies in their career.

Karl White emphasizes that education remains a major gap, not only for the public, but for many healthcare providers. Obstetricians, family physicians, pediatricians, and even ENTs often have limited exposure to infant hearing loss, and many receive little training on the topic during medical school. Because most clinicians encounter only a small number of children with hearing loss in their careers, it may not register as a priority. In contrast, hearing loss is far more visible among older adults, which can skew awareness away from early childhood. White believes that growing knowledge about genetics and new treatments may help shift attention in the coming years, but he stresses that broader education and awareness are still essential to ensure families and providers recognize the importance of early identification of childhood hearing loss.

EHDl and Cochlear Implants

Despite some of the challenges that remain, White feels that real progress is being made through EHDl. He explains that due to this progress, it is now possible and remarkable to see children at school with bilateral profound hearing loss playing on the playground and communicating with their peers.

Having permanent hearing loss is no longer the impediment that it was 40 years ago.

White sees growing public awareness of cochlear implants as a positive shift, though access in the U.S. still trails behind countries like Australia and parts of Europe, where healthcare systems are structured differently. He believes information plays a major role, and while not always perfect, access to knowledge, especially through the internet, is steadily increasing public understanding. Conversations about hearing loss have changed over time. Where people once associated deafness primarily with sign language, many are now aware of cochlear implants or emerging treatments like gene therapy. While progress is clear, he emphasizes that the field still has significant work ahead to ensure awareness translates into equitable access.

Looking Forward

Dr. White highlighted a defining strength of the EHDl program that will remain critical in the years ahead: the active involvement of families. From the beginning, families of children with hearing loss have been an integral part of decision-making and policy development, having a significant impact in shaping the care their children receive.

I think families are part of the link that makes this happen.

White emphasizes that parent choice must remain central, particularly as science continues to advance. He notes that long-standing differences, including spoken language versus American Sign Language (ASL), have been grounded in the principle that families should be fully informed and supported in whichever path they choose. Adding that these choices may evolve over time.



Karl White at the CI2025 Boston Conference

EHDl programs gained momentum because communities were able to learn from one another. By bringing people together to share experiences and practical lessons, programs spread more quickly than many expected, as states and providers saw what was possible elsewhere and applied those successes locally.

At the same time, emerging technologies such as cochlear

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A CONVERSATION WITH DR. KARL WHITE *continued from page 10*

implants and gene therapy raise new opportunities, especially as increasing evidence shows the benefits of early intervention. As new scientific discoveries reshape the hearing health landscape, he believes the field's success will depend on maintaining flexibility, following the science, and supporting families as they navigate this process.

Looking ahead, White identifies gene therapy and congenital cytomegalovirus (cCMV) as the two most significant developments on the horizon. While gene therapy remains in its initial stages, it holds the potential to reshape how certain types of hearing are treated. This raises important questions about timing, long-term outcomes, and informed decision-making. At the same time, addressing cCMV provides a more immediate opportunity for impact. Despite being a leading cause of non-genetic childhood hearing loss, awareness remains exceptionally low. White believes that expanded CMV screening, alongside

advances in genetic testing, could have a significant impact on early identification and intervention over the next decade.

Legacy & Inspiration

EHDI together. Everyone Here Doing It Together.

Karl White emphasizes that progress does not require any single person to know everything. What matters most is collaboration, recognizing individual strengths and working together toward a shared goal. He points to parent partners as a powerful example, noting their critical work in helping clinicians understand

the real-world impact of hearing loss and the importance of early intervention.

I think people should recognize that they don't need to be an expert in the field to push things forward successfully.

In closing, White noted that he hopes the field remembers the early programs, pioneers and many unrecognized people that laid the foundation for today's work. While much progress has been made, he remains optimistic that early detection, intervention and universal screening will continue to move forward. ■

Interviewer's Note:

Dr. White's impact extends beyond his pioneering work in EHDI. He has been an active and valued partner in ACI Alliance's advocacy and awareness efforts, generously sharing his expertise to advance policies that improve access to early identification services and cochlear implants. His continued engagement reflects the same collaborative spirit that helped build the foundation of EHDI and continues to strengthen our field today.



