Transcript for NCIOM Task Force Meeting on 4.5.2019
Health Services for Individuals who are Deaf or Hard of Hearing

>> GOOD MORNING, FOLKS ON THE PHONE. WE'RE GLAD YOU'RE ABLE TO JOIN US. WE WILL GET STARTED IN ABOUT ONE MINUTE. I'D LIKE TO ASK YOU TO MUTE FOR NOW AND WE'LL HAVE YOU UNMUTE TO INTRODUCE YOURSELF AFTER WE GO AROUND THE ROOM.

>> GOOD MORNING, EVERYONE. MY NAME IS MARK BENTON AND I'M ONE OF YOUR OWE CHAIRS AND WE WELCOME YOU TO THE SECOND MEETING OF THIS GROUP. I WANTED TO DO TWO THINGS AS FAR AS OPENING UP THE MEETING THIS MORNING IS TO GO BACK AROUND AND DO JUST A QUICK INTRODUCTION BY NAME, THE ORGANIZATION WHERE YOU WORK AT BUT ALSO FOR THOSE WHO WERE ABLE TO JOIN US AT OUR FIRST MEETING THAT WAS OVER THE JOINT COMMAND CENTER, MAYBE JUST TO SHARE A LITTLE BIT ABOUT YOUR TAKE-AWAYS AND JUST SORT OF MODEL GOOD BEHAVIOR. I'LL START OFF BY SORT OF SHARING WITH YOU MY NAME, THE ROLE I HAVE AT THE DEPARTMENT, AND UNBEFORE THE TAKE-AWAYS I HAVE FROM OUR LAST MEETING. MARK BENTON. I'M THE DEPUTY SECRETARY FOR HEALTH SERVICES AT THE NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES. SO I HAVE RESPONSIBILITY FOR OUR STATE'S PUBLIC HEALTH SYSTEM, OUR RURAL HEALTH, MINORITY HEALTH AND HEALTH DISPARITIES AND AS WELL AS OUR DIVISION OF VOCATIONAL REHABILITATION SERVICES, DIVISION OF SERVICES FOR THE BLIND, DIVISION OF SERVICES FOR THE DEAF AND HARD OF HEARING, AS WELL AS OUR DIVISION FOR DISABILITY DETERMINE SERVICES. MY OWN TAKE-AWAY-- PARDON?
[VOICES FROM UNMUTED LINES]
I'D LIKE TO ASK THE PHONE FOLKS ON PHONE IF THEY CAN MUTE FOR A MINUTE WHILE WE GO AROUND THE ROOM WITH INTRODUCTIONS AND THEN WE'LL HAVE YOU UNMUTE AND INTRODUCE YOURSELVES IN A FEW MINUTES.
>> HE HAS TO USE THE MICROPHONE. SHOULD I
>> SHOULD I START BACK OVER OR PICK UP?
>> ONE OF PLY CHIEF TAKE-AWAYS FROM OUR LAST MEETING EVEN THOUGH I HAVE THE PRIVILEGE OF WORKING WITH THE DEPARTMENT AND MANY OF YOU, IT WAS A REALLY NICE OVERVIEW OF BOTH DATA THAT JAN AND OTHERS SORT OF SHARED ABOUT THE INCIDENT--

>> SPEAKER FROM PHONE: WE ALSO CAN'T HEAR. IF YOU WOULD BRING YOURSELF CLOSER TO THE MICROPHONE, THAT WOULD HELP.

>> HOW ABOUT NOW? THIS IS MARK BENTON FROM THE DEPARTMENT OF HEALTH AND HUMAN SERVICES. ARE YOU ABLE TO HEAR? THUMBS UP IN THE ROOM. FOLKS ON THE PHONE?

>> YES.

>> VERY GOOD. JUST TO SORT OF KEEP THE BALL ROLLING AND APOLOGIZE FOR THE HICCUP IN COMMUNICATION. HOPEFULLY FOLKS FROM THIS POINT FORWARD WILL HAVE A MUCH BETTER TIME OR MUCH EASIER TIME HEARING. JUST WANTED TO SORT OF DO A QUICK ROUNDTABLE-- AROUND-THE-TABLE INTRODUCTION OF WHO IS HERE TODAY AND WHO IS ON THE PHONE AND A TAKE-AWAY FROM OUR LAST MEETING AND I DID BOTH OF THOSE, AND SO NOW I'LL TAKE IT TO THE PERSON TO MY LEFT OR MAYBE I'LL GO TO DAVID, THE OTHER CO-CHAIR, OR DO YOU WANT ME TO END WITH DAVID?

>> DAVID: END WITH ME.

>> Speaker: GOOD MORNING. I'M BETH HORNER. I'M THE DIRECTOR OF CUSTOMER EXPERIENCE AND COMMUNICATIONS FOR THE NORTH CAROLINA STATE HEALTH PLAN AND MY TEAM HAS RESPONSIBILITY FOR COMMUNICATING TO OUR OVER 730,000 MEMBERS. SO THE LAST MEETING I APPRECIATED THE INFORMATION THAT WAS GIVEN. WE HAVE A CHALLENGE TO COMMUNICATE TO MEMBERS OF VARIOUS CHANNELS. SOME OF WHICH ARE EXPERIENCING SOME OF THE DIFFICULTIES THAT FOLKS SHARED AT THE LAST MEETING, SO I TOOK AWAY AND APPRECIATED SOME OF THE RESOURCES THAT I WAS NOT CURRENTLY AWARE THAT WAS AVAILABLE. I APPRECIATED THAT INFORMATION.

>> YES, HELLO. HELLO. I'M HOWARD ROSINBLUM, FROM THE NATIONAL ASSOCIATION OF THE DEAF, AND I'M VERY HONORED TO BE A GUEST HERE TODAY AND LOOKING FORWARD TO MEETING ALL OF YOU.

>> HELLO. I AM JAN WITHERS. I'M THE DIRECTOR OF THE NORTH CAROLINA DIVISION OF SERVICES FOR THE DEAF AND HARD OF HEARING UNDER THE DEPARTMENT OF HEALTH AND HUMAN SERVICES. ONE TAKE-AWAY FROM THE PAST MEETING IS THAT I WAS SO EXCITED TO SEE SO MANY PEOPLE FROM ALL DIFFERENT ASPECTS OF THE HEALTHCARE SYSTEM HERE TOGETHER IN ONE ROOM, READY TO LISTEN AND TO LEARN AND TO WORK WITH US TO FIND SOLUTIONS. SO THANK YOU ALL.

>> HELLO, EVERYONE. MY NAME IS TOVAH WAX, AND I AM HERE BECAUSE I AM A MEMBER OF THE ADVISORY COUNCIL FOR THE DEAF AND HARD OF HEARING, WHICH PROVIDES ADVICE TO THE DIVISION OF SERVICES FOR THE DEAF AND HARD OF HEARING. I'M ALSO A CONSUMER AND I'M ALSO A CHAIR OF THAT COUNCIL. FOR THE REST OF THIS MEETING, I WILL BE SPEAKING AND USING MY OWN VOICE BUT I AM DEAF AND I DO COMMUNICATE WITH SIGN LANGUAGE AND I WANTED TO START OUT THAT WAY. MY TAKE-AWAY FROM THE LAST MEETING-- I'LL JUST HAVE TO ECHO WHAT JAN SAID. I DON'T NEED TO SAY IT AGAIN. I WAS EXCITED TO SEE EVERYBODY TOGETHER AND I'M EXCITED TO BE HERE AS WELL.

>> HELLO. I'M EILEEN CARTER. AND I REPRESENT THE INCOME PHYSICAL THERAPY ASSOCIATION AND VERY GLAD TO BE HERE AND I ALSO, IN MY PRIVATE PRACTICE, WORK WITH THE NORTH CAROLINA SCHOOL FOR THE DEAF.

>> HELLO. MY NAME IS ALISON DAHL. I AM-- I AM A LEGISLATOR, A REPRESENTATIVE WITH THE NORTH CAROLINA GENERAL ASSEMBLY. MY TAKE-AWAY WAS THAT THERE'S A LOT GOING ON BUT WE ALSO HAVE A LOT OF WORK TO DO, AND I'M LOOKING FORWARD TO TRYING TO MAKE THIS A BETTER WORLD FOR EVERYBODY AND A BETTER NORTH CAROLINA FOR EVERYBODY.

>> GOOD MORNING. EYE NAME IS RONDO OWEN AND I'M THE PUBLIC POLICY MANAGER FOR NORTH CAROLINA MEDICARE/MEDICAID FOR AUDITORY SERVICES AND I HAD A COUPLE OF TAKE-AWAYS FROM THE FIRST MEETING. IT'S AN HONOR TO BE HERE AND THERE'S SO MUCH WORK THAT NEEDS TO BE DONE AND I KNOW THAT AS A PROFESSIONAL BUT IT WAS MY FIRST OPPORTUNITY TO GO THROUGH-- I DON'T REMEMBER THE NAME OF THE EXERCISE THAT WE DID BUT GOING FROM TABLE TO TABLE AND ON SOME DEGREE EXPERIENCING WHAT PEOPLE WHO ARE DEAF OR HARD OF HEARING HAVE LOW VISION OR BLIND EXPERIENCE IN TRYING TO COMMUNICATE, AND IT'S JUST UNAVOIDABLE THAT THAT AFFECTS THEIR HEALTHCARE, SO IT'S JUST SUCH A RIPPLE EFFECT. I'M VERY HONORED TO BE HERE AND VERY HOPEFUL THAT THE END RESULT OF THIS IS SOME CHANGES THAT MAKES THAT BETTER.

>> MILLY COUGHMAN AND I REPRESENT THE NORTH CAROLINA NURSING ASSOCIATION. I WORKED AT

BRATON HOSPITAL ON THE UNIT FOR THE DEAF AND HARD OF HEARING FOR SEVEN YEARS, AND SO I KNOW SOME OF THE PEOPLE WHO I THOUGHT SHOULD BE HERE, LIKE CONNIE KING, BUT I'M HERE TO REPRESENT THE NURSES AND I AM SORRY I MISSED THE FIRST MEETING. IT SOUNDS LIKE IT WAS REALLY PACKED WITH A LOT OF INFORMATION. THANK YOU.

>> HELLO. ERIKA FERGUSON FROM THE DEPARTMENT OF HEALTH AND HUMAN SERVICES. THE OFFICE OF HEALTHY OPPORTUNITIES WHICH IS THE WORK ON SOCIAL DETERMINENTS OF HEALTH, MORE BROADLY. I THOUGHT THE PERSONAL STORY OF EXPERIENCES OF FOLKS IN THIS ROOM, EXPERIENCE TO BE ABLE TO ADVOCATE FOR YOURSELF AND REALLY KNOW ALL THE THINGS THAT WERE AVAILABLE AND EVERYTHING AVAILABLE AND STILL ALL THE STRUGGLES AND BARRIERS TO HEALTHCARE AND HOW MUCH FOLKS WHO DON'T HAVE THE ABILITIES TO ADVOCATE FOR THEMSELVES IN THE SAME WAY HOW MUCH THOSE STRUGGLES WILL BE EXPONENTIALLY HIGHER. I THOUGHT THOSE WERE REALLY POWERFUL.

>> HI. I'M LAURA THORPE. I'M AN AUDIOLOGIST FOR HEARING LIFE. I WORK IN NURSING HOMES. ACTUALLY 55 NURSING HOMES THAT I COVER AND OUR COMPANY HAS HEARING CARE PROVIDERS IN ALMOST 200 FACILITIES HERE AT INCOME. SINCE THE MEETING LAST TIME, OUR COMPANY HAS A NATIONWIDE NEW POLICY FOR OUR HEARING CARE PROVIDERS TO HAVE RESOURCES TO SIGN LANGUAGE INTERPRETERS. SO THAT WAS A HUGE TAKE AWAY.

>> HI. I'M SHELLEY, AND I HAVE A PRIVATE AUDIOLOGY PRACTICE IN DURHAM, NORTH CAROLINA AND HERE ALSO WITH THE NORTH CAROLINA ACADEMY OF AUDIOLOGY.

>> THAT'S WORKING.

>> THIS ONE IS NOT. TECHNICAL CHALLENGES ARE ALWAYS A PART OF THIS SORT OF THING. THE PATIENTS ARE REALLY IN MAKING SURE WE KEEP EVERY IN THE LOOP. I CAME AWAY FROM THE LAST MEETING MOSTLY EXCITED FOR NORTH CAROLINA TO BE A PLACE THAT LEADS OUR COUNTRY IN MAKING SURE THINGS ARE ACCESSIBLE ESPECIALLY HEALTHCARE, BUT CREATING SOME PATHWAYS AND SOME STRATEGIES TO MAKE THIS EASIER FOR EVERYBODY TO HAVE ACCESS TO EXCELLENT CARE.

>> I'M JENNIFER GILL. I REPRESENT LEADING AGE NORTH CAROLINA. WE REPRESENT AND ADVOCATE AND EDUCATE NONPROFIT-- THE STAFF OF NONPROFIT RETIREMENT COMMUNITIES ACROSS THE STATE. MY ROLE THERE IS DIRECTOR OF STRATEGIC COMMUNICATIONS AND LAST WEEK WHAT I THINK I REALLY APPRECIATED WAS THE TIME THAT WE TOOK TO CREATE SORT OF AWARENESS AROUND THE TECHNICAL ISSUES AROUND HOW MUCH WORK THERE IS TO BE DONE AND JUST GENERAL EMPATHY FOR WHAT IT IS LIKE TO LIVE WITH HEARING LOSS. I WAS AMAZED WHEN I WALKED IN THE ROOM LAST MONTH AND SAW ALL THE TECHNOLOGY THAT WAS REQUIRED. I SEE EVERYONE BUZZING AROUND THIS MORNING TRYING TO MAKE THINGS WORK AND I WAS REALLY SORT OF AMAZED AT HOW FEW PHYSICAL STRUCTURES WE HAVE APPARENTLY, PUBLIC MEETING PLACES THAT CAN ACCOMMODATE THE THOUSANDS OR PERHAPS MORE PEOPLE-- PROBABLY MORE-- WHO LIVE WITH HEARING LOSS OR WILL LIVE WITH HEARING LOSS. WE HAVE SO MUCH WORK TO DO. I LOOK FORWARD TO TAKING BACK AS MUCH AS POSSIBLE TO OUR MEMBERS WHO DO PROVIDE HEALTH SERVICES TO THE OLDER ADULT POPULATION AND JUST CREATING GENERAL AWARENESS. THANKS LETTING ME BE A PART.

>> GOOD MORNING, EVERYONE. I'M ASHLEY BENTON. I'M WITH THE DIVISION OF SERVICES FOR DEAF AND HARD OF HEARING. I'M THE DEAF, DEAF-BLIND SERVICES COORDINATOR AND I REPRESENT THE

DEAF-BLIND COMMUNITY AND I'M DEAF-BLIND AS WELL. ONE OF THE TAKE-AWAYS FOR ME FROM THE LAST MEETING WAS MEETING ALL THE DIFFERENT STAKEHOLDERS. I DID MEET SOME-- ONE PERSON FROM REHAB THERAPY THAT WAS AT MY TABLE LAST TIME. IT WAS A JOY MEETING PEOPLE FROM A VARIETY OF DIFFERENT WALKS OF LIFE. I'M HAPPY TO SEE YOU ALL HERE, WITH AN OPEN MIND AND READY TO WORK AND HELP US RESOLVE OUR ISSUES THAT HARD OF HEARING, DEAF, DEAF-BLIND PEOPLE FACE EVERY DAY.

>> GOOD MORNING. I'M MELISSA, AND I AM WITH BLUE CROSS/BLUE SHIELD NORTH CAROLINA AND I WORK IN THE HEALTH POLICY OFFICE, AND WE ARE ALWAYS WATCHING OUT FOR WHAT IS COMING DOWN THE PIKE OR HOW WE CAN IMPROVE POLICIES THAT IMPACT THE INSURANCE INDUSTRY, OF COURSE, BUT WE THINK BROADER THAN THAT. I REALLY APPRECIATED THE FIRST MEETING MORE ON A PERSONAL PART I HAVE TO SHARE. MY FATHER IS HARD OF HEARING AND HAS BEEN MY ENTIRE LIFE BUT HAS BEEN ONE THAT I THINK PUTS ON A FRONT AND PRETENDS THAT HE IS ABLE TO HEAR AND UNDERSTAND AND AS HE'S AGING, THAT'S BECOMING MORE AND MORE CHALLENGING AND IT GAVE ME A GREATER APPRECIATION THAT ALL HE HAD TO GO THROUGH GROWING UP.

>> I'M (INAUDIBLE) ASSISTANT DIRECTOR OF AGING AND ADULT SERVICES. OVER THE RECENT YEARS, I PERSONALLY A LITTLE MORE PROGRESSIVE HEARING LOSS. SO THIS BOARD AND TASKFORCE IS INTERESTING PERSONALLY BUT ALSO TRYING TO LEARN HOW OUR DIVISION CAN HELP OUR PROVIDERS AND PARTNERS WE WORK WITH, BE MORE AWARE OF COGNIZANT OF THE CHALLENGES AND THE WAYS WE CAN BETTER SERVE THE DEAF AND HARD OF HEARING COMMUNITY.
>> I'M MISHA EVANS WITH DISABILITY RIGHTS NORTH CAROLINA, ADVOCACY FOR THE STATE. I'M HERE IN PLACE OF OUR POLICY DIRECTOR WHO COULDN'T MAKE IT.
THIS IS MY FIRST TIME AT THIS TASKFORCE, BUT I'M LOOKING FORWARD TO BEING HERE AND LEARNING FROM THE DIFFERENT STAKEHOLDERS.

>> GOOD MORNING. MY NAME IS DONNA NICHOLSON. I'M A NURSE BUT WORK WITH A COMPANY CALLED MEDICAL MUTUAL OF NORTH CAROLINA. I WILL HAVE AN OPPORTUNITY TO SPEAK WITH YOU LATER RIGHT BEFORE LUNCH. I WILL STAND BETWEEN YOU AND LUNCH.
[LAUGHTER]
I WAS ABLE TO ATTEND THE FIRST MEETING AND WHEN I WENT BACK TO THE OTHER TEN NURSES THAT I WORK WITHIN MY DEPARTMENT, I DESCRIBED IT AS FASCINATING AND I REALLY DID FEEL LIKE IT WAS QUITE FASCINATING FOR ALL THE REASONS THAT HAVE ALREADY BEEN MENTIONED SO I WON'T REPEAT THOSE. I, TOO, HAVE A PERSONAL IMPACT WITH REGARD TO HARD OF HEARING AND ALSO VISION LOSS WITH BOTH OF MY PARENTS. BOTH ARE HARD OF HEARING FAIRLY SIGNIFICANTLY AND MY MOTHER HAS MACULAR DEGENERATION AND SO SHE'S NEARLY BLIND AND REALLY STRUGGLING WITH ACCEPTING THAT AND HOW TO COMPENSATE FOR IT. SO TWO NOTES, PROFESSIONALLY, PERSONALLY. IT'S BEEN VERY IMPACTFUL. I APPRECIATE EVERYONE SHARING YOUR STORIES.

>> STEVE, AND I REPRESENT THE PEOPLE WITH HEARING LOSS IN NORTH CAROLINA. I HAVE VOLUNTEERED WITH HEARING LOSS ASSOCIATION OF NORTH CAROLINA AMERICA IN NORTH CAROLINA AND I HAVE BEEN ACTIVE IN THE WAKE CHAPTER AND ACTIVE WORKING WITH DSDHH FOR THE LAST 25 YEARS OR MORE. I DO HAVE SOME INTERESTING HEARING LOSS. I AM TOTALLY DEAF BUT I HAVE A COCHLEAR IMPLANT AND I DO QUITE WELL WITH THAT. IT'S NOT PERFECT, BUT IT'S AMAZINGLY GOOD. WE SHARE WITH THE DEAF COMMUNITY AND WE KNOW THIS HAVING WORKED WITH THE FDA FOR SO LONG, WE SHARE SOME THINGS AND WE HAVE DIFFERENCES IN MODALITIES AND INTERESTS IN COMMUNICATIONS ACCESS METHODS BUT THE MAIN GOAL IS COMMUNICATIONS ACCESS, AND THAT

WE SHARE WITH EVERYBODY ELSE IN THE ROOM WHO IS INTERESTED HEARING LOSS, DEAFNESS, DEAF-BLIND, IT'S COMMUNICATION ACCESS. I'LL TELL YOU A COUPLE OF BRIEF STORIES ABOUT WHY THAT'S IMPORTANT FOR US ESPECIALLY PEOPLE WHO ARE HARD OF HEARING. I RECENTLY RETIRED AND HAD TO SIGN UP WITH MEDICARE. SO WHEN YOU SIGN UP FOR MEDICARE, THEY CALL YOU ON THE TELEPHONE. NO CHAT LINE. NO TTYs. WELL, THEY HAVE TTYs, BUT I DON'T HAVE A TTY. MOST PEOPLE IN HERE DON'T HAVE A TTY. THEY CALL YOU AND THEY WANT TO ASK YOU A WHOLE BUNCH OF QUESTIONS AND IT HAS TO BE-- IT HAS TO BE LIVE SPEECH BECAUSE THEY'RE RECORDING EVERYTHING YOU ANSWER SO THEY KNOW WHO YOU ARE, WHAT YOU'VE SAID AND THEY GOT IT ALL RECORDED DIGITALLY. I CAN'T HEAR ANYTHING. IT TOOK ME TWO HOURS ON THE PHONE WITH MY WIFE TALKING ON THE PHONE AND TELLING ME WHAT THEY SAID BECAUSE I COULDN'T SPEAK-- WITH HER SITTING RIGHT THERE AND IT TOOK ME TWO HOURS TO ANSWER STUPID QUESTIONS AND THEN THEY CALL BACK AND WANTED ME TO HELP TAKE A SURVEY VERBALLY ON THE PHONE.
[LAUGHTER]
THIS IS SOCIAL SECURITY AND MEDICARE AND GUESS WHAT. THE PERCENTAGE OF PEOPLE WHO ARE GETTING THOSE PHONE CALLS THAT CAN'T HEAR THE PHONE CALL IS ASTRONOMICAL, IT'S 30, 40, 50% OF PEOPLE IN THAT AGE BRACKET CAN'T HEAR WELL ENOUGH ON THE PHONE TO DO THAT. SO THAT'S ONCE SIMPLE SITUATION. THAT'S SO OBVIOUSLY WRONG THAT NEEDS TO BE ADDRESSED. THE SAME SITUATION EXISTS IN MOST DOCTOR'S OFFICES. THEY HAVE A PHONE NUMBER. THEY HAVE NO WAY TO CONTACT ANY OTHER WAY. WE'RE HAPPY TO BE HERE AND REPRESENT PEOPLE WITH HEARING LOSS. WE WANT TO WORK TOGETHER WITH ALL THE STAKEHOLDERS BECAUSE WE ALL SHARE THAT ONE COMMUNICATIONS ACCESS PROBLEM.

>> HI. MY NAME IS DR. CRYSTAL BOWE. I'M A FAMILY PHYSICIAN IN GASTONIA, NORTH CAROLINA, WITH CAROLINA MEDICAL GROUP. I ALWAYS ENJOY COMING TO THIS. WHEN FOLKS ARE COMING TOGETHER WITH A STATEWIDE CAUSE WILLING TO BRING THEIR EXPERTISE IN AND HELP MAKE A CHANGE, AND THE THING THAT AFFECTED ME MOST ABOUT THE LAST MEETING WAS LISTENING TO THE PATIENTS AND THEIR FAMILY STORIES, AND IT REALLY STRUCK ME AS DEVASTATING THE LACK OF ACCESS AND KIND OF HEART-WRENCHING THAT WE STILL HAVE SO MUCH COMMUNICATION ACCESS WITHIN THE HEALTHCARE COMMUNITY. IT WORRIED ME THAT SO MANY PEOPLE HAVE SO MANY NEGATIVE EXPERIENCES AND THAT HAVING ACCESS TO QUALITY CARE WITH GOOD COMMUNICATION SOUNDED SOMETIMES MORE THE EXCEPTION AND NOT THE NORM. AND SO THAT FURTHER MOTIVATED ME TO MAKE CHANGES BECAUSE IN MY WORLD, I THINK THAT MOST PEOPLE DO THE RIGHT THING AND LISTENING TO YOU GUYS LAST TIME IT BOTHERED ME IT SOUNDS LIKE OFTENTIMES THAT MAY NOT HAPPEN. THATS WHAT REALLY MOTIVATING TO SEE HOW WE CAN MAKE A CHANGE THAT PEOPLE HAD THE RIGHT CARE AND RIGHT COMMUNICATION EVERY TIME THEY NEED IT.

>> GOOD MORNING. MY NAME IS BETH HATHAWAY.

>> YOU SHOULD GET A GREEN LIGHT.

>> GOOD MORNING. MY NAME IS BETH HATHAWAY AND I'M THE PRESIDENT OF THE NORTH CAROLINA OCCUPATIONAL THERAPY ASSOCIATION. I THINK-- I'VE BEEN O.T. FOR 38 YEARS SO A VERY LONG TIME, AND HAVE HAD VERY LITTLE INTERACTION WITH THIS POPULATION. SO LAST TIME, IT WAS MAINLY EDUCATIONAL FOR ME. ON A PERSONAL NOTE, WHEN I WAS TALKING TO MY MOTHER, WHO IS 86 AND SLOWLY LOSING HER HEARING, I WAS TELLING HER ABOUT SOME OF TECHNOLOGY WE WERE SHOWN LAST TIME AND ABOUT A WEEK LATER, SHE CALLED ME UP AND YOU HAVE TO COME OVER AND SEE MY NEW PHONE. HER FIRST QUESTION WAS, WELL, WHY DID THEY INVITE YOU?

[LAUGHTER]
I HAD THE EXACT SAME REACTION. LIKE I HAVE VERY LITTLE INTERACTION WITH THIS GROUP, BUT I'M EXCITED TO BE HERE. THAT'S THE MOM COMMENT, WHY DID THEY INVITE YOU TO A MEETING? BUT SHE HAD, SINCE WE HAD TALKED, SHE HAD GOTTEN THE PHONE THAT SHOWS IN TEXT AND IT'S NOT 100% ACCURATE SO SOMETIMES SHE STILL HAS TO CLARIFY AND WE HAVE GIGGLES ABOUT THE THINGS I SAID. SO IT'S OPENED UP HER WORLD QUITE A BIT BECAUSE I DIDN'T REALIZE WHEN WE'RE TALKING ON THE PHONE, MOTHER-DAUGHTER, THAT SHE WAS MISSING MOST OF WHAT I WAS SAYING AND NOT TELLING ME. I'M JUST REALLY GRATEFUL TO BE PART OF THIS.

>> GOOD MORNING. I'M EILEEN, A PEDIATRIC OTOLARYNGOLOGIOLOGIST AT DUKE AND I TAKE CARE OF A LOT OF CHILDREN WHO HAVE DEAFNESS, HARD OF HEARING AND OTHER COMMUNICATION CHALLENGES INCLUDING JUST NON-VERBAL COMMUNICATION, AND I'M EXCITED TO BE PART OF A GROUP THAT IS LOOKING FOR SOLUTIONS AND CREATIVE WAYS TO ADDRESS PROBLEMS WITH ACCESS, TECHNOLOGY, AND JUST ABILITY TO WORK WITH PATIENTS OF ALL TYPES. I'M LOOKING FORWARD TO THIS.

>> MY NAME IS LIZ BELL ROBERTSON AND ACTUALLY I CAN'T TALK TODAY BECAUSE OF ALL OF THE POLLEN THAT'S AFFECTED MY VOICE. SO I'M GOING TO SIGN. SO I DON'T HAVE TO WORRY. I CAN COMMUNICATE IN SIGN LANGUAGE. I WORK AS THE DIRECTOR OF THE SWANSON COMMUNICATIONS VIDEO RELAY SERVICE HERE IN RALEIGH BUT I'M HERE SERVING ON THIS TASK FORCE AS A CODA, WHICH STANDS FOR CHILD OF DEAF ADULTS AND I'M ALSO AN INTERPRETER. MY TAKE-AWAY FROM THE LAST MEETING, TO BE HONEST WITH YOU, IS MOSTLY IT WAS WONDERFUL TO BE GIVEN THE OPPORTUNITY TO JUST KIND OF LET IT ALL OUT THERE AND JUST TO TALK ABOUT MY STUFF, BUT ALSO IT WAS VERY GOOD TO SEE EVERYBODY IN THIS ROOM THERE TOGETHER PARTICIPATING, PEOPLE REPRESENTING ALL OF THE DIFFERENT AREAS THAT YOU REPRESENT AND THEN NOW TODAY WITH YOU ALL SHARING ALL OF YOUR TAKE-AWAYS THAT HAS BEEN VERY TOUCHING FOR ME.

>> GOOD MORNING. I'M MAGGIE SAUER AND I'M IN THE DEPARTMENT OF HEALTH AND HUMAN SERVICES. I'M THE DIRECTOR OF NORTH CAROLINA OFFICE OF RURAL HEALTH AND VERY PLEASED AND HONORED TO BE PART OF THIS GREAT GROUP OF FOLKS. I THINK I SHARED LAST TIME THAT PART OF MY BACKGROUND WAS AS A SPEECH LANGUAGE PATHOLOGIST. I WORK WITH KIDS AND ADULTS THAT USED ASSISTIVE TECHNOLOGY AND ON A PERSONAL LEVEL, I HAVE THREE COUSINS WHO ARE ACTUALLY DEAF, AND MOVE-- HAD TO MOVE FROM A VERY SMALL COMMUNITY IN COLORADO BECAUSE THERE WAS NO WAY THAT THEY COULD GET AN EDUCATION IN A RURAL COMMUNITY WITHOUT SUPPORT, SO I DO BELIEVE THAT FOLKS WHO HAVE-- WHO ARE DEAF AND HAVE OTHER ABILITIES, DISABILITIES, NEED THAT SUPPORT IN RURAL COMMUNITIES SO I'M GRATEFUL TO BE HERE TODAY. THANK YOU.

>> HI. MY NAME IS SUCHI TAYLOR AND I'M WITH NCIOM.

>> HELLO, EVERYBODY. I'M KELLY AND I'M AN ASSISTANT WITH NCIOM. HI, EVERYONE. ANDREW AND I WORK AT BLUE CROSS NC WITH MELISSA IN THE HEALTH POLICY OFFICE AS A VOCATIONAL ASSOCIATE. I WASN'T IN THE FIRST MEETING. I LOOK FORWARD TO BEING HERE AND LEARNING ABOUT THE POLICY. THANK YOU FOR HAVING ME.

>> HI. I'M (INAUDIBLE) WITH THE NORTH CAROLINA MEDICAL SOCIETY AND NORTH CAROLINA (INAUDIBLE). I CAN'T BEGIN TO DESCRIBE THE IMPACT THE FIRST MEETING HAD ON ME. YOU THINK THAT YOU CAN APPRECIATE HOW OTHER PEOPLE FEEL WHEN THEY'RE GOING ABOUT IN THE WORLD

BASED ON, YOU KNOW, SOME EMPATHY FOR WHAT THEY GO THROUGH BUT UNTIL YOU SIT IN THOSE SEATS AND THOSE ROTATIONS AND FROM THE DIFFERENT, DIFFERENT WORLD EXPERIENCE, REALLY VERY EYE-OPENING AND THE WHOLE PRESENTATION WAS VERY INFORMATIVE AS WELL. I WAS SHOCKED TO KNOW HOW MANY NORTH CAROLINIANS AMONG US ARE DEAF, HARD OF HEARING, OR HAVE OTHER COMMUNICATIONS CHALLENGES. ON A PERSONAL LEVEL, IT'S SOMETHING THAT WE FELT IN OUR FAMILY AS WELL. MY FATHER-IN-LAW WHO WAS HEARING WAS IN DECLINE AS HE AGED AND REALLY STRUGGLE WITH IT. HE TRIED HEARING AID, A VERY EXPENSIVE HEARING AID THAT REALLY DID NOT WORK VERY WELL FOR HIM AND PARTICULARLY MY HIGH-PITCHED VOICE CAUSED HIM EXTREME PAIN SO I WOULD SIT NEXT TO HIM AT THANKSGIVING AND HE WOULD BE LIKE THIS EVERY I OPENED HIS MOUTH. HE DID NOT ACCEPT HIS HEARING LOSS WITH AGE AND IT WAS FRUSTRATING AND AT 80 YEARS OLD, HE WAS NOT GOING TO PICK UP SIGN LANGUAGE. HE HAS RECENTLY GOTTEN A COCHLEAR IMPLANT AND WE WILL BE SEEING HIM IN TWO WEEKS FOR THE FIRST TIME SINCE HIS COCHLEAR IMPLANT AND I UNDERSTAND THAT HE STILL IS ADJUSTING TO IT BUT IT'S IMPROVING GREATLY EVERY DAY. SO WE'RE REALLY LOOKING FORWARD TO THAT AND PARTICULARLY FOR MY KIDS, YOU KNOW, THE HIGH-PITCHED VOICE OF THE YOUNG CHILDREN WAS JUST UNBEARABLE TO HIM AND IT IMPACT OUR EXPERIENCES WITH HIM. SO WE'RE REALLY LOOKING FORWARD TO THAT AND I REALLY APPRECIATE THIS OPPORTUNITY TO WORK AND EXPAND OUR SERVICES FOR THE COMMUNITY THAT'S CLEARLY STRUGGLING A LOT WITH (INAUDIBLE)

>> (INAUDIBLE) I'M THE ASSOCIATE DIRECTOR OF NORTH CAROLINA STUDENT MEDICINE.

>> GOOD MORNING. MY NAME IS JAMES AND I'M AN (INAUDIBLE)

>> I'M JOHNNY SEXTON, A MEMBER OF THE STEERING COMMITTEE FOR THIS TASK FORCE. I HAVE BEEN AN AUDIOLOGIST FOR 40 YEARS. I WAS LISTENING TO YOUR STORY-- HI, FRIENDS.
[LAUGHTER]
I HAVE WORKED PRIMARILY IN PEDIATRICS BUT THERE WAS A PERFECTED OF TIME UNDER FIVE GOOD MORNING GOVERNORS THAT I WAS INVOLVED WITH STATE LICENSURE BOARDS, LOOKING AT CONSUMER SERVICES AND PROTECTION FOR INDIVIDUALS WITH COMMUNICATION DISORDERS . I'VE SEEN A BROAD SPECTRUM OF SERVICES GOING FROM VIRTUALLY NOTHING TO WHERE WE ARE TODAY AND I WAS BORN IN EASTERN NORTH CAROLINA AT A RURAL TOWN, FAMILY ACROSS THE STREET FROM US HAD A CHILD BORN ABOUT THE SAME TIME AND HE WAS PROFOUNDLY DEAF. IT CREATED QUITE AN AWARENESS FOR US. I'M PROUD OF NORTH CAROLINA FOR WHERE WE'VE COME. BUT THERE'S A TREMENDOUS AMOUNT LEFT TO DO FOR COMMUNICATION ACCESS FOR ALL OF US.

>> GOOD MORNING. MY NAME IS JEFF MOB ALMOST EY. I'M WITH THE DIVISION OF SERVICES FOR THE DEAF AND HARD OF HEARING. I'M HERE AS A RESOURCE PERSON FOR YOU. IF YOU NEED ANYTHING, LET ME KNOW.

>> HELLO, GOOD MORNING. MY NAME IS AJ SONDOSSI. I'M WITH THE DIVISION OF SERVICES FOR DEAF AND HARD OF HEARING. I'M THE OUTREACH COORDINATOR.

>> I'M LEE WILLIAMSON. I'M THE COMMUNICATION ACCESS MANAGER WITH THE DIVISION OF SERVICES FOR THE DEAF AND HARD OF HEARING.

>> BILL, DO YOU WANT TO INTRODUCE YOURSELF. IF YOU COULD, TALK INTO BOTH.

>> MY NAME IS BILL, AND I'M THE EXECUTIVE DIRECTOR OF FRIENDS AND RESIDENTS IN LONG-TERM CARE.

>> HOLLY, DO YOU WANT TO SAY HI?

>> GOOD MORNING. I'M HOLLY RIDDLE. I'M REPRESENTING SAM HENDRICK TODAY. AND SAM IS THE SENIOR ADVISOR AND I'M THE COORDINATOR FOR THE DEPARTMENT. THANK YOU.

>> I'M ROBERT NUTT. A DEVELOPMENT PEDIATRICIAN WITH ATRIUM HEALTH AND I HAVE WORN HEARING AIDS SINCE I WAS FOUR YEARS OLD.

>> DID WE GET EVERYBODY IN THE ROOM?

>> ME AND YOU.