Introducing the Cochlear[™] Nucleus[®] Nexa[®] System

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To find out more visit: www.cochlear.us/acia-calling

^{*} The only cochlear implant having onboard memory with upgradeable firmware. As future advancements or technology become available for the CI1000 series implant, a firmware update may be required in order to take advantage of newer features..

This material is intended for health professionals. If you are a consumer, please seek advice from your health professional about treatments for hearing loss. Outcomes may vary, and your health professional will advise you about the factors which could affect your outcome. Always read the instructions for use. Not all products are available in all countries. Please contact your local Cochlear representative for product information.

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CAM-MK-WEB-5379 ISS1 AUG25

American Cochlear Implant Alliance

Recommendations for the Assessment for Cochlear Implantation of Spanish-speaking Adults in the U.S.

Developed by a taskforce of 15 professionals representing ten academic and/or healthcare organizations across the United States

Task Force Co-Chairs:



Alejandra Ullauri
AuD/MPH



Meredith Holcomb
AuD



Mariana Mejia-Turnbull
AuD



Sandra Velandia
AuD

Disparities in access to cochlear implantation persist across the United States with ethnic, racial, and linguistic minority populations experiencing reduced access to this life-changing technology. Among these groups, Hispanic/Latino individuals—who represent approximately 20% of the U.S. population—face well-documented barriers to hearing healthcare. These disparities arise from a combination of barriers, including affordability and insurance challenges, reduced access to hearing services and limited transportation, as well as

language barriers. Language plays a particularly critical role: nearly one-third of Hispanic/Latino individuals were born outside the United States, and more than one-quarter report speaking English less than well. As a result, limited access to culturally and linguistically concordant providers and inadequate language support during clinical encounters further exacerbate barriers to care.

In parallel, clinicians face their own barriers when assessing Spanish-speaking adults for CI candidacy. Many key components of the cochlear implant assessment process are inherently language-based such as speech perception testing, patient-reported outcome measures, and counseling, yet clinicians have lacked standardized, validated tools and clinical guidance tailored to Spanish-speaking adults living in the U.S. While several assessment guidelines exist in Latin America and Spain, no recommendations had previously addressed the unique clinical, linguistic, and healthcare-system context of the United States.

To address this critical gap, the American Cochlear Implant Alliance established a multidisciplinary taskforce in June 2024 to develop recommendations for the assessment of CI candidacy in Spanish-speaking adults in the U.S. The taskforce included 15 professionals from ten academic and healthcare organizations, including bilingual clinicians and academics as well as librarians with expertise

in scoping review methodology. Between July 2024 and December 2025, the taskforce conducted a comprehensive scoping review of the global literature on CI assessment of Spanish-speaking patients and surveyed CI assessment practices in Spanish-speaking countries. Together, these efforts informed evidence-based recommendations for the assessment for cochlear implantation of Spanish-speaking adults in the U.S. They also highlighted gaps in knowledge and the need for further research to advance access and quality of care for this population group.

These new recommendations represent an important step toward more equitable, consistent, and linguistically appropriate CI assessment for Spanish-speaking adults in the United States. Taskforce members are looking forward to discussing these recommendations during two different forums at the ACI Alliance Conference in Chicago.

Co-Chairs: Alejandra Ullauri AuD/MPH, Meredith Holcomb AuD, Mariana Mejia-Turnbull AuD, Sandra Velandia AuD

Taskforce members: Steven Michael Adams MLS, Jacob K. Buccini AuD, Lauren Calandrucchio, PhD, Nathalie Chouery AuD, Maura Cosetti MD, Victoria Gonzalez AuD/PhD, Jason Kruse MLS, Melissa Hurtado AuD, Sandy Magallan AuD, Enrique Perez MD, Alicia Williams AuD. ■

ACI Alliance Special Interest Groups (SIGs)

One of the most meaningful aspects of ACI Alliance's continued growth has been the member-driven development of Special Interest Groups (SIGs). These groups provide space for members to connect, collaborate, and take action on issues that matter most to the cochlear implant community.