>> SO MY NAME IS ADAM ZOLOTOR AND I'M THE PRESIDENT AND CEO OF NCIOM. I WANT TO ADD MY WELCOME. I'M THRILLED TO HAVE YOU ALL HERE TODAY. I WOULD SAY IN TERMS OF IMPRESSIONS FROM LAST TIME, I THINK IN HEALTHCARE AND IN HEALTH, WE HAVE A A DESIRE TO APPLY ONE SIZE FITS ALL APPROACH AND IT WAS ABUNDANTLY CLEAR TO ME THAT DOESN'T WORK TO MEET THE COMMUNICATION NEEDS OF ALL DEAF AND HARD OF HEARING POPULATIONS. , AMONG THE OTHER FASCINATING THINGS THAT I LEARNED AT OUR LAST MEETING. I WANT TO-- SINCE THIS IS THE FIRST TIME YOU HAVE MET IN THIS SPACE, I WANT TO LET EVERYBODY KNOW THAT BATHROOMS ARE THROUGH THESE DOORS TO THE RIGHT AND TO THE LEFT, AND YOU HAVE TO COME BACK IN THROUGH THE FRONT DOOR THAT YOU CAME IN EARLYIER. WE HAVE COFFEE, TEA AND WATER OVER HERE. PLEASE MAKE YOURSELF COMFORTABLE. ALSO, IF ANYBODY IS HAVING ANY TROUBLE, IF THEY NEED TO SEE THE CART WRITER AND ARE UNABLE TO SEE THE SCREEN OR IF THEY'RE UNABLE TO SEE OUR SIGN LANGUAGE INTERPRETER, MAKE YOURSELVES COMFORTABLE. MOVE AROUND THE ROOM AS YOU NEED TO OR IF YOU NEED ASSISTANCE, LET ME OR ONE OF STAFF KNOW BECAUSE WE WANT TO MAKE SURE EVERYBODY IS INCLUDED IN EVERY PART OF THE CONVERSATION, AND SHOULD WE DO PEOPLE ON THE PHONE. SO FOLKS ON THE PHONE, IF YOU WANT TO GO AHEAD AND INTRODUCE YOURSELVES.
>> HI. GOOD MORNING. THIS IS PAMELA BOYD (INAUDIBLE) AND I HAVE A MALE INTERPRETER TODAY. AND I WORK FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES WITH THE DIVISION OF WORKFORCE REHAB AND I'M THE CHIEF COMMUNITY INTEGRATION SERVICES AND SUPPORT AND I'M EXCITED TO BE INVOLVED IN THIS AND PARTICIPATE TODAY. AND I WAS THERE AT THE LAST MEETING, BUT I-- MY TAKE-AWAY FROM THAT MEETING WERE THAT I HAD A LOT OF POSITIVE IMPRESSIONS AND A VARIETY OF SKILLS AND RESOURCES AND PROFESSIONS THAT REALLY MADE ME FEEL GREAT THAT WE CAN WORK TOGETHER AND FIND SOLUTIONS TO HELP PEOPLE LIKE ME AND OTHERS WITH HEALTHCARE IMPROVEMENT SERVICES FOR ALL OF NORTH CAROLINA'S INDIVIDUALS WITH HEARING LOSS.

>> THANK YOU. OTHERS ON THE PHONE?

>> HI. THIS IS (INAUDIBLE) COMMUNITY OUTREACH AND ADVOCACY AND SO SORRY I MISSED THE FIRST ONE AND I CAN TELL YOU A TAKE-AWAY FROM THIS MEETING IS HOW AMAZING THAT WE HAVE SUCH WEALTH AND KNOWLEDGE IN PEOPLE. THANK YOU SO MUCH FOR OFFERING THOSE SERVICES. WE
[BAD CONNECTION]
AND I ALSO SERVE IN THE CAPACITY AS PRESIDENT OF THE NORTH CAROLINA ASSOCIATION WHICH ARE FOLKS LIKE SENIOR CENTERS, SOCIAL SERVICES, (INAUDIBLE) SO THANK YOU, AGAIN, FOR THE

OPPORTUNITY.

>> THANK YOU. WE'RE GLAD TO HAVE YOU. FOR FOLKS ON THE PHONE, I'M NOT SURE IF YOU MIGHT HAVE BEEN ON A SPEAKER PHONE, BUT SPEAKING DIRECTLY INTO THE HEADSET WILL IMPROVE THE VOICE QUALITY IN THE ROOM.

>> THIS IS HUGH BLACKWELL.

>> YES.

>> OKAY. I'M A MEMBER OF THE NORTH CAROLINA HOUSE OF REPRESENTATIVES, THE NORTH CAROLINA SCHOOL FOR THE DEAF IS LOCATED IN MY DISTRICT. I'VE BEEN ENGAGED WITH THE PARTICULARLY DEAF AND HARD OF HEARING ISSUES FOR A LITTLE OVER TEN YEARS NOW. I'M NOT SURE WHETHER WHAT I HAVE IS A TAKE-AWAY OR WHETHER I WOULD SAY I CAME AWAY WITH THE VIEW THAT IS NOT UNRELATED TO WHAT I THINK IT WAS ADAM WHO SAID ABOUT, ONE SIZE NOT FITTING ALL, AND I THINK IN THAT REGARD THAT IT WILL BE IMPORTANT DURING THE WORK OF THE TASK FORCE THAT WE NOT ONLY RECOGNIZE THE DIFFERENTIATIONS THAT EXIST, SEVERITY OF HEARING LOSS, VISION LOSS AND SUCH ISSUES WHEN IT OCCURRED AND WHAT KIND OF COMMUNICATION SKILLS AND THE DIFFERENCE BETWEEN A CHILD BORN PROFOUNDLY DEAF AND AN ADULT WHO BEGINS TO LOSE THEIR HEARING IN THEIR 70s OR OLDER AGE BUT HAS BEEN, LET US SAY, SUCCESSFULLY FULLY EDUCATED AND SO FOR THAT REASON NOT ONLY IS IT GOOD TO RECOGNIZE ONE SIZE DOESN'T FIT ALL. I THINK IT WE'RE GOING TO BE EFFECTIVE, WE NEED TO GAIN WHAT UNDERSTANDING OF WHAT SIZES, HOW MANY OF THE DIFFERENT SIZES DO WE NEED, AND ARE THE SIZES-- WHERE ARE THE PARTICULAR SIZES THAT ARE NEEDED NEEDED GEOGRAPHICALLY WITHIN THE STATE? SO MAKING THOSE DIFFERENTIATIONS BOTH BETWEEN THE INDIVIDUALS THAT WE WOULD SERVE AND WHAT IS NEEDED AND HOW MUCH IS NEEDED, I THINK IS GOING TO BE VERY IMPORTANT.

>> GREAT, THANK YOU. DO WE HAVE OTHERS ON THE PHONE?

>> YES. CAN YOU HEAR ME?

>> YOU'RE A LITTLE MUFFLED.

>> HMM? CAN YOU HEAR ME NOW?

>> YEP, MUCH BETTER.

>> OKAY. MY NAME IS ANNA WHITER-MERIHEW, AND I'M IN CHARLOTTE, NORTH CAROLINA. I'M A MEMBER OF THE TASK FORCE AND I'M REPRESENTING INTERPRETING AND INTERPRETER EDUCATION. AS LIZ MENTIONED, I TOO COME FROM A DEAF FAMILY, HAVING HAD DEAF PARENTS AND OTHER RELATIVES. MY TAKE-AWAY FROM THE LAST MEETING, I ACTUALLY HAD SEVERAL, BUT I WAS CERTAINLY VERY MOVED BY HOW OPEN-MINDED AND OPEN-HEARTED EVERYONE WAS WHO WAS IN ATTENDANCE AND THERE'S READINESS TO LISTEN AND TO LEARN AND IT WAS VERY CLEAR FROM COMMENTS THAT WERE BEING MADE THAT IF THEY TO (INAUDIBLE) DEAF AND HARD OF HEARING INDIVIDUALS, AND I LISTENED AND TO ALL OF THAT INFORMATION THAT WAS SHARED AND LOOKED AT IT FROM HOW IT RELATES TO THE ACCESS WITHIN THE INTERPRETING (INAUDIBLE) AND ALSO RESTRICTS, AND OUR WORK TOGETHER CONTINUES AND WE WILL ALL BE ABLE TO EXPLORE THE BREADTH OF CHANGES THAT

NEED TO OCCUR TO HAVE FULL AND COMPLETE ACCESS FOR DEAF AND HARD OF HEARING INDIVIDUALS.

>> GREAT. THANK YOU SO MUCH, ANNA. I WANT TO ASK THE FOLKS ON THE PHONE, IF YOU'RE NOT SPEAK SPEAKING, CAN YOU MUTE THE PHONE. WE'RE GETTING A LITTLE BIT OF BACKGROUND NOISE AND IT MAY BE BECAUSE THERE'S TOO MANY LINES OPEN. WE WANT TO GET THROUGH EVERYBODY ON THE PHONE. DO WE HAVE ANYBODY ELSE ON THE PHONE READY TO INTRODUCE THEMSELVES?

>> YES.

>> OH, SORRY.

[OVERLAPPING SPEAKERS]

>> THIS IS ALICIA SPENCER WITH NC HANDS AND VOICES AND I'M THE MOTHER OF TWO BOYS THAT HAVE A HEARING LOSS. THEY BOTH WEAR COCHLEAR IMPLANTS BUT I'M EXCITED ABOUT THE WORK THAT THE TASKFORCE IS DOING BECAUSE IT'S GOING TO MAKE THINGS, HOPEFULLY, EASIER FOR MY KIDS AS THEY GET OLDER AND HAVE TO NAVIGATE THE MEDICAL SETTINGS ON THEIR OWN. I'M REALLY EXCITED ABOUT THE WORK THAT'S GOING TO BE PUT INTO PLACE IN NORTH CAROLINA .

>> GREAT THANK YOU. I'M ALSO ON MY WAY IN. I'M DRIVING FROM FAYETTEVILLE IN THIS RAIN. I'M COMING IN. JUST WANTED TO CALL IN IN THE MEANTIME.

>> BE CAREFUL.

>> THANK YOU.

>> BETH, I THINK YOU WERE NEXT.

>> YEAH, HELLO. THIS IS BETH LOVETTE WITH THE DIVISION OF PUBLIC HEALTH, AND I HAVE TO CONFESS THAT MY BIGGEST TAKE-AWAY WAS HOW LITTLE I ACTUALLY KNOW ABOUT THIS WORK. IN SPITE OF HAVING LIVED IN BURKE COUNTY FOR ABOUT 5 YEARS AND WORKED AT A LOCAL LEVEL WHERE I THOUGHT WE DID AN ADEQUATE JOB WITH THE DEAF AND HARD OF HEARING COMMUNITY AND LEARNED IN OUR LAST MEETING THAT WE HAVE MILES TO GO. SO I'M EXCITED TO BE A PART OF THIS GROUP. THANK YOU FOR LETTING ME JOIN REMOTELY TODAY.

>> THANK YOU, BETH. OTHER FOLKS ON THE PHONE? GOING ONCE. GOING TWICE. OKAY.

>> HELLO, EVERYONE. MY NAME IS DAVID ROSENTHAL AND I'M THE CO-CHAIR OF THIS TASK FORCE ALONG WITH MARK BENTON . AND I'M RETIRED. I USED TO BE THE DIRECTOR OF THE DEAF AND HARD OF HEARING SERVICES DIVISION IN THE STATE OF MINNESOTA BEFORE I RETIRED AND THEN MOVED HERE WITH MY WIFE AND I HAD THIS BRIGHT IDEA, THIS WONDERFUL IDEA THAT I WAS GOING TO MOVE TO NORTH CAROLINA AND MY WIFE WANTED TO MOVE TO NORTH CAROLINA AND GET A JOB HERE, AND I WOULD THINK THAT AFTER I RETIRED WE WOULD BE HERE AND IT WOULD BE A WONDERFUL TO DO, TO BE RETIRED. BUT I HAVE BEEN VERY INVOLVED WITH THE DEAF AND HARD OF HEARING LANDSCAPE. IT'S A WONDERFUL EXPERIENCE. I'M HAPPY TO BE HERE AND BE INVOLVED WITH THIS TASKFORCE. MY TAKE AWAY FROM THE LAST MEETING IS THAT I FORGOT TO BRING MY

SUNGLASSES. AND YOU MAY BE WONDERING WHY I NEEDED SUNGLASSES. IT'S JUST ALL OF THOSE LIGHT BULBS GOING OFF IN EVERYBODY'S HEADS ALL AROUND THE ROOM
[LAUGHTER]
THROUGHOUT THE WHOLE MEETING, IT BECAME VERY, VERY BRIGHT. DURING THAT DIFFERENT, DIFFERENT WORLD ACTIVITY THAT WE DID LAST YEAR HAS BEEN A WONDERFUL ACTIVITY FOR FOLKS. THE DIVISION OF DEAF AND HARD OF HEARING HAS PROVIDED THAT TRAINING FOR A WIDE VARIETY OF ORGANIZATIONS AND BUSINESSES. IF YOU WOULD LIKE TO HAVE THE OPPORTUNITY FOR YOUR PEOPLE TO EXPERIENCE THAT INTRAING, PLEASE CONTACT DSDHH. IT'S AN EYE-OPENING EXPERIENCE BECAUSE IT DOES GIVE YOU THE TASTE OF THE OTHER SIDE.
THAT IS THE PURPOSE OF THAT EXERCISE. ONE OF THE THINGS THAT I ALSO WANT TO TALK ABOUT IS THE COMMUNICATION PROTOCOL HERE IN THIS ROOM. IF YOU WOULD LIKE TO SPEAK BECAUSE OBVIOUSLY WE TO HAVE PEOPLE IN THE ROOM THAT HAVE HEARING LOSS AND WE HAVE COMMUNICATION TECHNOLOGY THAT WE ARE USING, SO IF YOU WOULD LIKE TO SPEAK, WE ASK THAT YOU FIRST RAISE YOUR HAND, WAIT TO BE RECOGNIZED, AND THEN IT MIGHT TAKE A MOMENT FOR SOMEONE TO BRING THE MICROPHONE TO YOU, WHICH IS NECESSARY TO OUR COMMUNICATION ACCESS SO THANK YOU FOR DOING THAT. FOR THOSE OF YOU ON THE PHONE, SINCE WE CAN'T SEE YOU, IF YOU WANTED TO RAISE YOUR HAND, IF YOU WANT TO LET US KNOW THAT YOU WANT TO SPEAK, IF YOU CAN IN SOME WAY THAT YOU ARE RAISING YOUR HAND SO THAT WE CAN RECOGNIZE YOU AS WELL OR SOME WAY THAT YOU WANT TO BREAK INTO THE CONVERSATION AND THEN LET US RECOGNIZE YOU BEFORE YOU COMMENT. WE DIDN'T DO THAT A GREAT JOB OF THAT LAST TIME. WE'LL MAKE SURE THAT GOES SMOOTHLY. WE DO HAVE A PHOTOGRAPHER IN THE ROOM THAT'S GOING TO TAKING PICTURES FOR THE DIVISION OF SERVICES FOR THE DEAF AND HARD OF HEARING. IF THERE IS ANYONE IN THIS ROOM THAT DOES NOT WANT THEIR PICTURE TO BE INCLUDED OR TO BE TAKEN, PLEASE RAISE YOUR HAND AND INDICATE SO. ANYONE WHO DOES NOT WANT THEIR PICTURE TAKEN? OKAY.

>> HI. THIS IS PAM. JUST AN ADDITIONAL RULE. BECAUSE I CAN'T SEE YOUR FACE, WOULD YOU MIND WHEN YOU SPEAK, SAY YOUR NAME FIRST SO WE KNOW WHO IS SPEAKING, I WOULD REALLY APPRECIATE THAT.

>> THIS IS DAVID. SURE, I WILL DEFINITELY DO THAT. THIS IS DAVID ROSENTHAL SPEAKING, BY THE WAY. HELLO, PAM. THIS IS DAVID SPEAKING. I THINK AT THIS POINT, WE'RE READY TO GO AHEAD AND START OUR PROGRAM FOR TODAY AND LEE IS THE FIRST PERSON ON OUR AGENDA. BUT JAN WOULD LIKE TO SPEAK FIRST.

>> THIS IS JAN SPEAKING. LEE IS-- LET ME BACK UP. THIS IS JAN SPEAKING. FIRST ON OUR AGENDA IS A VIDEO. LEE IS VERY HAPPY TO GO AHEAD AND WAIT TO SHOW THAT VIDEO DURING LUNCH. SO WE DON'T CUT INTO HOWARD'S TIME.

>> THIS IS DAVID SPEAKING. WELL, I'M VERY HONORED THAT WE HAVE WITH US THE CEO OF THE NATIONAL ASSOCIATION OF THE DEAF. HOWARD ROSENBLUM IS WITH US HERE TODAY. HE IS FROM CHICAGO.

>> YAHOO, CHICAGO!

>> HE IS A CUBS FAN AND A BEARS FAN, A BLACKHAWKS FAN AND I DO NOT UNDERSTAND WHY.

[LAUGHTER]

>> THIS IS HOWARD SPEAKING. I'M VERY HAPPY TO EXPLAIN.

>> THIS IS DAVID. OKAY. WELL, WITHOUT FURTHER ADIEU, LET ME INTRODUCE HOWARD AND BRING IMHAD UP FRONT SO HE CAN GO AHEAD WITH HIS PRESENTATION THIS MORNING. THANK YOU.