We currently have six active SIGs, with three meeting virtually throughout the year in addition to in-person gatherings at the annual conference. These groups foster collaboration, spark new initiatives, and generate meaningful outcomes. For example, the Adult Aural

Rehabilitation SIG collaborated on research presented in Boston, using the findings to inform future research priorities and offer guidance on best practices in cochlear implant care.

Expanding our focus beyond a narrow definition of access to cochlear implantation remains central to our work. These SIGs demonstrate how ACI Alliance engages a broad network of professionals, advocates, and individuals with lived experience to advance knowledge, improve care, and strengthen support for cochlear implant access across the lifespan. ■

Adult Aural Rehabilitation



Leader:
Blair Richlin PhD CCC-SLP,
LSLS AVEd

Speech-Language Pathologist
Mass Eye and Ear

LEARN
MORE



benefit of AR services. Whether you're already providing AR or just beginning to explore how it fits into your practice, we want your voice at the lunch table. Help us plan by providing your anonymous feedback in this short (~2 minute) form. <https://forms.gle/LC91vnYjAZkZEDnS9>.

Interested in staying connected to the SIG on Adult Aural Rehab year-round? Complete the membership form to be added to our google group <https://forms.gle/vW53CY98oCcFXVay8>

Now that it's February, you probably have a lot of LOVE in your heART. Speaking of AR... the ACIA Adult Aural Rehabilitation (AR) SIG will host the annual lunch during CI2026 in Chicago! This year, we're intentionally expanding our focus on networking and collaboration. Our goal is to strengthen the collective impact of clinicians, researchers, and professionals who are passionate about ensuring adults who receive a cochlear implant also receive the full

For clinicians looking for a more "how-to" learning experience, registration is also open for the Pre-Conference AR Workshop. This practical session will cover auditory training strategies, available resources, and troubleshooting to support adult cochlear implant recipients. For details and registration: <https://www.acialliance.org/event/AuralRehab> ■



Adult Aural Rehabilitation SIG at CI2025 Boston Luncheon



Aural Rehabilitation Workshop: How to Support Adults Pre- and Post- Cochlear Implantation

Target participants include clinicians, professionals, researchers, and students interested in AR services for Cochlear Implant recipients

Wednesday May 6, 2026

9AM - 12PM

Cost: \$50

CEUs to be provided

Must also be registered for CI2026



A Pre-Conference workshop for anyone in a clinic setting wishing to explore or discuss adult rehabilitation for adult CI recipients

Hyatt Regency Chicago
151 East Wacker Drive
Chicago, IL 60601

Learner Objectives

- ✔ Label and analyze opportunities to build upon the auditory hierarchy at varying “units” of spoken language
- ✔ Identify and assess aural rehabilitation resources
- ✔ Troubleshoot connectivity issues for devices

For additional information on the workshop: Contact Blair Richlin PhD, CCC-SLP, LSLA, AEd. Speech-Language Pathologist, Mass Eye and Ear; brichlin@meei.harvard.edu

TO REGISTER:

www.acialliance.org/event/AuralRehab

The Mentor–Mentee Relationship (Students and Early Career)



Leader:
Julie K. Purdy, PhD CCC-A

*Rady Children's Hospital
San Diego*

At CI2026, we are planning an interactive training event for students, fellows, and residents. This informal presentation and discussion will focus on the benefits of and critical components of being an ideal mentor or mentee. We will also explore options for mentoring students pre-graduate level education to encourage them to become members of our professions. Rady Children's Health and San Diego State University have had a collaborative mentorship program for undergraduate students for the past six years. Components of that program will be discussed to highlight the benefits of the mentorship process. ■

Professionals Working with Spanish-Speaking Patients and Their Families



Leader:
Alejandra Ullauri AuD, MPH

*Founder
Audiology En Español*

Join us for the inaugural SIG meeting for professionals working with Spanish-speaking patients and their families. This new Special Interest Group aims to bring together clinicians, researchers, and advocates committed to strengthening services for this population by identifying common pain points and advancing practical, patient-centered solutions.