>> THIS IS HOWARD SPEAKING. THANK YOU, DAVID, SO MUCH FOR THAT INTRODUCTION AND I WILL BE HAPPY TO TALK ABOUT THE WONDERS OF CHICAGO DURING LUNCH.
[LAUGHTER]
I HAVE COME HERE TO NORTH CAROLINA AND I'M AMAZED TO SEE ALL OF YOU IN THE SAME ROOM TOGETHER WORKING ON THIS EFFORT, ON THIS VERY, VERY IMPORTANT ISSUE THAT I HAVE BEEN WORKING ON FOR YEARS, MYSELF, FOR THE PAST TEN YEARS. SPECIFICALLY IN THIS AREA OF HEALTHCARE ACCESS, AND I WANT TO THANK JAN WITHERS FOR GETTING THIS ALL TOGETHER, SO THANK YOU FOR THAT AND FOR INVITING ME TO COME. I ALSO WANT TO RECOGNIZE DAVID AND MARK BENTON FOR THEIR WILLINGNESS TO LEAD THIS GROUP. AND THE FACT THAT THEY RECOGNIZE THIS AS AN ISSUE AND THEY'RE WILLING TO TAKE THE TIME AND THE EFFORT TO WORK ON THIS BECAUSE THE SYSTEM IS WORTH IT. WE CAN'T JUST TWEAK THE SYSTEM. WE HAVE TO LOOK AT HOW WE CAN ADDRESS THE PROBLEM AS A WHOLE. SO I AM VERY HAPPY TO BE HERE TO SPEAK WITH YOU TODAY. THIS AFTERNOON, WE ARE GOING TO BE TALKING ABOUT SOME POSSIBLE SOLUTIONS, BUT THIS MORNING, WE DECIDED THAT WE WOULD-- WE WANT TO SHOW YOU A PICTURE OF THE OVERALL PROBLEM FIRST. I AM THE CEO OF THE NATIONAL ASSOCIATION OF THE DEAF. I'M ALSO AN ATTORNEY. DON'T HOLD THAT AGAINST ME, PLEASE.
[LAUGHTER]
I AM AN ATTORNEY WHO HAS HAPPENED TO SUE LOTS OF DOCTORS AND HOSPITALS. TODAY, I'M GOING TO, FIRST OF ALL, TALK WITH YOU ABOUT THE HISTORY OF LITIGATION IN THE DEAF AND HARD OF HEARING COMMUNITY AGAINST THE MEDICAL COMMUNITY. SO IF WE CAN GO AHEAD WITH MY NEXT SLIDE. NOW YOU MAY HAVE ALREADY COVERED THIS DURING THE LAST MEETING FOR THOSE OF YOU WHO WERE HERE, YOU MAY REMEMBER SOME OF THIS LANGUAGE BEING THROWN OUT. YOU MAY UNDERSTAND ABOUT WHAT'S SUPPOSED TO BE HAPPENING, WHAT'S IN THE LAW AND IT'S ACTUALLY BEEN IN THE REHAB ACT SINCE 1973 AND THEN ALSO, AGAIN, IN THE ADA, AMERICANS WITH DISABILITIES ACT OF 1990, SO THESE LAWS HAVE BEEN IN EFFECT LONG ENOUGH THAT THIS PROBLEM SHOULD HAVE BEEN FIXED MY NOW. UNFORTUNATELY, IT HAS NOT BEEN.
THE ADA SPECIFICALLY REQUIRES THAT COVERED ENTITIES SHALL FURNISH APPROPRIATE AUXILLARY AIDS AND SERVICES WHERE NECESSARY TO ENSURE EFFECTIVE COMMUNICATION WITH INDIVIDUALS WITH DISABILITIES. NOW YOU MAY BE WONDERING WHAT AUXILLARY AIDS AND SERVICES ARE. THAT'S A FANCY TERM FOR A WIDE VARIETY OF COMMUNICATION ACCESS, FOR EXAMPLE, INTERPRETERS, CART, WHICH YOU SEE ON THE SCREEN, ANY WAY OF PROVIDING COMMUNICATION FOR THAT INDIVIDUAL PERSON. AND INTERPRETERS DOESN'T ONLY MEAN SIGN LANGUAGE INTERPRETERS. WE ALSO MEAN ORAL INTERPRETERS, CUED SPEECH INTERPRETERS, A WIDE VARIETY OF GESTURAL COMMUNICATION INCLUDING SIGN LANGUAGE FROM OTHER COUNTRIES AND THEN THE ADA GOES ON TO DEFINE AUXILLARY AIDS AND SERVICES AND IT SAYS THEY ARE NECESSARY. THEY ALSO MUST VARY IN ACCORDANCE WITH THE METHOD OF COMMUNICATION USED BY THE INDIVIDUAL, THE NATURE, THE LENGTH AND THE COMPLEXITY OF THE COMMUNICATION INVOLVED, AND ALSO THE CONTEXT IN WHICH THE COMMUNICATION IS TAKING PLACE. BECAUSE COMMUNICATION VARIES BASED ON THE SITUATION YOU ARE IN, FOR EXAMPLE, IF I GO INTO A RESTAURANT, I DON'T EXPECT THE RESTAURANT TO PROVIDE INTERPRETERS FOR ME TO ORDER HAMBURGERS AND FRENCH FRIES,

OKAY? WITH APOLOGY TO THE DOCTORS HERE, LET ME CHANGE THAT. I'LL ORDER A SALAD. [LAUGHTER]
WITH LOW CAL DRESSING, HOW ABOUT THAT SO IN THAT SITUATION PROVIDING AN INTERPRETER WOULD NOT BE REQUIRED, BUT WHEN WE'RE TALKING ABOUT GOING TO A MEDICAL SETTING, ANYTHING INVOLVING MEDICAL CARE, WHERE THERE'S A GREATER LIKELIHOOD OF MISCOMMUNICATIONS THAT COULD BE LIFE-THREATENING, IT'S ALL THE MORE IMPORTANT TO PROVIDE COMMUNICATION THAT IS SPOT ON. LITTLE TECHNICAL DIFFICULTY THERE WITH THE SLIDE. OKAY. SO THE ADA, ALSO PROVIDES A DEFINITION OF QUALIFIED INTERPRETERS. FOR MANY YEARS, THERE WAS A LOT OF DISCUSSION AS TO WHETHER INTERPRETERS TO BE CERTIFIED OR LICENSED AND THEN THE DEPARTMENT OF JUSTICE, THE DOJ, DECIDED TO WRITE A DEFINITION WITHOUT REQUIRING CERTIFICATION OR LICENSURE BECAUSE OFTENTIMES, THOSE WHO ARE CERTIFIED AND/OR LICENSED WILL BE EFFECTIVE AND ABLE TO PROVIDE COMMUNICATION ACCESS FOR A LARGE NUMBER OF PEOPLE BUT THEY MAY NOT BE ABLE TO COME TO ACCOMMODATE THE NEEDS OF ALL. SO THE DOJ WROTE THIS DEFINITION TO MAKE SURE THAT THE COMMUNICATION WOULD BE EFFECTIVE FOR EVERYONE AND THEY DO SPECIFY THAT IT'S AN INTERPRETER WHO, VIA A VIDEO REMOTE SERVICE, VRI, OR ON-SITE SERVICE IS ABLE TO INTERPRET EFFECTIVELY, ACCURATELY, AND IMPARTIALLY, BOTH RECEPTIVELY AND EXPRESSIVELY, USING ANY NECESSARY SPECIALIZED VOCABULARY. ALL OF THESE ASPECTS OF THIS DEFINITION ARE VERY IMPORTANT. NOW THIS DEFINITION WAS ORIGINALLY WRITTEN IN 1992 AND AT THAT TIME, I IT DID NOT INCLUDE VRI. HAD WAS ADDED IN 2010. VRI WAS A GOOD ADDITION, BUT IT DID COMPLICATE THE SITUATION WITH HEALTHCARE ACCESS FROM 2010 ON AND I WILL TALK A LITTLE BIT MORE IN DEPTH LATER. EACH ONE OF THESE WORDS IN THIS DEFINITION, IT IS EXTREMELY IMPORTANT. FOR EXAMPLE WHEN WE TALK ABOUT EFFECTIVELY PROVIDING COMMUNICATION, THAT MEANS BOTH THE MEDICAL PROVIDER AND THE DEAF PERSON MUST BE ABLE TO UNDERSTAND EACH OTHER. IF ONE OR THE OTHER DOES NOT UNDERSTAND EACH OTHER FOR WHATEVER REASON, THE COMMUNICATION IS NOT EFFECTIVE. IT MUST MUST BE ACCURATE. IT MEANS NOT ONLY DO THEY UNDERSTAND EACH OTHER BUT THE INFORMATION RELAYED TO ONE ANOTHER IS ACCURATE. FOR EXAMPLE, SOMEONE IN HERE IS AN ENT, RIGHT? LET'S SAY A PERSON IS TALKING AND USING A LOT OF MEDICAL TERMINOLOGY AND THE INTERPRETER IS MISSING SOME OF THAT VOCABULARY AND THE INTERPRETER SAYS, OH, THE DOCTOR SAYS YOU'RE HEALTHY. PART OF THAT MESSAGE WAS LOST. THEY MAY BE UNDERSTANDING EACH OTHER BUT THE WHOLE MESSAGE WAS NOT TRANSFERRED. THE MESSAGE WAS NOT ACCURATELY GIVEN. THE THIRD TERM YOU SEE UP HERE IS IMPARTIAL. ANOTHER CRITICALLY IMPORTANT TERM. THAT MEANS DON'T USE FAMILY MEMBERS, PLEASE, AS INTERPRETERS. WE HEAR STORY AFTER STORY OF HOSPITALS AND DOCTORS THAT ARE REQUIRING DEAF PEOPLE TO BRING A FAMILY MEMBER OR A FRIEND OR SOMEBODY THAT THEY KNOW THAT CAN INTERPRET FOR VERY SERIOUS SITUATIONS. THERE'S ONE STORY THAT I'M AWARE OF FROM CHICAGO WHERE A HOSPITAL TOLD A MOTHER, COME IN NOW BECAUSE IT WAS A SITUATION WITH A PREGNANCY AND SO SHE CAME IN WITH HER FOUR-YEAR-OLD DAUGHTER. SHE ARRIVED AT THE HOSPITAL. THEY LOOKED AT THIS MOTHER WHO WAS PREGNANT, AND THERE WAS NO INTERPRETER AVAILABLE AND THEY TOLD THE FOUR-YEAR-OLD, TELL YOUR MOM THAT SHE IS MISCARRIED. NOW THIS FOUR-YEAR-OLD HAD NO IDEA WHAT THAT MEANT. SHE DIDN'T UNDERSTAND MISCARRY. SHE SAID, WHAT? THEY TOLD THIS FOUR-YEAR-OLD, TELL YOUR MOM HER BABY DIED. THAT'S WHAT DEAF PEOPLE FACE EVERY DAY WITH MANY DOCTORS AND HOSPITALS. EVEN TODAY IN THE YEAR 2019. SO WE NEED TO CHANGE THAT. A BIG POINT OF DISCUSSION AND IN MANYCATIONS IS UNDUE BURDEN. IT'S TOO BURDENSOME TO PROVIDE COMMUNICATION ACCESS OR COMMUNICATION OPTIONS. LET'S LOOK AT THE DEFINITION. UNDUE BURDEN IS A SIGNIFICANT DIFFICULTY OR EXPENSE AND IN DETERMINING WHETHER AN ACTION WOULD RESULT IN AN UNDUE BURDEN, THERE ARE SEVERAL FACTORS TO CONSIDER AND I'VE GOT THOSE FACTORS LISTED HERE ON THE SLIDE. OKAY. AND THE

BULLETS AREN'T EXACT QUOTES. I'VE CONDENSED THEM FOR THE PURPOSES OF THE SLIDE AND WE CAN GIVE YOU THAT LANGUAGE IF YOU NEED. NUMBER ONE IS THE NATURE AND THE COST OF THE ACTION NEEDED. LOOKING AT THE VALUE OF WHAT'S GOING TO BE PROVIDED, WHETHER IT'S A SIGN LANGUAGE INTERPRETER OR CART, CAPTIONING SERVICES. AND THEN NUMBER TWO, YOU HAVE TO LOOK AT THE ENTIRE FINANCIAL RESOURCES OF THE ENTIRE ENTITY, NOT LOOK AT THE COST FOR THAT INDIVIDUAL PERSON, THAT INDIVIDUAL PATIENT, THAT INDIVIDUAL ENCOUNTER, THAT INDIVIDUAL VISIT BUT THE ENTIRE ENTITY OF YOUR BUSINESS. YOU HAVE TO LOOK AT THE EFFECT ON EXPENSES AND RESOURCES. YOU CAN CONSIDER LEGITIMATE SAFETY REQUIREMENTS AND YOU ALSO HAVE TO LOOK AT THE IMPACT OTHERWISE OF NOT PROVIDING THAT ON YOUR OPERATION. THE THIRD BULLET IS-- DEALS WITH THE SEPARATENESS OF A PARENT CORPORATION AND AN INDIVIDUAL ENTITY. SO IF YOU HAVE A PARENT CORPORATION WITH INDIVIDUAL SATELLITE OFFS, THEY ALL SHARE THE SAME RESOURCES. IF THEY DON'T SHARE FINANCIAL RESOURCES AND THE SATELLITE OFFICE ONLY OPERATES UNDER THEIR OWN BUDGET, THEN YOU CAN LOOK ONLY AT THOSE FINANCES, BUT IF THEY ALL SHARE FINANCIAL RESOURCES YOU HAVE TO LOOK AT THE TOTAL-- THE FINANCES OF THE TOTAL ENTITY WHEN YOU ARE CONSIDERING UNDUE BURDEN AND SO NUMBER FOUR GETS TO THAT. YOU ARE LOOKING AT THE OVERALL FINANCIAL RESOURCES OF ANY PARENT ORGANIZATION AND ENTITY. AND NUMBER FIVE IS THE TYPE OF THE OPERATION AND THE PARENT ORGANIZATION THAT ARE COVERED UNDER THE ADA. NOW, WE ARE GOING TO LOOK AT THIS FROM A MEDICAL STANDPOINT AT THIS POINT. SINCE THE ADA PASSED IN 1990 NOT ONE CASE HAS BEEN FOUND THAT HAS VALIDATED THAT IT WAS AN UNDUE BURDEN WITH THE PROVISION OF COMMUNICATIONS ACCESS, SIGN LANGUAGE INTERPRETERS, OR OTHERWISE. NOT ONE TIME HAS UNDUE BURDEN BEEN VALIDATED BUT THE MYTH STILL PERSISTS THAT PEOPLE CAN CLAIM UNDUE BURDEN. I DO WANT TO SHARE WITH YOU A LITTLE BIT OF THE DEAF COMMUNITY'S PERSPECTIVE ON THE REHAB ACT OF 1973 AND THE ADA. WHAT WE SAW FROM THE REHAB ACT OF 1973 TO THE ADA IN 1990 WAS THAT THINGS WERE FINALLY GOING TO BE EQUAL FOR US. WE THOUGHT THAT WOULD HAPPEN WITH THE ADA IN 1990. WE'RE IN 2019 NOW AND THAT STILL HAS NOT HAPPENED, AND THINGS HAVE IMPROVED. NOT GREATLY. THEY'VE IMPROVED SOME. FOR EXAMPLE. A LOT OF DEAF PEOPLE DO NOW HAVE ACCESS TO CAPTIONING ON THEIR TELEVISION SETS, ON THE INTERNET, IN THE CLASSROOM. THEY CAN ACCESS ANY COLLEGE OR UNIVERSITY FOR THEIR EDUCATION SINCE THE ADA. PRIOR TO THESE TWO LAWS, THEY COULD NOT GO TO ANY UNIVERSITY THEY WANTED TO GO TO. DEAF PEOPLE WERE LIMITED TO GOING TO GALLAUDET UNIVERSITY OR NATIONAL INSTITUTE FOR THE DEAF AND NEW YORK. BOTH WONDERFUL UNUNIVERSITIES AND HAVE PROGRAMS FOR DEAF PEOPLE. THEY COULD NOT GO ANYWHERE ELSE UNLESS THEY WANTED TO SIT IN THE FRONT OF THE ROOM AND TRY TO LIPREAD THEIR INSTRUCTORS. THESE LAWS HAVE IMPACTED US IN THAT WAY. WE HAVE SEEN GREAT IMPROVEMENTS. THAT'S BEEN WONDERFUL. NOW IN EMPLOYMENT, THE EMPLOYMENT OF PEOPLE THAT ARE DEAF OR HARD OF HEARING HAS STAYED PRETTY MUCH THE SAME BEFORE AND SINCE THESE LAWS. THERE'S NOT BEEN MUCH CHANGE IN THE EMPLOYMENT ARENA. WE HAVE NOT SEEN IMPROVEMENTS AS A RESULT OF THESE TWO ACTS. NOW, ONCE DEAF PEOPLE DO GET A JOB, THEN THE ACCESS IN THE WORKPLACE HAS INCREASED AND HAS IMPROVED GREATLY AS A RESULT OF THESE TWO LAWS. IF A DEAF PERSON GOES TO A COURTHOUSE, THINGS HAVE IMPROVED. THERE ARE STILL JUDGES THAT WILL ASK A PERSON TO BRING A FAMILY MEMBER INTO INTERPRET FOR THEM. SO IN MANY WAYS, WE ARE STILL SEEING CHALLENGES BUT MANY OF US DEAF HARD OF HEARING PEOPLE WHO LIVE HERE IN THE UNITED STATES WHEN WE GO AND VISIT OTHER COUNTRIES, WE REALIZE WHAT THINGS WERE LIKE BEFORE THESE LAWS WERE PASSED BECAUSE WE GO TO OTHER COUNTRIES AND WE SEE WHAT NO ACCESS LOOKS LIKE AND WE REALIZE THAT'S WHAT IT USED TO BE LIKE FOR US IN THE UNITED STATES AND WE'RE LUCKY TO LIVE IN THE UNITED STATES WITH THESE TWO LAWS IN EFFECT EVEN THOUGH WE STILL HAVE A LONG WAY TO GO. NOW THE TWO GROUPS THAT ARE THE WORST AT PROVIDING ACCESS, EVEN WITH THESE TWO

LAWS IN EFFECT ARE ATTORNEYS AND DOCTORS. NOW WHY WOULD YOU THINK THAT WOULD BE? WHY WOULD ATTORNEYS AND DOCTORS BE THE WORST? THEY'RE THE MOST EDUCATED. THEY'RE TOP EARNERS. THEY'RE THE MOST EDUCATED, TOP-EARNING PROFESSIONS IN THE COUNTRY, SO WHY WOULD THEY BE THE WORST AT PROVIDING COMMUNICATION ACCESS? AFTER 27 YEARS OF PRACTICE AND GOING AFTER BOTH, ATTORNEYS AND DOCTORS, FROM WHAT I HAVE OBSERVED, I THINK THEIR VIEW OF THEIR BUSINESS MODEL, THE WAY THEY CONDUCT THEIR BUSINESS IS THAT THEY'RE NOT USED TO PAYING FOR ANYTHING OUT-OF-POCKET. AS A PART OF THEIR BUSINESS, THEY JUST AS GROUPS IN THEMSELVES, ATTORNEYS AND DOCTORS BILL FOR EVERYTHING. THEY DON'T HAVE TO PAY FOR ANYTHING OUT-OF-POCKET. THEY BILL EVERYTHING TO THEIR CONSUMERS. EVEN DOWN TO THEIR FAX MACHINE. SO MAILING THINGS BY FED EX TO FILING SOMETHING IN THE COURT SYSTEM, EVERYTHING IS BILLED TO THE CLIENT, WHATEVER THEY BILL. WE DON'T WANT TO KNOW ALL THE DETAILS OF WHAT THEY BILL, BUT EVERYTHING IS BILLED BACK TO THE CLIENT. THEY'RE NOT USED TO PAYING ANYTHING OUT-OF-POCKET. AEARN TOES BILL EVERYTHING BACK TO THE CLIENT THEMSELVES AND DOCTORS USUALLY BILL EVERYTHING TO INSURANCE. THEY'RE NOT USED TO ABSORBING THE COSTS-- ABSORBING THAT OVERHEAD COSTS AND PAYING FOR IT THEMSELVES IN MOST SITUATIONS. SO WITH THESE TWO GROUPS, ATTORNEYS AND DOCTORS, I SEE A LOT OF RESISTANCE IN THEM PAYING FOR ANY ADDITIONAL COSTS AND I DO WANT TO EMPHASIZE BEFORE I GO ON, I WANT TO TALK ABOUT DEAF PEOPLE AND INTERPRETERS. AS MANY OF YOU HAVE POINTED OUT, THERE ARE A LOT OF PEOPLE THAT ARE HARD OF HEARING, A LOT OF PEOPLE THAT ARE DEAF-BLIND, THE MODE OF COMMUNICATION AMONG THESE THREE GROUPS VARIES GREATLY. WE HAVE SOME PEOPLE IN THE ROOM THAT ARE DEPENDENT ON THE CAPTIONING ON THE SCREEN. WE HAVE PEOPLE THAT HEAR WITH HEARING AIDS AND COCHLEAR IMPLANTS. WE HAVE DEAF-BLIND PEOPLE THAT DEPEND ON PRO-TACTILE INTERPRETERS INTERPRETING IN THEIR HAND, DEAF PEOPLE DEPENDENT ON SIGN LANGUAGE INTERPRETING, AND WE HAVE A WIDE VARIETY OF DIFFERENT COMMUNICATION, ACCESS COMMUNICATION THAT MATCHES DIFFERENT HEARING LOSS, DEGREES OF HEARING LOSS, DIFFERENT HEARING LOSS STYLES. PEOPLE SOMETIMES MOVE FROM ONE COMMUNICATION MODE TO THE OTHER, DEPENDENT UPON THE SITUATION. I LIKE TO TALK AND USE MY VOICE IF I'M TALKING TO SOMEBODY ONE ON ONE. I WILL USE MY VOICE AND TRY TO LIPREAD THEM. IN A LARGE GROUP, I MUST COMMUNICATE AND LIVE IN SIGN LANGUAGE TO BE ABLE TO UNDERSTAND EFFECTIVELY. NOW, WITH THIS, LET'S GO AHEAD WITH ANOTHER SLIDE. THE NEXT SLIDE. I'VE NOT WORKED AT NAD, NATIONAL ASSOCIATION FOR THE DEAF FOR LONG. PRIOR TO THAT, I WORKED IN CHICAGO AS A PRIVATE PRACTICE ATTORNEY FOR 19 YEARS. SO HALF OF THAT TIME, I WAS WORKING WITH PRIVATE LAW FIRM, AND I WAS FOCUSED ON DISABILITY RIGHTS AND THE OTHER HALF OF MY TIME, I WAS WORKING WITH FOR THE EQUIVALENT OF DISABILITY RIGHTS NORTH CAROLINA. SO I'VE HAD A LOT OF EXPERIENCE WORKING AS A LITIGATOR, BOTH FOR CLIENTS WHO COULD AFFORD TO PAY AND PRO-BONO WORK FOR PEOPLE WHO WEREN'T ABLE TO PAY FOR IT. SO I DID IT UNDER FEDERAL GRANT FUNDING AND WHAT I WAS ABLE TO SEE IS I SAW A VARIETY OF DIFFERENT ISSUES AND NOW I WORK AT NAD, AND I HAVE DONE THIS FOR A WHILE BUT CEO, AS LEGAL DIRECTOR, AND I HAVEN'T BEEN THERE SINCE 1990-- SINCE 1880.