In this inaugural session, we will highlight the group's first initiative with an in-depth discussion of the American Cochlear Implant Alliance Recommendations for the Assessment of Spanish-speaking Adults in the United States. The guidelines were developed by a task force 15 individuals from around the US. SIG participants will gain insight into current best practices for cochlear implant assessment informed by the latest literature and real-world clinical experience.

The session will also create space for dialogue around critical gaps in knowledge and priorities for future work. We hope this meeting will spark ongoing collaboration and serve as a launch point for sustained efforts to improve access, consistency, and quality of care for Spanish-speaking patients and their families.

This year's first meeting will be led by:



Nathalie Chouery AuD
*Sr. Clinical Research Coordinator
Instructor, Icahn School of Medicine
at Mount Sinai*



Sandy Magallan AuD
*Audiologist, DHR Health
Ear, Nose, and Throat Institute*



Alicia Williams AuD
*Senior Audiologist
UC San Diego Health*

Professional Members with Hearing Loss



**Elaine Smolen PhD, CED, LSLS
Cert. AVEEd**

*Assistant Professor
Teachers College, Columbia University*



Viral Tejani AuD, PhD

*University Hospitals
Cleveland Medical Center*

The ACI Alliance Professionals with Hearing Loss SIG is comprised of deaf and hard of hearing audiologists, physicians, researchers, teachers of the deaf, speech-language pathologists, psychologists, and trainees. We will continue our discussions around accessibility, professional mentorship, and the added value that deaf and hard of hearing professionals can offer to CI recipients and their families. The SIG leadership team is carrying out a collaborative research study, professional development and mentorship opportunities for new deaf and hard of hearing professionals.

An online panel will be offered by the SIG on the AudiologyOnline platform in the Fall 2026 tentatively entitled *Bridging Lived Experience and Clinical Practice*:

A Panel of DHH Professionals. This panel will feature deaf and hard of hearing professionals, including an audiologist, physician, speech-language pathologist (SLP), educator, and psychologist, who will share their unique perspectives on navigating their professions while integrating personal experiences. Topics will include building trusting, meaningful relationships with patients and families through shared lived experiences, addressing practical challenges (e.g., conducting listening checks or device troubleshooting) and recommendations for improving accessibility across clinical, educational, and workplace settings. The panel will also highlight survey data on DHH patients' perceptions, preferences, and experiences working with DHH professionals across roles. This panel will offer attendees insight into how DHH representation in the hearing healthcare workforce can increase clinical excellence from the patient perspective. By highlighting both challenges and solutions, the session will provide ideas for supporting DHH professionals and leveraging their experiences to provide better care to patients and families.

The SIG has grown to over 40 members and we look forward to connecting with even more professionals with hearing loss in person in Chicago! If you are an ACI Alliance member with hearing loss (or know one) and are interested in joining the SIG, please contact Elaine Smolen (es3519@tc.columbia.edu) and Viral Tejani (viral.tejani@UHhospitals.org) to be added to the listserv. ■

Cochlear Implant Care within Governmental Services



Stacey Sturgulewski AuD

*Edward Hines Jr VA Hospital
Hines, IL*



Elicia M Pillion AuD

*Hearing Implant Program Manager
Walter Reed National Military
Medical Center
Audiology and Speech Pathology Center*

We are pleased to announce the launch of a new Special Interest Group (SIG) on Cochlear Implant Care within Government Services. This group will bring together professionals who are dedicated to advancing cochlear implant services for our Active-Duty Service Members and their families, and our Veterans. The mission of this group is to foster collaboration between VA and DoD providers, share best practices, and promote innovative approaches to improving access, outcomes, and long-term support for those receiving cochlear implants. By building stronger connections across institutions and disciplines, we aim to enhance continuity of care and ensure the highest quality of hearing health services for those who have served.

We invite all attendees with an interest in audiology, otolaryngology, or hearing health in military and Veteran

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Cochlear Implant Care within Governmental Services

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populations to join our inaugural meeting. Your insights and participation will be essential in shaping the future of cochlear implant care across VA and DoD systems.