[LAUGHTER]

WE ARE THE OLDEST NATIONAL CIVIL RIGHTS ORGANIZATION IN THE UNITED STATES. WHEN IT WAS ESTABLISHED, IT WAS ESTABLISHED BY AND FOR DEAF PEOPLE AND 139 YEARS LATER, HERE WE ARE AND FOR MOST OF THAT HISTORY, ESPECIALLY AT THE BEGINNING, THERE WAS NO STAFF. WE STARTED IN AN OFFICE IN 1966. THAT'S THE YEAR I WAS BORN. WE FINALLY HIRED OUR FIRST LAWYER IN 1977. THAT LAWYER STILL WORKS FOR US, 43 YEARS HE'S BEEN THERE. SO IN 1977, WE JUST STARTED HAVING LAWS THAT PROTECTED THE RIGHTS FOR PEOPLE WITH DISABILITIES . THAT WAS THE REHAB ACT. SO WE WERE ABLE TO FINALLY HAVE LAWSUITS, LEGAL ACTIONS, ADVOCACY IN PLACE FROM THAT POINT

ON. IN 1990, THAT WAS THE FIRST TIME THAT NAD FILED A LAWSUIT AGAINST A HOSPITAL. MENT FROM THEN ON, WE'LL SEE HOW MANY TIMES WE HAD TO PURSUE LEGAL ACTION, AND KEEP IN MIND, WE DON'T JUST FILE A LAWSUIT AND ASK QUESTIONS LATER. WE TYPICALLY ASK THEM IF THEY WILL CHANGE-- IF THEY WILL PROVIDE INTERPRETERS FROM THERE ON OUT AND IF THEY RESPOND, NO, OKAY. WE'LL SEE THEM IN COURT. SO KEEP THAT IN MIND. THESE ARE NOT JUST, OKAY, WE JUST GO AHEAD AND FILE LAWSUITS. WE'LL ALWAYS TALK TO THEM FIRST. SO AS YOU CAN SEE IN 1990s AND THE NEXT ONE WAS 1995 AND AGAIN AND AGAIN, WE STARTED SEEING MORE LAWSUITS A LOT MORE FREQUENTLY. WE STARTED SEEING SOME DUPLICATES. WE WOULD HAVE TO SUE AN ENTITY TWO OR THREE TIMES SO YOU CAN SEE FROM 1996 TO 1998, WE HAD TO PURSUE PRINCE GEORGE COUNTY HOSPITAL. THAT AREA, THERE WAS A LOT-- THERE'S A LOT OF DEAF PEOPLE WHO LIVE IN THAT AREA AND IN THOSE TWO YEARS, WE HAD TO FILE A LAWSUIT THREE TIMES, AND IT WAS NOT AS IF THEY REALIZE THAT THEY HAD MADE A MISTAKE AND THEY HAD ALREADY LEARNED THEIR LESSON. THEY STILL REFUSED TO PROVIDE ACCESS. SO WE HAD TO PURSUE THEM THREE TIMES. ALSO LOOKING AT FREE STATE HEALTH SERVICES WHICH WAS ANOTHER ENTITY.

WE HAD TO FILE A LAWSUIT TWICE. AND AS YOU CAN SEE, MORE OF THE SAME. THERE WAS ANOTHER IN 1998 AND 2014, WE HAD A LAWSUIT AGAINST THE SAME HOSPITAL. THERE WAS A TIME GAP BETWEEN THE TIMES THAT WE SUE BUT SOMETIMES IF THERE IS AN AGREEMENT IN PLACE AND THE STAFF ARE TRAINED, AS TIME GOES ON, WE DO SEE TURNOVER. BOTH ON THE FRONTLINES OR ADMINISTRATORS OR THE GENERAL COUNSEL OF THE HOSPITAL AND AS SOON AS WE SEE TURNOVER HAPPEN, POLICY CHANGES. AS YOU CAN SEE ON THIS POWERPOINT SLIDE, THERE'S A LOT MORE AND EVEN LATELY, WE HAVE HAD SOME MORE RECENT LAWSUITS THAT HAVE OCCURRED. SOME OF THESE ARE CLASS ACTION LAWSUITS, WHICH MEANS MULTIPLE DEAF PEOPLE WERE DENIED SERVICES REQUIRING A BIG ACTION TO BE TAKEN AGAINST THE HOSPITAL. SO NOW THAT I'VE TALKED ABOUT NAD, I WANT TO TALK A LITTLE BIT ABOUT THE DEPARTMENT OF JUSTICE. THE DEPARTMENT OF JUSTICE IS RESPONSIBLE FOR THE ENFORCEMENT OF BOTH REHAB ACT AS WELL AS THE ADA . THEY HAVE THEIR OWN TEAM OF LAWYERS, CIVIL RIGHTS DIVISION, AND THEY TAKE ACTION SOMETIMES, EVEN THOUGH MANY PRIVATE FIRMS AS WELL AS PROTECTION AND ADVOCACY GROUPS. THEY DO TAKE ACTION AS WELL BUT THE DEPARTMENT OF JUSTICE HAS THEIR OWN ORGANIZATION WHERE THEY DO LAWSUITS. THEY REALIZED IN 2012 THAT HEALTHCARE IS A BIG PROBLEM AND SO THEY ESTABLISHED THIS INITIATIVE AND THEY CALL IT THE BARRIER FREE HEALTHCARE INITIATIVE. THEY PURSUE 47 COMPLAINTS THAT WERE FILED BETWEEN 2012 AND 2017, AND OF THOSE 47, 30 INVOLVED THE DENIAL OF THE HOSPITAL PROVIDING COMMUNICATION ACCESS, PROVIDING INTERPRETERS. THIS WAS-- SO THERE WERE FIVE THAT WERE INVOLVED THAT WERE NOT DEAF PATIENTS BUT THEY WERE DEAF COMPANIONS AND WE'LL DISCUSS THAT A LITTLE BIT MORE IN DEPTH LATER.

THERE'S ONE SPECIFIC CASE THAT INVOLVED A DEAF PARENT OF A HEARING CHILD WHO WAS BEING TREATED. SO I'M GIVING YOU ALL THIS INFORMATION TO SHOW YOU THE SCOPE OF THE. THIS INFORMATION DOESN'T INCLUDE MY OWN INDIVIDUAL EXPERIENCES IN CHICAGO LIVING THERE FOR 19 YEARS FILING COMPLAINTS OR TAKING LEGAL ACTION AGAINST APPROXIMATELY 30 DIFFERENT HOSPITALS, 30 DIFFERENT CASES SOME OF THEM WERE REPEAT CASES BECAUSE I THOUGHT IT WAS DONE.

I THOUGHT I HAD FIXED ONE HOSPITAL. EVERYTHING WAS GOOD. I HAD EDUCATED THE PEOPLE THERE AND I WAS READY TO MOVE ON TO THE NEXT PLACE BUT THEN THEY HAD TURNOVER IN THEIR STAFF. I HAD TO GO BACK AND I HAD TO FIX THE PROBLEM ALL OVER AGAIN. THAT'S WHEN I REALIZED THE LAW IS SUPPOSED TO FIX THE OCCASIONAL VIOLATION, BUT THIS IS MORE THAN THE OCCASIONAL VIOLATION. THIS IS A REFLECTION THAT THE SYSTEM IS BROKEN. THAT THE LAW IS SUPPOSED ENSURE THAT THE SYSTEM WORKS AND EVERY ONCE IN A WHILE, AND THERE'S AN ERROR IT WILL CORRECT ITSELF IN THE COURT OF LAW, BUT AND THERE ARE SO MANY PROBLEMS THAT MEANS THAT THE LAW

IS NOT WORKING AS EFFECTIVELY AS IT'S SUPPOSED TO BE. SO IT WAS MY ASSUMPTION THAT WE WOULD HAVE TO DO A DEEP DIVE BUT INSTEAD OF DOING THAT FOR THIS, WE LOOKED AT THE NUMBER OF CASES THAT WERE FILED AGAINST HOSPITALS FOR THE DENIAL OF INTERPRETERS AND WE LOOKED AT FEDERAL CASES ONLY AND THERE WERE 180 CASES, OVER 180 CASES SINCE 1973. THIS REFLECTS EVERY POSSIBLE SITUATION OF A DEAF PERSON GETTING-- IT DOES NOT REFLECT EVERY POSSIBLE SITUATION OF A DEAF PERSON GETTING DENIED SERVICES. THERE ARE SO MANY DEAF AND HARD OF HEARING PEOPLE THAT COMPLAIN TO EACH OTHER. THEY COMPLAIN TO OFFICES LIKE JAN'S OFFICE. THEY COMPLAIN TO ME. THEY TELL ME THAT THIS HOSPITAL DIDN'T PROVIDE ME AN INTERPRETER. I SAY, OKAY, DO YOU WANT TO FILE A COMPLAINT? THEY SAY, NO, NO, NO. I JUST WON'T GO BACK. SO THERE ARE A LOT MORE THAN JUST THESE NUMBERS, A LOT MORE THAN THIS 180, OR THEY FILE AN INTERNAL COMPLAINT WITH THE HOSPITAL IN HOPES THAT THINGS WILL CHANGE. SO OFTEN WHEN I FILE THOSE LAWSUITS IN THE PAST IN MY PRIVATE PRACTICE AND NOW WITH NAD, I AM SEEING A CONSISTENT NARRATIVE. WHY THE INTERPRETER WAS NOT PROVIDED BY THE HOSPITAL OR THE DOCTORS' OFFICES. AT FIRST, THEY SAY IT'S BECAUSE THE REQUEST WASN'T MADE, NO ONE ASKED FOR AN INTERPRETER. SOMETIMES WE SEE TWO DIFFERENT THINGS. FIRST THING WE SEE IS YES, THE PERSON DOES ASK FOR THE INTERPRETER, BUT PERSON, WHOEVER THEY COMPLAINED TO DIDN'T RECORD IT. SO IN THE EYES OF MANY HOSPITALS AND THEIR LAWYERS, NOBODY MADE THE REQUEST. OR, SOMETIMES THE DEAF PERSON WILL GO AND THEY'LL GO AGAIN AND GO BACK AGAIN AND THEY CONSISTENTLY ARE GETTING DENIED SERVICES AND THEY'LL FINALLY JUST GIVE UP. THEY DON'T EVEN ASK FOR AN INTERPRETER ANYMORE. SOME HOSPITALS AND DOCTORS' OFFICE, THEY DON'T KNOW WHERE THEY CAN FIND AN INTERPRETER. OR THEY'LL ASK A FAMILY AND FRIEND OR ONE OF THEIR FAMILY AND FRIENDS AND ASK THEM TO INTERPRET THINKING IT'S GOOD ENOUGH. SOMETIMES THEY SAY IF I PROVIDE THE INTERPRETER, THE REVENUE I GAIN FROM THE VISIT IS LESS THAN THE COST OF THE INTERPRETER. IT'S NOT IT'S NOT REASONABLE FOR ME TO PROVIDE AN INTERPRETER. AS I EXPLAINED EARLIER, UNDUE BURRED ISN'T NOT BASED ON THE COST OF ONE VISIT. IT'S BASED ON THE COST OF ACCESS AGAINST YOUR OVERALL FINANCIAL OPERATION. BECAUSE OF THAT MISUNDERSTANDING, PEOPLE COME UP WITH THESE EXCUSES OF WHY THEY CAN'T PROVIDE AN INTERPRETER BECAUSE THE COST IS GOING TO BE MORE THAN THEY'RE GOING TO GAIN IN REVENUE. ALSO A LOT OF PEOPLE SAY INSURANCE COMPANIES DON'T PROVIDE IT SO WE CAN'T PROVIDE INTERPRETERS BECAUSE I CAN'T BILL THE INSURANCE COMPANY. A LOT OF SITUATIONS, DEAF PEOPLE WILL GET TO THE HOSPITAL. THEY'LL ASK FOR AN INTERPRETER. THEY'LL START WRITING BACK AND FORTH. THEY SEE THAT WORKS AND THEN THE HOSPITAL THINK THEY KNOW ENGLISH AND IT'S GOOD ENOUGH. AND A LOT OF DEAF PEOPLE CAN READ AND WRITE IN ENGLISH BUT THERE'S A LOT OF CHANCES THAT THERE'S GOING TO BE MISUNDERSTANDINGS. IT CAN EASILY HAPPEN. FOR EXAMPLE, A PERSON LIKE ME. MY READING AND WRITING LEVEL IS ON PAR BECAUSE I WENT THROUGH LAW SCHOOL SO I HOPE MY ENGLISH IS GOOD. BUT IT CAN BE STRESSFUL. LET'S SAY IN A STRESSFUL MEDICAL SITUATION, PERHAPS HAVING SURGERY, DO I REALLY WANT TO READ AND WRITE BACK AND FORTH MY WHOLE OPERATION? THINK ABOUT THE TIME THAT IT TAKES, OR JUST MAKING SURE SOMETHING IS EASY AND QUICK. I CAN DO THAT THROUGH AN INTERPRETER TO MAKE SURE I CAN UNDERSTAND EVERYTHING. SO THAT BECOMES A POINT OF DEBATE THROUGH MANY OF THE LEGAL ACTIONS. A LOT OF HOSPITALS AND DOCTORS' OFFICES WILL SAY I SEEN THEM ON FACEBOOK PAGE. THEY TWEET. THEY CAN POST AND THAT MEANS THEIR ENGLISH IS FINE. AND THAT'S NOT THE POINT. IT'S TO BE ABLE TO COMMUNICATE FLUENTLY AND EASILY TO MAKE SURE THAT YOU HAVE INFORMED CONSENT, COMMUNICATING EVERY PRO AND CON OF THAT MEDICAL TREATMENT. ANOTHER THING WE SEE AND ESPECIALLY WITH DOCTORS' OFFICES IS THEM SAYING WE HAVE LESS THAN 15 PLIES IN THIS OFFICE AND WE'RE NOT REQUIRED TO FOLLOW THE LAW, THE ADA OR THE REHAB ACT. THERE ARE TWO PARTS THAT CAN CAUSE CONFUSION IN THIS. THE FIRST ONE IS THE ADA DOES HAVE A RULE THAT