Together, we can create a collaborative community dedicated to advancing care for Active-Duty Service Members and Veterans. Please join us at CI2026 Chicago for our first SIG meeting. ■

Educators of Children who are Deaf and Hard of Hearing



**Kameron C. Carden, PhD,
CCC/SLP, LSLLS Cert. AVEEd**

*Assistant Professor Director of Clinical
Education Communication Sciences
and Disorders*



Alexandria Mestres MSEd

*Deaf and Hard of Hearing Educational
Specialist at South Florida Charter
Schools and University of Miami
Children's Hearing Program*

The CI2025 conference in Boston brought together a Special Interest Group focused on education for children with hearing loss. This diverse group included teachers of the deaf from school-age programs, early interventionists, college professors from teacher preparation programs, speech-language pathologists, and students preparing to enter the field. Participants came from across the United States as well as international colleagues, enriching the discussions with a broad range of perspectives.

Through collaborative dialogue, the group identified several common concerns among professionals

supporting children with hearing loss. One major topic was ensuring that children with cochlear implants receive the necessary support services. Discussions addressed educational outcomes, eligibility criteria, and the importance of providing parents with comprehensive information during early intervention. These conversations highlighted the critical need for coordinated efforts to support children's development effectively.

Another significant theme was the growing teacher shortage and the decline in teacher preparation programs nationwide. Many regions are already experiencing the impact of this shortage, which poses challenges to maintaining quality education for children who are deaf or hard of hearing. Participants expressed concern about this trend and explored strategies to attract and retain qualified educators.

The group also discussed uncertainties surrounding federal funding for K-12 and postsecondary education. Concerns about resource availability underscored the importance of advocacy and strategic planning to secure sustained support for educational programs.

The group, supported by ACI Alliance, has taken an important step forward in fostering ongoing cooperation. We will look forward to reconvening at CI2026 in Chicago, strengthening our commitment to this vital work. ■

SIG Schedule at a Glance

Thursday, May 7 | Lunch:

- Adult Aural Rehabilitation
- The Mentor-Mentee Relationship (Student and Early Career)
- Professionals Working with Spanish-Speaking Patients and Their Families

Friday, May 8 | Lunch:

- Educators of Children who are Deaf and Hard of Hearing
- Members with Hearing Loss
- Cochlear Implant Care within Governmental Services

Read more about each SIG session below. To attend a SIG meeting during CI2026, please RSVP during the registration process so we may plan for adequate space. If you have already registered for CI2026, you may modify your existing registration to include a SIG.

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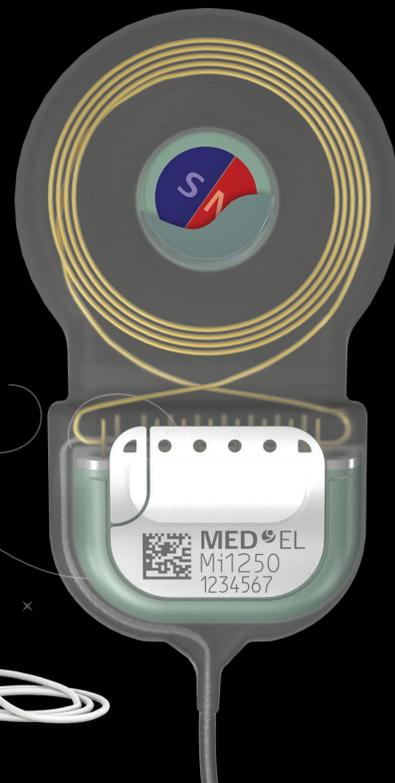
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ACI Alliance Organizational Membership

Jessica Houk MBA

Manager of Information Technology
and Membership Services

ACI Alliance

jhouk@acialliance.org



Organizational membership with ACI Alliance is designed for clinics, hospitals, universities, nonprofit organizations, schools, and cochlear implant programs that want to engage with and support the national cochlear implant community. Rather than covering just one person, this membership type supports the *entire organization*. All registered staff can be included in the membership, allowing broader participation in ACI Alliance initiatives, advocacy efforts, and professional engagement. Organizations can add up to **50 additional members** to their account at no extra cost. These additional members will:

- Receive all member email communications including advocacy updates
- Be listed in our member directory
- Have full access to our e-magazine, *Calling*
- Be eligible to post open job positions on our website
- Receive a member discount for CI conference registration

- Vote at the annual conference for members of the Board of Directors
- Identify other members and be able to contact them

Individuals must be listed under your organizational membership to receive discounted conference registration rates and the other services listed above.