STATES IF YOU HAVE LESS THAN 15 PEOPLE IN YOUR OFFICE, YOU ARE NOT REQUIRED TO FOLLOW THE EMPLOYMENT DISCRIMINATION PROVISION OF THE ADA. BUT THAT'S ONLY UNDER TITLE 1 OF THE ADA. TITLE 2 PERTAINS TO ANY PUBLIC ENTITY, MEANING STATE, LOCAL, AND GOVERNMENT, WHICH INCLUDES COUNTY-OWNED HOSPITALS, PUBLIC HOSPITALS, AND THE LIKE.
THEY HAVE TO FOLLOW TITLE 2. TITLE 3 COVERS ANY PRIVATE BUSINESS OPEN TO THE PUBLIC. THEY ARE CONSIDERED A PUBLIC OCCUPANT ACCOMMODATION. WHEN WE LOOK AT TWO AND THREE THAT COVERS ALL HOSPITALS IN AMERICA. THOSE LAWS DO NOT REQUIRE HAVING LESS OR MORE THAN 15 EMPLOYEES. ONLY TITLE 1 OF ADA REQUIRES THAT. SO THERE'S ANOTHER PART THAT PERTAINS TO THE REHAB ACT AND THEY DID HAVE SOME REGULATIONS WITHIN THE REHAB ACT THAT STATES IF A DOCTOR'S OFFICE HAS 15 OR LESS EMPLOYEES, THEY ARE NOT REQUIRED TO PROVIDE SUCCESSFUL COMMUNICATION. THAT RULE WAS CHANGED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES A FEW YEARS AGO. SO THAT RULE HAS BEEN THROWN OUT. AND IT DOESN'T MATTER BECAUSE MOST DOCTORS' OFFICES, THEY HAVE TO FOLLOW TITLE 3 OF THE ADA SO EVEN THOUGH THEY DIDN'T HAVE TO FOLLOW THE REHAB ACT RULE, THEY MUST STILL PROVIDE INTERPRETERS AN ACCESSIBLE COMMUNICATION UNDER TITLE 3 UNLESS THEY CAN SHOW FINANCIAL OPERATIONS CANNOT SIMPLY AFFORD IT. AND MANY HOSPITALS AND DOCTORS' OFFICES HAVE BEEN TOLD THAT YOU DON'T NEED TO PROVIDE INTERPRETERS. SOMETIMES PEOPLE HAVE BEEN TOLD THAT THEY HAVE STAFF MEMBERS WHO CAN SIGN. AND I CHALLENGE THE COMPETENCY OF ANY SIGNING STAFF TO SIGN MEDICALLY COMPLEX TERMINOLOGY. THAT'S THE LAST THING YOU WANT IS TO INCREASE THE LIABILITY FOR A DOCTORS AND HOSPITALS IN PROVIDING STAFF THAT WORK FOR YOU TO INTERPRET COMPLEX MEDICAL CONVERSATIONS. IT'S WORST THING YOU COULD POSSIBLY DO FOR A LEGAL LIABILITY. SO I DO NOT RECOMMEND IT. I'M SURE ALL OF YOU MOW WHAT THE JOINT COMMISSION IS. WE'RE GOING TO PAUSE WHILE THE INTERPRETERS CHECK SOME TECHNOLOGY. . EVERYTHING GOOD? ARE WE ACCOMMODATING EVERYBODY IN THE ROOM? I DON'T WANT TO BE SUED.
[LAUGHTER]
ALL RIGHT. SO THE JOINT COMMISSION AND EVERYBODY KNOWS WHO THEY ARE, RIGHT? YES. SHOW OF HANDS. OKAY. GOOD. SO I UNDERSTAND HOSPITALS ARE AFRAID OF THE JOINT COMMISSION. THEY COME. THEY AUDIT YOU. THEY ARE REALIZING THAT LANGUAGE ACCESS IS A BIG PROBLEM. NOT JUST FOR DEAF AND HARD OF HEARING POPULATIONS BUT FOR MANY PATIENTS WHO SPEAK OTHER LANGUAGES. OFTEN HOSPITALS WILL ASK FAMILIES TO BRING THEIR OWN FAMILY MEMBERS TO INTERPRET. SO THEY HAVE DEVELOPED A ROAD MAP AND IT'S CALLED ADVANCING EFFECTIVE COMMUNICATION, CULTURAL COMPETENCE, AND PATIENT AND FAMILY-CENTERED CARE, A ROAD MAP FOR HOSPITALS. IT WAS PUBLISHED IN 2010 AND THEY DID THIS TO ENCOURAGE AND TO GUIDE HOSPITALS, TO INFORM HOSPITALS THAT THEY NEED TO DO BETTER FOR LANGUAGE ACCESS. THERE'S A LOT OF HOSPITALS WHO, TO THEM, REALIZE AND THOUGHT THIS WAS A NEW CONCEPT AND THE JOINT COMMISSION SAID, NO, THIS IS NOT NEW. THEY SENT THIS OUT IN A LETTER. THEY EMPHASIZED ALREADY DB ESTABLISHED REQUIREMENTS UNDER THE ADA, THE REHAB ACT AS WELL AS TITLE FOUR, I THINK. I THINK IT'S TITLE 4 OF THE CIVIL RIGHTS ACT. TITLE 6, THANK YOU. TITLE 6. SO ALL OF THESE LAWS, THEY'VE BEEN REQUIRING LANGUAGE ACCESS SO THIS WAS NEW FOR A LOT OF PEOPLE, BUT IT LED TO A LOT OF CONFUSION. MANY HOSPITALS IMMEDIATELY ESTABLISHED LANGUAGE LAW. THEY IMPLEMENTED THIS WHERE YOU COULD CONTRACT WITH A COMPANY AND YOU COULD GET AN INTERPRETER ON THE PHONE AND THEY WOULD BE ABLE TO INTERPRET FOR YOU IN ANY LANGUAGE, FRENCH, SPANISH, MONG, YOU NAME IT, WHICH WAS GREAT, RIGHT? THE THING WITH THAT IS A LOT OF HOSPITALS WERE REALIZING, OH, SO WE NEED TO HAVE LANGUAGE LINE BUT WE ALSO NEED TO PROVIDE SIGN LANGUAGE INTERPRETERS. HOW CAN WE PUT THE TWO TOGETHER? SO WE'RE WORKING WITH IN THE DOJ'S RULES AND GUIDELINES, WHEN THEY ADDED THE VIDEO-- VRI OPTION, THEY LET EVERYBODY KNOW THAT AND LANGUAGE LINE SAID, OH, GREAT, WHY DON'T WE GET A VRI

COMPANY TO WORK WITH US. HOW MANY OF YOU ARE AWARE AND KNOW ABOUT VRI?
SHOW OF HANDS. OKAY. OKAY. QUITE A FEW OF YOU
I JUST WANT TO MAKE SURE YOU KNOW WHAT THAT MEANS. SO VRI IS A TECHNOLOGY THAT TYPICALLY IS USED WITHIN A LAPTOP OR AN iPAD, IN THAT TYPE OF DEVICE, WHERE A DOCTOR COULD USE THIS DEVICE TO COMMUNICATE WITH A DEAF PERSON IN THE SAME ROOM. ON THE SCREEN, THERE WOULD BE AN INTERPRETER, A SIGN LANGUAGE INTERPRETER SO YOU COULD SEE THAT AND YOU COULD ALSO HEAR THEM, IF IT WORKS. SO THEY THINK, GREAT. THIS TECHNOLOGY COULD REALLY HELP PEOPLE EVERYWHERE, LAST-MINUTE APPOINTMENTS. COULD YOU FIND AN INTERPRETER ANYTIME, ANYWHERE. YOU DON'T HAVE TO WORRY ABOUT CALLING SOMEONE AND WAITING TWO HOURS FOR THE INTERPRETER TO ARRIVE ESPECIALLY FOR THE EMERGENCY ROOM. THE PROBLEM THAT HAS BEEN COMING UP IS THAT NOBODY IS WATCHING THE RELAY INTERPRETING COMPANIES. SO IT'S LIKE THE WILD WEST RIGHT NOW. EVEN WITH DOJ, THE RULES THAT THEY PUT IN PLACE WITH THE REQUIREMENTS FOR VRI COMPANIES, IT'S VERY -- CURRENTLY IT'S VERY BASIC. SO SOME OF THE REQUIREMENTS IS IT HAS TO BE CLEAR. IT HAS TO SHOW THE FULL UPPER BODY OF INTERPRETER. THE INTERPRETER MUST BE QUALIFIED. THE SIGNAL MUST BE A CONTINUOUS SIGNAL. YOU MUST HAVE GOOD UPLOAD SPEED AND DOWNLOAD SPEED AND THAT'S IT. NOTHING MORE THAN THAT. SO THE VRI COMPANIES ARE TELLING THE HOSPITAL WE HAVE THE SOLUTION FOR YOU, VRI!
WE'LL GIVE IT TO YOU. IT WORKS JUST LIKE THE DOJ REQUIRES. IT'S QUESTIONING TO BE A CLEAR PICTURE ALWAYS. MANY HOSPITALS AGREE TO IT AND THEY SAY, IF YOU SAY SO. YOU'RE THE EXPERT. I DON'T REALLY KNOW ABOUT THIS TECHNOLOGY. ESPECIALLY WITH LANGUAGE LINE. BY PARTNERING WITH VRI COMPANY, THEY FELT UNDER LANGUAGE LINES, THE HOSPITALS WOULDN'T DIRECTLY DEAL WITH THE VRI COMPANY. THEY WOULD DEAL WITH THE LANGUAGE COMPANIES DIRECTLY AND THE LANGUAGE COMPANIES WOULD DEAL WITH THE VRI COMPANIES AND YOU ARE SEEING A LOT MORE HOSPITAL AND DOCTORS' OFFICES PROVIDING VRI AND PEOPLE IN THE COMMUNITY ARE TRAUMATIZED BY THESE EXPERIENCES. I WILL GIVE YOU ONE EXAMPLE OF MANY. AT GEORGE WASHINGTON UNIVERSITY HOSPITAL IN D.C., AND AS MANY OF YOU ALREADY KNOW, D.C. IS HOME TO ONE OF LARGEST POP LAYINGS OF DEAF AND HARD OF HEARING PEOPLE IN THE WORLD. GEORGE WASHINGTON UNIVERSITY HOSPITAL HAS BEEN WELL KNOWN FOR DECADES FOR PROVIDING INTERPRETERS. TOP OF THE LINE MEDICAL INTERPRETERS, THEY'RE ALWAYS PROVIDING THEM. ALWAYS IMPLEMENTING AND PROVIDING GOOD PRACTICE WITHIN THEIR INTERPRETATIONS. ONE DAY THEY STOPPED PROVIDING ON-SITE INTERPRETERS AND THEY DECIDED THEY WOULD ONLY PROVIDE VRI INTERPRETERS ONLY. NO EXCEPTIONS. WE'RE WWW.IN A SHORT AMOUNT OF TIME, WE STARTED GETTING COMPLAINTS TO THE NAD OFFICE. THREE, IN PARTICULAR, REALLY STOOD OUT, AND WE WENT AHEAD AND WE SPOKE WITH THE HOSPITAL AND WE LET THEM KNOW YOU HAVE A PROBLEM AND THEY SAID , I'M SORRY
THAT'S OUR POLICY NOW. SO WE SAID, OKAY. WE'LL BE MORE THAN HAPPY TO SUE.
[LAUGHTER]
SO WE WENT AHEAD AND FILED THE LAWSUIT FOR THREE WOMEN. EACH OF THEM HAVE DIFFERENT EXPERIENCES BUT ALL OF THEM WERE AWFUL. THE FIRST ONE WAS A DEAF WOMAN WHO WAS PREGNANT. SHE KNEW SHE DIDN'T WANT TO USE VRI. SHE SPOKE WITH HER DOCTOR. THEY ARRANGED THE DUE DATE. SHE TOLD THEM I WANT AN ON-SITE INTERPRETER THAT WAS AGREED UPON. HER DUE DATE WASN'T, OF COURSE, WHAT HAPPENED. SHE ARRIVED TO THE HOSPITAL AND THE DOCTOR WASN'T AVAILABLE. IT WAS A DIFFERENT DOCTOR. , WHO WORKED IN THAT HOSPITAL AND THEY BROUGHT OVER A VRI DEVICE AND THEY SAID WE HAVE THAT SET UP FOR YOU
I DON'T KNOW ABOUT YOU, BUT IF YOU'RE A PREGNANT WOMAN JUST ABOUT TO DELIVER, YOU DO NOT WANT TO BE ON A VIDEO SCREEN.
[LAUGHTER]

AND WHAT'S WORSE IS THE HOSPITAL COULD NOT GET IT TO WORK. THEY STRUGGLED GETTING IT TO WORK FOR TEN HOURS. AND SHE WAS IN LABOR FOR TWELVE HOURS SO ONLY THE LAST TWO HOURS OF HER LABOR DID AN INTERPRETER ARRIVE. SO THERE WAS A LOT OF PAIN SHE WAS GOING THROUGH, AGITATION. SHE WAS STRUGGLING WITH NO COMMUNICATION FOR TEN HOURS. THE SECOND PERSON I WANTED TO TALK TO YOU ABOUT ARRIVED AT THE HOSPITAL, WENT TO THE E.R. SO SICK, NAUSEOUS. THEY WERE THROWING UP AND COULDN'T SIT UP. SHE WAS ON THE FLOOR. THEY BROUGHT A V-RI MACHINE AND IT STANDS UP, OF COURSE. SO THEY BROUGHT THE MONITOR. UNDERSTAND, THE PATIENT'S ON THE FLOOR AND THEY TOLD THE PATIENT, LOOK AT THE SCREEN. SHE KEPT SAYING, I CAN'T. I CAN'T FOCUS. SHE WAS ON THE FLOOR WHINING IN PAIN AND THROWING UP. THEY KEPT TELLING HER TO LOOK AND THEY REFUSED TO PROVIDE AN INTERPRETER AT ALL DURING THE ENTIRE LENGTH OF HER VISIT. THE THIRD SITUATION WAS A WOMAN WHO CAME IN FOR NECK SURGERY. THEY DID THE OPERATION. ONCE IT WAS COMPLETED, THEY STITCHED IT UP AND BANDAGED HER AND PUT HER IN THE RECOVERY ROOM. THE PATIENT WAS LAYING IN RECOVERY ROOM AND THEY BROUGHT A VRI DEVICE. THEY TOLD HER, AGAIN, TO LOOK AT THE SCREEN AND NATURALLY, SHE COULDN'T. SHE COULDN'T MOVE HER HEAD BECAUSE HER HEAD WAS BANDAGED UP AND THEY KEPT REPEATEDLY TELLING HER TO LOOK AND SHE COULDN'T. THE NURSE TURNED HER HEAD, THE STITCHES CAME LOOSE. SHE STARTED BLEEDING OUT OF HER WOUND. THEY HAD TO BRING HER BACK TO THE O.R. THAT'S WHAT HAPPENS WHEN WE HAVE ONE POLICY THAT WE TRY TO USE FOR EVERY SINGLE SITUATION. SO HOSPITALS ARE ONE THING. DOCTOR THE' OFFICES ARE A COMPLETELY ENTITY, DIFFERENT FINANCES, DIFFERENT CHALLENGES, DIFFERENT PERSONNEL. MANY DOCTORS' OFFICES, IN MY EXPERIENCES, SAY, NO, WE DON'T PROVIDE INTERPRETERS OR VRI AT ALL. MANY WILL SAY, OH, I KNOW THIS DOCTOR. THIS DOCTOR OVER HERE, THIS ONE PROVIDES INTERPRETERS SO LET'S GO TO THAT DOCTOR. MANY WILL SAY, OKAY, WE'LL TREAT YOU, BUT SEE ME AT THE HOSPITAL. THE HOSPITAL WILL PROVIDE THE INTERPRETER. SOME HIRE SIGNING STAFF AND THEY SAY, OH, THEY'RE WONDERFUL. THEY CAN COMMUNICATE WITH SIGN. HOW WOULD YOU KNOW? SOME SIGN A CONTRACT WITH INTERPRETERS BUT AGAIN, AND IT'S NOT DELIBERATE PROBABLY BUT THEY HAVE NO CLUE. . THEY LOOK FOR THE INTERPRETER THAT'S MORE AFFORDABLE THAN OTHER INTERPRETERS AND THEY DON'T REALIZE THE REASON WHY THIS INTERPRETER IS MORE AFFORDABLE. IT'S BECAUSE NO ONE ELSE WILL HIRE THEM. SO THEY GET THIS INTERPRETER AND A LOT OF DEAF PEOPLE WILL GO AND THEY WANT TO SEE THAT DOCTOR. IT'S A GOOD DOCTOR BUT THE INTERPRETERS ARE NOT SO GREAT. AND IT PUTS THEM IN A REALLY TOUGH POSITION AND THEY HAVE TO DEAL WITH THIS NOT-SO-QUALIFIED INTERPRETER BECAUSE THEY WANT TO SEE THIS DOCTOR. SO THESE ARE THE THINGS THAT WE'RE GETTING FROM THE COMMUNITY AND I JUST MET DR. BOWE TODAY. SHE HAS A DOCTOR'S PRACTICE. AND I ASKED HER A QUESTION REGARDING THE FINANCIAL CAPACITY TO BE ABLE TO PROVIDE INTERPRETERS FOR MANY DEAF PEOPLE AND SHE MENTIONED THAT IT IS ALSO THAT BUT IT'S ALSO TIME. IT'S THE TIME THAT YOU NEED TO TAKE TO SEE THE PATIENTS WHO ARE DEAF, WHO REQUIRE INTERPRETERS, THAT CAN EXTEND THE LENGTH OF THE VISIT IN COMPARISON TO A HEARING PATIENT, SO THAT'S A FACTOR FOR MANY DOCTORS' OFFICES AS WELL. WE ALSO-- I WANT TO TELL YOU A JOKE. AND I HOPE IT'S FUNNY. [LAUGHTER]

IT'S A CULTURAL JOKE. SO ONE DAY A BARBER DECIDES. SO IN COMES A BLIND MAN AND HE SAYS, I WANT A HAIRCUT. THE BARBER SAYS, SURE. GIVES HIM A HAIRCUT. THE BLIND MAN FEELS HIS HEAD AND SAYS THAT FEELS RIGHT AND THIS WEEK IS DISABILITY AWARENESS TO WEEK AND WE'RE GIVING OUT AND THE NEXT DAY, THE BARBER GETS A BOWL OF FRUIT FROM THE BLIND MAN THANKING HIM FOR THE HAIRCUT AND THE NEXT DAY, A MAN IN A WHEELCHAIR COMES IN AND HE SAYS I WANT A HAIRCUT. HE SAYS SURE, GREAT, I LIKE IT. HOW MUCH DO I OWE YOU? THE BARBER SAYS, OH, IT'S FREE. IT'S DISABILITY AWARENESS WEEK AND THE MAN IN THE WHEELCHAIR SAYS, THANK YOU. HE GOES HOME AND SENDS HIM A BEER OF THE MONTH, CLUB MEMBERSHIP. IN COMES THE DEAF MAN. I WANT