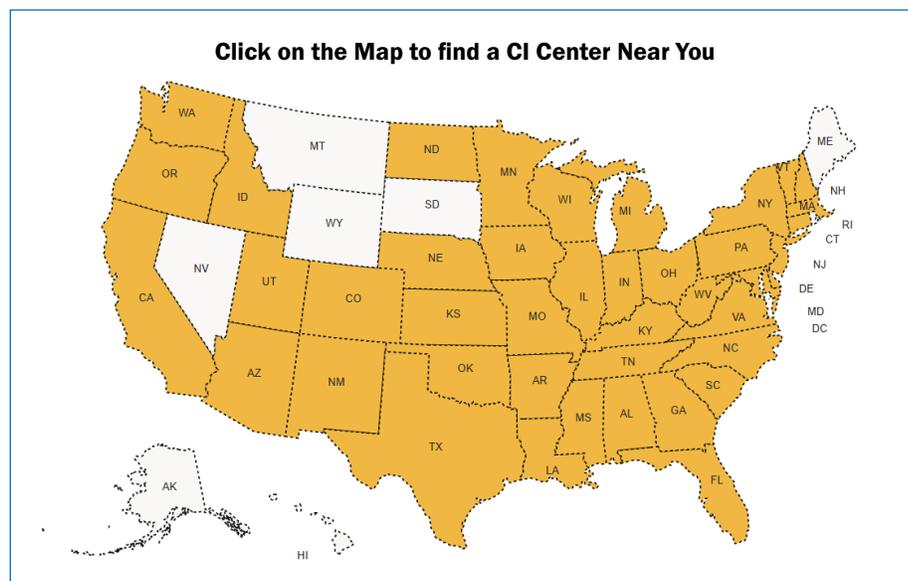
We encourage everyone in an organization to take full advantage of this valuable benefit by ensuring all eligible staff are added to the Organization's account. <https://www.acialliance.org/members/>

We are proud to partner with over **115 organizations** nationwide that share our commitment to advancing cochlear implant care.

Organizational Map

Organizational members receive public recognition through listing in the ACI Alliance online

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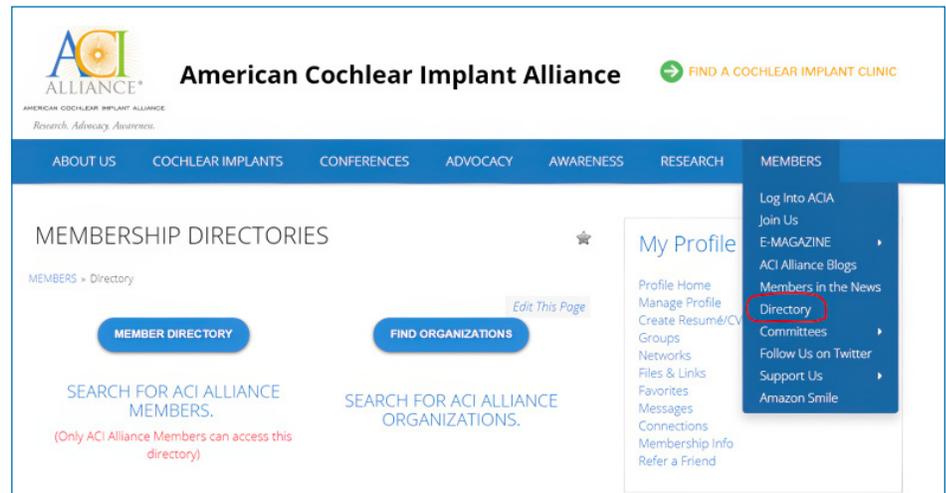
ACI ALLIANCE ORGANIZATIONAL MEMBERSHIP *continued from page 20*

directory, increased visibility within the field, and access to member communications and resources. The Organizational Map is the way many individuals, families, primary care physicians, hearing health professionals outside of CI, and others identify cochlear implant clinics, specialized schools for children with hearing loss, and related clinics in their region or nationally. The Organizational Members listing is the most visited are of the ACI Alliance website.