A HAIRCUT, HE SAYS, AND THEY'RE WRITING BACK AND FORTH. HE ASKED HIM WHAT KIND OF HAIRCUTS HE WANTS AND HE POINTS AT A PICTURE AND SAYS I WANT TO LOOK AT HIM AND THE BARBER WRITES BACK, I'LL TRY MY BEST AND CUTS THE DEAF MAN'S HAIR THE DEAF MAN WRITES BACK TO HIM, HOW MUCH? HE WRITES, IT'S FREE. SO HE SAYS THANK YOU, AND THE NEXT DAY THERE IS A LONG LINE OUT THE DOOR OF DEAF PEOPLE WANTING HAIRCUTS.
[LAUGHTER]
I SAY THIS JOKE FOR TWO REASONS. FIRST ONE IT'S TRUE. WHEN DEAF PEOPLE SEE A GOOD DEAL, THEY SEND EVERYBODY OVER THERE ESPECIALLY IF IT'S FREE. BUT IT ALSO SHOWS THAT THERE ARE GOOD DOCTOR AND WHATS GOOD LAWYERS WHO ARE ABLE TO PROVIDE INTERPRETERS AND THEY'LL LET OTHER PEOPLE KNOW WHO IN THE COMMUNITY ARE DOING THAT AND THAT'S GREAT. AT THE SAME TIME, THERE'S A PROBLEM WITH THAT, TOO. AND ALL THE DEAF PEOPLE IN ONE COMMUNITY ARE GOING TO ONE DOCTOR, THAT DOCTOR IS PAYING FOR THE ENTIRE INTERPRETING COST OF THE ENTIRE MEDICAL COMMUNITY IN THAT AREA. AND THAT'S NOT FAIR TO THAT ONE DOCTOR WHO IS WILLING TO PROVIDE ACCESS, AND ALL THE OTHER DOCTORS ARE SAYING, OH, NO, JUST GO OVER THERE AND IN THE OVER HERE. THEY'RE OFF THE HOOK. AND THIS ONE DOCTOR IS RESPONSIBLE FOR ALL THE ACCESS AND THAT'S WRONG. YOU THANK THAT PERSON, YES. WHY SHOULD THAT ONE PERSON BEAR ALL THE COSTS? IT'S A PROFESSIONAL ACCESS ISSUE
IT'S NOT A ONE-DOCTOR ACCESS ISSUE. I WANTED TO ADD ANOTHER-- SOME OTHER ISSUES THAT I WANT YOU TO KEEP IN MIND
IT'S NOT THE PATIENTS WHO HAVE THE ISSUES ALL THE TIME. SOMETIMES IT'S THE COMPANIONS. SOMETIMES IT'S FAMILY MEMBERS SO THEY GO WITH ANOTHER FAMILY MEMBER, THEY RIDE TO THE HOSPITAL AND THE DOCTOR WILL TELL THE FAMILY WHAT'S GOING ON AND THE DEAF PERSON, THERE'S A DEAF PERSON WHO IS A MEMBER OF THE FAMILY AND THEY'LL SAY, OH, I AM EXPLAINING IT TO EVERYBODY ELSE IN THE FAMILY. YOUR SISTER, YOUR BROTHER, BUT I DON'T HAVE TO EXPLAIN IT TO YOU BECAUSE YOU'RE NOT THE PATIENT. THIS HAPPENS A LOT. OFTENTIMES, DOCTORS' OFFICES WILL PROVIDE AN INTERPRETER AND TRAY TO CHARGE THE INSURANCE COMPANY. WHEN THAT DOESN'T WORK, THEY'LL TRY TO CHARGE THE PATIENT. AND ANOTHER BIG ISSUE IS SOMETIMES DEAF PEOPLE, FOR WHATEVER REASON, MISS THEIR MEDICAL APPOINTMENT. THE DOCTOR STILL HAS TO PAY THE INTERPRETER. SO AGAIN, THEY'RE THINKING I DIDN'T EVEN BILL THE INSURANCE COMPANY. I CAN'T EVEN BILL THE INSURANCE COMPANY FOR THE MISSED APPOINTMENT BUT I STILL HAVE TO PAY FOR THE INTERPRETER. SO SOME PEOPLE WILL SEND A LETTER TO THE DEAF PERSON SAYING YOU HAVE TO PAY FOR IT BECAUSE YOU MISSED THE APPOINTMENT. THE LAW FORBIDS THAT. BUT WE UNDERSTAND AND WE ARE SENSITIVE TO THESE ISSUES AND SO THAT'S WHY WHEN WE SEE THE SYSTEM-- WE SEE A SYSTEM FIX, THAT'S BETTER THAT WILL BENEFIT ALL DOCTORS, NOT JUST THOSE WHO ARE WILLING TO PROVIDE INTERPRETERS BUT FOR ALL DOCTORS WHO CAN BENEFIT FROM THE SYSTEMS FIX, AND LASTLY, HOW DO DOCTORS KNOW THAT THE INTERPRETER'S QUALIFIED FOR MEDICAL INTERPRETING? THERE ARE NO CURRENTLY CERTIFICATES, SPECIALIZATION THAT SPECIFICALLY SPECIFIED INTERPRETERS QUALIFIED FOR MEDICAL INTERPRETING. SO WE NEED TO FIGURE OUT HOW TO ADDRESS THAT. I BELIEVE THE MODEL, WHICH I'LL POSE THIS AFTERNOON WILL ADDRESS THIS ISSUE. DO WE HAVE TIME FOR QUESTIONS? YES. LE

>> ARE BOTH OF THESE WORKING? CAN YOU HEAR ME? IS EVERYBODY CONNECTED?

[LAUGHTER]

>> TOVAH HERE. I WAS GOING TO SIGN AND I PROMISED THE INTERPRETERS I WOULDN'T CONFUSE THEM FOR THE REST OF THE DAY. I WOULD BE USING MY VOICE. FIRST THE COMMENT AND THEN A QUESTION. ONE COMMENT I HAVE. AS ADVOCATE TO MANY OF THE ISSUES YOU HAVE SPOKEN TO, I HAVE PATIENTS AND PROVIDERS YOU WANT TO BEAR THE COST OF INTERPRETERS OR DO YOU WANT TO BEAR THE POET POTENTIAL OF AN ACTUAL LAWSUIT WHICH WILL TAKE UP MORE OF YOUR TIME AND MONEY, AND THAT SOMETIMES HELPS PEOPLE GET A PERSPECTIVE ON PROVIDING THESE SERVICES. HOPEFULLY WE WON'T HAVE TO BE DOING THAT WHEN THE SYSTEM GETS FIXED. NOW I HAVE A QUESTION. YOU HAVE SPOKEN ABOUT HOSPITALS AND DOCTORS BECAUSE I KNOW THAT IS A FOCUS OF THIS GROUP BUT ONE OF THE OTHER FOCUSES OF THIS GROUP IS ABOUT OLDER PEOPLE ESPECIALLY THOSE WHO MIGHT BE LIVING IN RETIREMENT COMMUNITIES, CCRC, CONTINUING CARE, RETIREMENT COMMUNITY, NURSING HOME. I CAN TELL YOU STORIES OF MY EXPERIENCES WITH THESE COMMUNITIES BECAUSE I WORK IN THIS FIELD AND THE EXPERIENCES WITH MY PARENTS. BUT I WANTED TO IF YOU CAN SPEAK A LITTLE BIT TO WHAT YOUR EXPERIENCE IS WITH LAWSUITS OR HAVING TO DEAL WITH THOSE ENTITIES SINCE SO MANY DEAF AND HARD OF HEARING PEOPLE ARE LIVING IN THESE PLACES OR WOULD LIKE TO VISIT THESE PLACES IF THEY COULD.

>> THIS IS HOWARD SPEAKING. WE HAVE HAD EXPERIENCE IN THE PAST ASKING DOCTORS AND LAWYERS AS WELL, YOU NEED TO PROVIDE COMMUNICATION ACCESS OR YOU CAN BE SUED, BUT THE PROBLEM WITH THAT APPROACH IS THAT IT SOURS THE RELATIONSHIP UP. HOW DO YOU HAVE DOCTORS-PATIENT RELATIONSHIP OR ATTORNEY-CLIENT RELATIONSHIP IF THE FIRST STEP IS A THREAT? THAT'S A SYMPTOM-- AN EXAMPLE OF A BROKEN SYSTEM. UNDERSTANDABLY. SO IF YOU LOOK AT NURSING HOMES, ABSOLUTELY. WE ARE SEEING SO MANY PROBLEMS WITH DEAF, SENIOR CITIZENS, HARD OF HEARING SENIOR CITIZENS, ALL OVER THE COUNTRY AND THE PROBLEM IS THERE'S NO REAL WAY TO GROUP THEM. IT TENDS TO BE EACH DEAF AND HARD OF HEARING PERSON IN A NURSING HOME IS OUT THERE ISOLATED WITH STAFF WHO DON'T KNOW SIGN LANGUAGE AND OFTEN ARE NOT WILLING TO TO PROVIDE INTERPRETERS AND OFTEN NOT WILLING TO PUT IN VRS, THE ABILITY TO CALL THEIR FAMILY OR FRIENDS SO NURSING HOMES BECOME VERY ISOLATING. SENIORS WHO ARE IN THERE, HEALTH DECLINES VERY FAST. THEY FEEL DEMORALIZED AND SO WE TRY TO FIGURE OUT A SYSTEM FIX FOR THEM AS WELL. THERE'S A TASKFORCE BETWEEN NASDHH, THE NATIONAL ASSOCIATION FOR STATE AGENCY SERVICES FOR DEAF AND HARD OF HEARING WHICH JAN WITHERS AND WHAT'S THE ORGANIZATION-- DSDHH, THIS ORGANIZATION HERE IS WORKING WITH AND OTHER STATEWIDE ORGANIZATIONS ARE WORKING WITH, NAD IS WORKING WITH THAT, DEAF SENIOR CITIZENS OF AMERICA, HEARING LOSS ASSOCIATION OF AMERICA, ALL THESE AGENCIES ARE COMING TOGETHER TRYING TO FIGURE OUT HOW WE CAN ADDRESS THE SENIOR CITIZEN ISSUES WITH THE DEAF AND HARD OF HEARING COMMUNITY. SO YES, WE SEE THAT. IT IS NOT AN EASY FIX . WE DON'T SEE A LOT OF LAWSUITS BUT AND WHAT WE'RE SEEING IS A LOT OF DEMANDS AND A LOT OF LETTERS BEING SENT, TELLING PEOPLE THEY MUST DO IT AND MOST OF THE TIME THEY ARE WILLING BUT THERE IS A LOT OF ADVOCACY AND IT TAKES A LOT OF ADVOCACY TO DO THAT.

>> TOVAH AGAIN. JUST A FOLLOW-UP QUICKLY. IT'S TRUE THAT MANY DEAF PEOPLE ARE ISOLATED ONE BY ONE IN DIFFERENT NURSING HOMES BUT THE FACT IS WE'VE BEEN FINDING OUT THAT IN SOME PLACES, 80% OF THE RESIDENTS OF NURSING HOMES ARE HARD OF HEARING OR HAVE SIGNIFICANT HEARING LOSS THAT IS EITHER NOT DETECTED, NOT TREATED OR NOT ADDRESSED. THE CULTURE OF THESE PLACES TENDS TO BE HEARING, AS YOU KNOW. SO IT MAY BE THAT, YOU KNOW, THE ISOLATED DEAF PEOPLE FEEL ISOLATED OR DEMORALIZED BUT WE STILL HAVE AN AMAZING NUMBER OF HEARING IMPAIRED PEOPLE AND I'M SHOCKED-- I STILL REMAIN SHOCKED THAT, YOU KNOW, THIS ISSUE HAS NOT BEEN SYSTEMATICALLY ADDRESSED OR SUED FOR.

>> THIS IS DAVID
WE HAVE A LIMITED TIME FOR QUESTIONS. AND WE DO NEED TO MOVE ON WITH THIS PROGRAM. QUICKLY, WE'LL ADDRESS THE QUESTION UP FRONT AND THEN ONE IN THE BACK.

>> THIS IS CRYSTAL BOWE SPEAKING. I DO APPRECIATE THE ISSUES THAT YOU BROUGHT UP IN PROVIDING CARE. AS A PHYSICIAN IN A PRIVATE PRACTICE WHO DOES PROVIDE CARE TO NOT A SMALL NUMBER OF PATIENTS IN THE DEAF COMMUNITY, I NEVER CONSIDERED HOW THEY ALL FOUND ME VERSUS OTHER PEOPLE IN THE COMMUNITY.
[LAUGHTER]
AND SO IT'S INTERESTING TO THINK ABOUT--
[LAUGHTER]
I HAD ONE AND SUDDENLY I HAD TEN AND I WAS LIKE, OH, I MUST BE A GOOD DOCTOR.
[LAUGHTER]
I DIDN'T THINK THE WORD HAD SPREAD.
[LAUGHTER]
I DO LIKE THE FIRST THING IS NOT LITIGATION. EVEN FOR ME AS A PHYSICIAN WITH PATIENTS WHO ARE DEAF, WE HAVE AN ATTACHED URGENT CARE AND I HAD A PATIENT WHO TRIED TO BE SEEN AT THE URGENT CARE WHO WAS DEAF AND SHE WASN'T SEEN BECAUSE WE DIDN'T HAVE INTERPRETERS. I ALWAYS REQUEST INTERPRETERS FOR PATIENTS BUT NEVER THOUGHT WHEN THEY CAME IN SICK TO WALK IN, WHAT WAS OUR PLAN FOR THE CLINIC? AND WE HAD AN ISSUE FOR HER. SHE NEVER EVEN SAID ANYTHING TO ME ABOUT IT. I HEARD ABOUT IT FROM MY STAFF ON THE OTHER SIDE WHO WERE LIKE-- THEY KNOW I WANT 0 KNOW WHEN MY PATIENTS ARE OVER THERE AND I TOOK IT UPON MYSELF TO THINK ABOUT IT. IT WORRIED ME SHE NEVER WOULD HAVE BROUGHT IT UP
SHE'S A SWEET LADY. SHE'S KIND, AND I THINK SHE REPRESENTS SOME OF THESE OTHER FOLKS. I DON'T WANT TO CAUSE ANY PROBLEMS.
WE ENDED UP-- I ASKED MY ORGANIZATION, WHICH GRACIOUSLY GOT VRI, FOR THE WALK-IN PATIENTS. I WILL STILL REQUEST AN INTERPRETER ANYTIME BUT YOU NO I HAVE THAT. MY QUESTION HERE IS, WHAT CAN OFFICES AND HEALTH SYSTEMS WHO WANT TO DO THE RIGHT THING DO? WHO CAN THEY TURN TO SAY, HOW CAN I IMPROVE, YOU KNOW, THE DEAF PATIENT'S EXPERIENCE IN MY CLINIC? BECAUSE I NEVER THOUGHT ABOUT THE OTHER ISSUES AND WALKING IN AND HOW SHE WAS LIMITED IN ACCESS. WHERE CAN THEY GO TO GET THAT ASSISTANCE WITHOUT THE DEMAND LETTER?

>> THAT'S A GOOD QUESTION. I DON'T KNOW THE ANSWER HONESTLY. BUT THAT'S WHY I THINK TODAY, THIS DISCUSSION ESPECIALLY THIS AFTERNOON, THE SYSTEM NEEDS TO BE FIXED IN A WAY THAT'S MORE SEAMLESS, SO THAT WAY YOU SHOULD NOT HAVE TO WORRY ABOUT THE OUTSIDE SERVICES. YOU CAN WORRY ABOUT YOUR OFFICE AND YOU CAN REFER PEOPLE. YOU DON'T HAVE TO WORRY ABOUT IF THEY'RE GOING TO GET THE APPROPRIATE CARE ONCE YOU REFER OUT
IT'S GREAT THAT YOU CARE BUT IT SHOULDN'T BE YOUR FUNCTION. BUT RIGHT NOW, YES. MY SUGGESTION IN THE MEANTIME IS THAT YOU CALL AND YOU SAY I'M SENDING SOMEONE TO URGENT CARE. THIS PERSON IS DEAF AND THEY'RE GOING TO REQUIRE COMMUNICATION ACCESS AND AN INTERPRETER AND I RECOMMEND THESE PLACES ON WHERE YOU CAN GET THE INTERPRETER. WILL THEY LISTEN TO YOU? I DON'T KNOW. BUT AT LEAST YOU PUT IT OUT THERE. BUT IN A PERFECT WORLD WITH A BETTER SYSTEM, YOU WOULD SEND IT TO THEM AND THEY WOULD ALREADY HAVE AN INTERPRETER OR VRI. BUT AGAIN, VRI HAS TO WORK AND WE'LL EXPLAIN TO YOU A LITTLE BIT MORE ABOUT THAT LATER.

>> YES, ONE MORE MATT BACK.

>> THIS IS ERIKA FERGUSON SPEAKING. I HAVE A QUICK QUESTION, I GUESS YOUR EXPERIENCE IN UNDERSTANDING THAT LITIGATION ISN'T ALWAYS A GOOD FIRST ATTEMPT AND YOU HAVE TO INTRODUCE SOME CARROTS AS WELL AND THINKING ABOUT YOUR COMMENT ABOUT HOW THE ATTORNEYS AND DOCTORS ARE KIND OF THE WORST AT PROVIDING THIS COMMUNICATIONS ACCESS BECAUSE THEY BILL FOR EVERYTHING THAT THEY DO. AS WE'VE BEEN SEEING A SHIFT IN HEALTHCARE TOWARD ALTERNATIVE PAYMENT MODELS AND RISK-BASED CONTRACTING WHICH-- AND KNOWING THAT IF SOMEONE IS--HAS LACK OF ACCESS TO CARE, THEIR COSTS ARE GOING TO BE HIGHER AND THAT'S WHAT WE TALKED ABOUT IN OUR LAST MEETING KNOWING THAT THE MEDICARE IS KIND OF AHEAD OF THE GAME IN THINKING ABOUT ALTERNATIVE PAYMENT MODELS AND THAT'S WHERE WE SEE A LOT OF HARD OF HEARING AND INCREASED FOLKS WITH SOME COMMUNICATION ACCESS NEEDS, HAVE YOU SEEN THAT THAT'S MAKING IMPROVEMENT? OBVIOUSLY, THAT'S NOT THE ONLY ANSWER. IT'S ALIGNING OUR INCENTIVES TO PROVIDE GREATER COMMUNICATION ACCESS. HAVE YOU BEEN SEEING A TREND TOWARD THINGS GETTING BETTER, AND AS WE MOVE FURTHER INTO ALTERNATIVE PAYMENT MODELS THAT MIGHT BE A WAY TO SEE ALIGNED INCENTIVES?

>> THIS IS HOWARD. GREAT QUESTION. I THINK WE'RE GOING TO BE TALKING A LOT ABOUT THAT THIS AFTERNOON BUT I WILL GIVE YOU A BRIEF ANSWER RIGHT NOW. MEDICAID, MEDICARE, BOTH OF THOSE ENTITIES, YOU'RE RIGHT. THEY ARE AHEAD AND MANY OF THEM DO COVER INTERPRETING SERVICES IN SOME STATES, NOT ALL STATES. THE CHALLENGE WITH THAT AND THERE ARE SEVERAL CHALLENGES, ONE OF THE CHALLENGES IS THAT IT CAUSES CONFUSION IN THE HOSPITALS AND DOCTORS' OFFICES WHEN YOU HAVE SOME PATIENTS WHO ARE ON MEDICAID OR MEDICARE WHO HAVE A SYSTEM THAT ARE BUILT IN TO ADDRESS INTERPRETING BUT PRIVATE INSURANCE PAYEES DO NOT AND SO NOW THEY HAVE TO FIGURE OUT THAT YES, THIS GROUP OF PEOPLE CAN HAVE INTERPRETERS. THIS GROUP OF PEOPLE I HAVE TO PAY. I DON'T SEE DOCTORS AND HOSPITALS BECOMING EFFICIENT WITH UNDERSTANDING THE DIFFERENCES WITH THIS GROUP PEOPLE ARE GOING TO DO IT THIS WAY AND WITH THIS GROUP, WE'LL DO IT ANOTHER WAY. I THINK IT'S MUCH MORE CONFUSING THAN HELPFUL IN MANY WAYS.
SECONDLY, MEDICARE AND MEDICAID HAS SOME LIMITATIONS.
THERE'S SOME STATES THAT HAVE ADDRESSED THOSE ISSUES. OTHERS HAVE NOT, FOR EXAMPLE, RIGHT NOW, THE NATIONAL RULES IN MEDICARE AND MEDICAID IS THAT THEY WILL NOT PAY FOR INTERPRETER FOR MISSED APPOINTMENTS. SO SOME STATES THINK THAT'S FINE. OH THIS IS GREAT. THEY HAVE MEDICARE, MEDICAID, THEY PROVIDE INTERPRETERS AND THE DEAF PERSON DOESN'T SHOW UP, OH, WE JUST CAN'T PAY AND YOU WHEN THAT HAPPENS, A LOT OF INTERPRETERS WILL STOP GOING. YOU WOULDN'T BE ABLE TO FIND AN INTERPRETER WILLING TO GO IF THEY'RE NOT GETTING PAID. SO I THINK THAT MEDICARE AND MEDICAID ARE HELPFUL TO FIX THIS IN THE SHORT TERM BUT WE NEED A BETTER SOLUTION AND THIS AFTERNOON, I WILL TRY TO CONVINCE YOU THAT THIS MODEL WHICH I HAVE BEEN WORKING ON FOR TEN YEARS WILL FIX MOST OF THE ISSUES, IN MY OPINION.
[LAUGHTER]

>> THIS IS DAVID HERE. WE'RE GOING TO LEAVE THE LAST QUESTION FOR ANYONE ON THE PHONE, IF ANYONE ON THE ONE WANTS TO ASK A QUESTION TO HOWARD. THIS IS DAVID. OKAY. ALL RIGHT. WELL, THANK YOU. THANK YOU, HOWARD. THANK YOU FOR THE PRESENTATION AND ALL THE GREAT INFORMATION. WE'RE WORKING ON A LOT OF ISSUES THAT WE HAVE EXPERIENCED AND I HAVE GONE THROUGH AS A DEAF INDIVIDUAL AND I HAVE SHARED SOME OF THE EXPERIENCES THAT HOWARD HAS

TALKED ABOUT, BUT I THINK THAT'S THE PURPOSE OF THIS TASKFORCE IS TO ADDRESS AND TO TAKE A LOOK AT AND LEARN ABOUT THESE ISSUES TOGETHER WITH THIS COLLECTIVE OF EXPERTS AND PEOPLE WITH A LOT OF KNOWLEDGE IN THE FIELD, AND I KNOW AND FEEL STRONGLY THAT WE'RE GOING TO BE ABLE TO FIGURE THIS OUT. SO THANK YOU FOR COMING. I LOOK FORWARD TO YOUR PRESENTATION THIS AFTERNOON, HOWARD. AND REALLY QUICKLY, THE NEXT SPEAKER IS GOING TO BE DONNA NICHOLSON.