Cochlear implantation is a true team effort, involving professionals with specialized training and expertise. Comprehensive cochlear implant teams often include ear, nose, and throat (ENT) physicians, audiologists, speech-language pathologists, and scientists. The team may also include social workers, teachers of children with hearing loss, and psychiatrists or psychologists. This multidisciplinary approach ensures patients receive holistic, patient-centered care.

We are grateful to some of our newest organizational members including AdventHealth Medical Group (Celebration, Florida), Sanford Health (Fargo, North Dakota), and Endeavor Health (Northbrook, Illinois).

AdventHealth organization provides comprehensive care and support for adult patients, with a strong emphasis on collaborative, multidisciplinary practice. Much of our work focuses on ensuring timely,



evidence-based care, and supporting patients throughout their treatment journey.

We chose to join the ACI Alliance because its mission aligns closely with our own values and goals. By joining, we hope to contribute to and benefit from this collaborative community by engaging in best practices, learning from leaders in the field, and supporting national efforts that expand access and enhance the quality of care for individuals who may benefit from cochlear implantation.

Sanford Health, the largest rural health system in the United States, is dedicated to transforming the health care experience and providing access to world-class health care in America's heartland.

Endeavor Health provides comprehensive ENT treatment — from medication and therapeutic

interventions to advanced surgical techniques — personalized to the individual.

Member Directory

Members can connect with colleagues from other organizations through our Member Directory. To protect member privacy, you must be logged into your account to access this feature.

To find the directory:

1. Log into your account.
2. Click on the **Members** tab.
3. Select **Directory** from the dropdown menu.

We encourage you to take advantage of this valuable networking tool to connect, collaborate, and grow within our community. To log in, start here: <https://www.acialliance.org/page/Directory>. ■

Meet the ACI Alliance Board of Directors

Ivette Cejas PhD, Professor and Director, Family Support Services | University of Miami



My name is Ivette Cejas, and I am honored to serve on the Board of Directors for the American Cochlear Implant Alliance. I am a Professor in the Departments of Otolaryngology, Psychology, and Pediatrics at the University of Miami and a clinical psychologist on a multidisciplinary hearing implant team. My career has been

dedicated to pediatric care, research, and advocacy for children with hearing loss and their families.

My involvement in the cochlear implant community began in 2005 during my graduate studies, when I attended my first CI-focused conference in Dallas, Texas. Since the ACI Alliance founding in 2011, I have consistently attended its annual conferences and remained actively engaged. I also worked closely with Dr. John Niparko on the Childhood Development after Cochlear Implantation study as an NIH Minority Supplement Award recipient, an experience that shaped my understanding of the ACI Alliance mission. My clinical and research work aligns closely with the Alliance vision, and I remain passionate about improving outcomes for children and adults with hearing loss. My leadership

includes serving as a Florida State Champion, co-chairing CI2019 in Miami, serving on the Scientific Program Committee, and receiving an ACI Alliance research grant resulting in two major publications.

As one of the few psychologists on a hearing implant team, I bring an important interdisciplinary perspective to the Board. I advocate for the inclusion of psychology, social work, education, patient navigation, and speech-language pathology in CI care. As Director of a Family Support team, I collaborate closely with these professionals to support patients and families. My research on longitudinal outcomes, family experiences, societal impact, and the cost-effectiveness of early implantation contributes to improving access, coverage, and long-term care.

To my knowledge, I am the first Latina and psychologist to serve on the ACI Alliance Board. My background allows me to understand and address barriers faced by families from diverse communities. I joined the Board to help strengthen collaboration, advocate for equitable access, and ensure that clinical and family-centered perspectives guide policy and practice.

I remain committed to advancing cochlear implant care and improving outcomes for all families.

**Matthew L. Bush, MD, PhD, MBA, Professor and Chair
Department of Otolaryngology | University of Kentucky Medical Center**



The American Cochlear Implant (ACI) Alliance is a wonderful and welcoming community that I've been honored to be a part of for over a decade. I never cease to be amazed by the members of this global organization and the impact of their work, in clinical care, research, education, policy work, and population health. My name is Matthew L. Bush, and I

am a Professor and the Chair at the University of Kentucky Department of Otolaryngology – Head and Neck Surgery in Lexington, Kentucky. I am a cochlear implant surgeon and a clinician scientist, and my practice and research are devoted to improving access and utilization of hearing

health care. I greatly value organizations that are proactive in promoting the health and wellness of individuals with hearing loss. Thus, the ACI Alliance has become such an important organization to me personally and professionally. I am proud to say that I am a member of the ACI Alliance, and I am honored to be a board member of this incredible organization. I have been a board member since 2023, and I currently serve as the treasurer of the board.

Through tumultuous times, the ACI Alliance has been a stabilizing force. The annual meeting, including the upcoming CI2026 meeting in Chicago, consistently engages and energizes the leading key stakeholders and thought leaders in the hearing field. I always return from this meeting with a renewed passion to help my patients in

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MEET THE ACI ALLIANCE BOARD OF DIRECTORS *continued from page 22*

their hearing journey and a revitalized purpose to improve and expand access to cochlear implants. The advocacy work of ACI Alliance is also a deeply impactful part of the organization. By prioritizing and articulating the struggles and the strengths of individuals with hearing loss, the ACI Alliance continues to effectively dialogue with key policymakers. From the Treasurer perspective, I can attest that the ACI Alliance is investing in the cochlear implant community in a meaningful way to actively address the challenges that we face.

The most valuable resource of the ACI Alliance is the people. I am so thankful for the people in the ACI Alliance as they inspire me and they are truly the secret to the success of the organization. After 15 years of active practice and research in this field, I feel like there so much that needs to be done. The people of the ACI Alliance motivate me to work harder and smarter for my patients and for field of hearing loss. My greatest contribution of the ACI Alliance, as a board member, is to serve these wonderful people. The future of the cochlear implant community is bright, thanks to the people and the work of the ACI Alliance.

Brittney Sprouse AuD, Director Audiology & Newborn Hearing Screening | University of Chicago Medicine



My name is Brittney Sprouse, and I am honored to serve with the ACI Alliance in support of its mission to advance access to cochlear implantation through advocacy, education, and collaboration. I am currently the Director of Audiology at the UChicago Medicine, where I oversee inpatient and outpatient audiology services

and work closely with multidisciplinary partners to support comprehensive hearing healthcare across the lifespan.

My clinical and leadership work has focused on building sustainable, patient-centered audiology programs within complex academic medical systems. I am particularly passionate about improving access to cochlear implantation, strengthening care coordination across disciplines, and ensuring that clinical decision-making reflects both evidence-based practice and the lived experiences of patients and families. As a leader, I am deeply invested in mentoring clinicians, supporting

professional growth, and fostering environments where teams feel valued, engaged, and empowered to deliver high-quality care.

My involvement with ACI Alliance is driven by a shared commitment to reducing barriers to cochlear implantation and ensuring equitable access to care. Throughout my career, I have seen firsthand how delays in referral, limited awareness, and systemic inequities can prevent individuals from receiving timely and appropriate implant services. The ACI Alliance multidisciplinary approach — bringing together audiologists, surgeons, speech-language pathologists, researchers, patients, and advocates — reflects the collaborative model necessary to address these challenges meaningfully.

It is a privilege to contribute to an organization whose mission so closely aligns with my own professional values. I am grateful for the opportunity to collaborate with dedicated colleagues across disciplines and to support ACI Alliance ongoing efforts to improve access, quality, and equity in cochlear implant care for individuals of all ages. ■



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