>> THIS IS DAVID SPEAKING. FOR PEOPLE ON THE PHONE TO GIVE YOU VISUAL INFORMATION OF WHAT'S HAPPENING IN THE ROOM, WE'RE SETTING UP FOR THE NEXT SPEAKER. BEAR WITH US FOR A MOMENT.

>> READY? HEY, EVERYBODY. MY NAME IS DONNA NICHOLSON. I HAVE THE OPPORTUNITY TO INTRODUCE MYSELF BRIEFLY AT THE BEGINNING OF THE PROGRAM. THANK YOU FOR THE OPPORTUNITY TO TALK WITH YOU. I DO WORK WITH MEDICAL MUTUAL OF NORTH CAROLINA. WE ARE A MEDICAL MALPRACTICE COMPANY. SO YOU MAY AUTOMATICALLY ASSUME THAT I'M GOING TO BE IN A DEFENSIVE POSTURE AGAINST HOWARD. CAN I CALL YOU HOWARD? REGARDING YOUR PLAINTIFF WORK IN SUING HOSPITALS AND PHYSICIAN PRACTICES. POINT OF FACT THAT IS NOT WHAT MY DEPARTMENT DOES. I'M GOING TO TELL YOU A LITTLE BIT ABOUT OUR ORGANIZATION AND I WILL TELL YOU SPECIFICALLY ABOUT WHAT MY DEPARTMENT DOES. SO HOPEFULLY, WE CAN HAVE A PRESENTATION THAT IS NOT ADVERSARIAL IN ANY WAY. SO QUICKLY FOR YOU TO KNOW ABOUT MEDICAL MUTUAL JUST BASICALLY. WE ARE NOT YOUR TRADITIONAL MEDICAL MALPRACTICE COMPANY. WE DO HAVE TO FOLLOW THE RULES AND REGULATIONS FOR INSURANCE COMPANIES WHO ARE LICENSED, ET CETERA, WITH IN THE STATES THAT WE WORK BUT REALLY OUR FOCUS AND SOMETHING THAT SETS US A LITTLE BIT APART FROM YOUR TRADITIONAL MEDICAL MALPRACTICE COMPANY IS THAT WE REALLY ARE TRYING TO TAKE CARE OF OUR CARE PROVIDERS MAINLY PHYSICIANS, IN A WHOLE. SO WE ARE LOOKING TO SEE HOW WE CAN HELP THEM SOLVE PROBLEMS AND CHALLENGES THAT THEY HAVE IN MEDICINE, BUSINESS, AND LIFE , SO IT'S A LITTLE BIT DIFFERENT THAN YOUR JUST TRADITIONAL MEDICAL MALPRACTICE COMPANY
SPECIFICALLY IN MY DEPARTMENT, I WORK IN THE RISK MANAGEMENT DEPARTMENT. I AM A NURSE. I'VE BEEN WORKING WITH PHYSICIAN PRACTITIONS FOR ALMOST 40 YEARS. YES, I DID START WHEN I WAS IN KINDERGARTEN.
[LAUGHTER]
OR NO, I'M NOT QUITE 100 YEARS OLD YET. BUT I HAVE A MASTER'S IN BUSINESS, A CERTIFICATION IN HEALTHCARE COMPLIANCE, AND REALLY THE LAST 20 PLUS YEARS OF MY CAREER, I SPENT WORKING WITH PHYSICIAN PRACTICES IN HELPING THEM WITH QUALITY OF CARE, RISK MANAGEMENT, COMPLIANCE, AND ANY SORT OF COMPONENT OF THAT THAT WOULD HELP IMPROVE THE CARE DELIVERY TO OUR PATIENTS. I HAVE ALWAYS WORKED WITH PHYSICIAN PRACTICES, EXCEPT FROM THE VERY BEGINNING OF MY CAREER WHERE I WAS A CRITICAL CARE NURSE IN THE EMERGENCY DEPARTMENT AND THE CORONARY CARE UNIT. MEDICAL MUTUAL DOES NOT INSURE HOSPITALS. WE ONLY FOCUS ON PHYSICIAN PRACTICES AND SOME OF OUR PHYSICIANS ARE SOLO PRACTITIONERS. SOME ARE VERY LARGE NETWORKS. THE DEPARTMENT OF RISK MANAGEMENT, WHICH IS THE DEPARTMENT, AGAIN, THAT I WORK IN, AGAIN, WE SOLELY FOCUS ON THE PHYSICIANS, THEIR CARE, THEIR STAFF, AND THEIR PRACTICES AND HOW THEY CAN OPTIMIZE PATIENT SAFETY AND THE DELIVERY OF CARE TO THEIR PATIENTS BECAUSE OUR PHILOSOPHY IS IF YOU CAN RENDER THE VERY BEST PATIENT CARE YOU CAN, YOU WON'T HAVE TO WORRY ABOUT LAWSUITS, OKAY. SO A LOT OF MY DEPARTMENT IS FOCUSED ON EDUCATION. WE HAVE A TREMENDOUS AMOUNT OF CONTENT THAT'S AVAILABLE TO OUR PHYSICIANS AND THEIR STAFF MEMBERS AND THE OTHER CARE TEAM MEMBERS

THAT ARE PART OF THE PRACTICE. THINGS LIKE WEBINARS. WE HAVE HANDBOOKS. WE HAVE TOOLS. WE HAVE GUIDES. WE HAVE WHITE PAPERS. WE HAVE PODCASTS.
WE HAVE NEWSLETTERS. WE GO OUT AND MAKE PRESENTATIONS. WE GO OUT AND DO ON-SITE ASSESSMENTS AND CHART REVIEWS AND OBSERVE THEM DELIVERING THE CARE TO THEIR PATIENTS, AND MOST IMPORTANTLY, WE HAVE OPEN-DOOR ACCESS FOR ALL KINDS OF E-MAILS AND PHONE CALLS THAT WE RECEIVE ON A DAILY BASIS FROM THE PHYSICIANS AND THEIR STAFF MEMBERS THAT WE SUPPORT, SO I WON'T SAY INSURE. WE DO INSURE THEM. WE INSURE ALMOST 15,000 PHYSICIANS AT THIS POINT, AND WE'RE IN OVER 30 SOME STATES AT THIS POINT. SO THIS GIVES YOU QUITE A LITTLE BIT OF A SLIDE AS TO WHAT STATES WE HAVE PHYSICIANS IN. THE LARGE AMOUNT OF OUR CONCENTRATED INSUREDS ARE ON THE EAST COAST, EAST OF THE MISSISSIPPI BUT NOT EXCLUSIVELY. THE POINT I'M WANTING TO MAKE IS THAT WE SPEND A LOT OF TIME AND EFFORT BECAUSE IT'S KEY TO OUR CULTURE TO SUPPORT OUR PHYSICIANS AND PHYSICIAN PRACTICES TO HELP THEM DELIVER, AGAIN, THE VERY BEST QUALITY OF CARE THEY CAN TO THEIR PATIENTS. NO MATTER WHAT COMMUNITY OF PATIENTS THAT THEY MAY FALL INTO. NOW I WAS ASKED SPECIFICALLY TO ADDRESS, WELL, WHAT INFORMATION DO WE HAVE OR WHAT DO WE EVEN TELL OUR MEMBERS OR OUR PHYSICIANS WHEN IT COMES TO DELIVERING SERVICES TO THE HARD OF HEARING OR THE DEAF POPULATION? AND SO THAT'S REALLY WHAT I CAME PREPARED TO SPEAK TO TODAY. WE'LL DO THAT VERY QUICKLY AND THEN WE'LL HAVE TIME FOR QUESTIONS IF YOU HAVE SOME, AND THEN WE'LL HAVE LUNCH. BUT I WANT TO-- BEFORE I GET INTO THAT, I REALLY WANT TO SAY HOW IMPORTANT I THINK THE EFFORTS ARE WITH THIS TASK FORCE AND IN HOPES THAT WE CAN GROW TOGETHER AND THAT THIS NOT BE AN ADVERSARIAL ISSUE OF ALL THE ALL THE WRONGS DONE FOR THE PATIENT POPULATION, WHICH ADMITTEDLY ARE HUGE AND ALL OF US ARE VERY SORROWFUL FOR , BUT I DON'T THINK THE ANSWER IS LITIGATION. I DON'T-- I MEAN, YOU ALL MUST UNDERSTAND THE PRESSURES THAT THE CARE DELIVERY SYSTEMS ARE FACING AS WELL. YOU'VE SEEN THE STATISTICS WITH THE HUGELY ELEVATED SUICIDE RATE THESE DAYS WITH PHYSICIANS. WE SPEND A LOT OF TIME WORKING WITH PHYSICIANS AND TRYING TO HELP THEM INSTILL THE JOY OF DELIVERING HEALTHCARE AGAIN VERSUS THE BURNOUT THAT WE HEAR A LOT FROM OUR PHYSICIANS. SO AN ADVERSARIAL RELATIONSHIP IN ANY ATTEMPT TO SOLVE A PROBLEM, I PERSONALLY DON'T BELIEVE THAT WILL GET US WHERE WE NEED TO BE. SO AS WE ARE LEARNING TO APPRECIATE THE VALUE THAT EACH OF US BRING IN THIS TASK FORCE, I JUST WANT TO YOU TO KNOW THAT I AM ONE OF THOSE WHO ARE CAMPAIGNING FOR A WAY THAT WE CAN FIND SOME SYNERGY AND REALLY WORK TOGETHER AT SOLVING THIS PROBLEM. OKAY. SO BACK TO WHY I WAS ASKED TO COME. I MENTIONED THAT WE DO HAVE A SERIES OF HANDBOOKS AND BY STATE, WE ACTUALLY HAVE HANDBOOKS. THESE HANDBOOKS WERE DELIVERED-- WERE DEVELOPED BASED ON FREQUENTLY ASKED QUESTIONS THAT WE HAVE FROM OUR PHYSICIAN AND CARE TEAM MEMBERS. THIS PARTICULAR HANDBOOK FOR NORTH CAROLINA IS ALMOST 200 PAGES LONG, SO IT ADDRESSES ALL KINDS OF DIFFERENT THINGS, AND WE SEEK COUNSEL FROM OUTSIDE ATTORNEYS TO HELP US DRAFT AND WRITE THESE HANDBOOKS SO WE MAKE SURE THAT WE ARE DOING THE BEST WE CAN AT DELIVERING THE RIGHT INFORMATION TO OUR MEMBERSHIP WHEN WHEN THEY HAVE QUESTIONS SO THAT GIVES YOU A QUICK SNAPSHOT OF WHAT KIND OF THE WELCOME INTRODUCTORY PART IS TO THE HANDBOOK AND THEN I WENT WITHIN THE HANDBOOK BACK DOWN TO ACTUALLY CHAPTER 15 TO PULL AND EXTRACT SOME OF THE RELEVANT ETHIC CHAPTERS THAT WE ADDRESSED IN THE HANDBOOK THAT ARE SPECIFIC TO WHY WE'RE HERE AS MEMBERS OF THIS TASK FORCE. SO YOU CAN SEE SOME OF THE MORE COMMON QUESTIONS AND THIS IS CERTAINLY NOT ALL THE QUESTIONS, BUT THESE ARE SOME OF THE MORE COMMON QUESTIONS THAT WE'VE BEEN ASKED OVER THE YEARS WHEN IT COMES TO INTERPRETERS SPECIFICALLY, AND WE DO HAVE PRACTICES WHO SPEND WELL OVER $100,000 A YEAR ON INTERPRETERS. THEY DON'T COMPLAIN ABOUT IT, BUT THAT'S A POINT OF FACT. I DON'T NECESSARILY 100% AGREE WITH THE FACT

THAT PHYSICIANS ARE ONLY USED TO PAYING FOR SERVICES IF THEY CAN BILL FOR SERVICES BECAUSE I THINK THAT PHYSICIANS IN THE ROOM AND THE CAREGIVERS IN THE ROOM WOULD CERTAINLY-- I WOULD THINK WOULD SAY THAT THERE ARE A NUMBER OF THINGS THAT THEIR PRACTICES PAY FOR THAT THEY ARE NEVER ABLE TO BILL FOR. I DON'T NECESSARILY THINK IT'S QUITE AS CLEAN AND TIDY AS THAT. THERE IS STILL CONFUSION OUT THERE, THOUGH. WE STILL TODAY GET CALLS FROM PRACTICES WANTING TO KNOW, DO THEY HAVE TO PAY FOR AN INTERPRETER? YOU KNOW, WHY DO THEY HAVE TO PAY FOR AN INTERPRETER? THEY CAN JUST WRITE IT ON A PIECE OF PAPER. WE ARE YOUR ADVOCATE IN THAT SENSE IN THAT WE REALLY CLEARLY SAY, NO, YOU ARE RESPONSIBLE FOR BEING ABLE TO CLEARLY COMMUNICATE WITH YOUR PATIENTS, OKAY. IF YOU FEEL LIKE YOU CAN SAY ALL YOU NEED TO SAY BY WRITING IT ON A PIECE OF PAPER BECAUSE OF SOMETHING VERY SIMPLE, THEN MAYBE THAT'S OKAY. BUT YOU NEED TO UNDERSTAND THAT IF YOU WOULD SAY MORE THAN THAT , IF YOU WERE SPEAKING THE INFORMATION THEN YOU NEED AN INTERPRETER. AND YOU ALSO CANNOT ASSUME THAT THE PATIENT POPULATION THAT YOU WERE TRYING TO HELP CAN UNDERSTAND THE WRITTEN WORDS THAT YOU ARE TRYING TO USE TO COMMUNICATE. WE ALSO TELL THEM THAT IT IS NOT ACCEPTABLE TO USE FAMILY MEMBERS UNLESS THE PATIENT FEELS VERY STRONGLY ABOUT THE FACT THAT'S WHAT THEY WANT TO DO. WE DO NOT ENCOURAGE THE USE OF STAFF MEMBERS UNLESS THEY HAVE CONFIDENCE THAT THE STAFF MEMBER CAN APPROPRIATELY COMMUNICATE IN THE FASHION THAT AN INTERPRETER NEEDS TO COMMUNICATE. NOW, HOWARD HAD A GREAT POINT.

HOW DO THEY KNOW THAT? HOW DO THEY KNOW THEY'RE EFFECTIVELY COMMUNICATING? WE DON'T HAVE AN ANSWER FOR THEM FOR THAT EITHER. I DO THINK THAT IS A STRUGGLE THAT WE HAVE. THERE IS SOME QUESTION STILL ABOUT ONE SIZE MIGHT NOT FIT ALL. AND SIZE MIGHT MATTER AND FOR A REALLY SMALL PRACTICE, SIZE MIGHT MATTER. FOR OUR MID-SIZED TO LARGE PRACTICES, IT DOES NOT, AND WE OFTEN HEAR THE COMPLAINT, WELL, THE INTERPRETER-- I'M GOING TO USE SOME NUMBERS HERE. THE INTERPRET'S GOING TO COST ME OVER $250. THE MOST I BILL FOR THIS PARTICULAR OFFICE VISIT IS LESS THAN $100, SO HOW CAN THIS POSSIBLY WORK FOR ME. AND WE DO HAVE TO REMIND THEM IT'S NOT THE ONE-FOR-ONE VISIT THAT YOU NEED TO CONSIDER HERE. IT'S THE OVERALL COMPLEXION OF THE PRACTICE. WE ARE TRYING TO EDUCATE THE FOLKS THAT WE GET AN OPPORTUNITY TO TALK TO ABOUT THIS. DO WE DO EVERYTHING PERFECTLY? CERTAINLY NOT. IN ONE OF THESE SLIDES I MAY HAVE ALREADY MISSED, WOULD YOU HAVE SEEN, IF YOU DIDN'T ALREADY, A TYPO-- IT'S NOT A TYPO, A MISREPRESENTATION AT THE VERY TOP OF THE SLIDE THAT WE NEED TO FIX IN OUR HANDBOOK BECAUSE WE DID USE THE LANGUAGE HEARING IMPAIRED WHICH I DIDN'T LEARN UNTIL THE LAST TIME WE MET THAT WAS REALLY NOT AN APPROPRIATE TERMINOLOGY AND WHEN I WENT BACK AND TALKED TO MY STAFF ABOUT THAT, I HAVE NINE OR TEN NURSES IN MY DEPARTMENT, NONE OF THEM HAD EVER HEARD OF THAT, THAT THAT WAS A PROBLEM, AND IT CERTAINLY WAS NOT USED IN A WAY THAT WAS MEANT TO BE OFFENSIVE IN ANYWAY. WE ALL HAVE THINGS, THINGS TO LEARN. I CERTAINLY DO. I'M GOING TO QUICKLY GO THROUGH THESE SLIDES BECAUSE OF THE INTEREST OF TIME AND YOU'VE GOT THEM IN YOUR HANDOUT, EVEN THOUGH I KNOW THE PRINT IS TINY AND THESE ARE SNAPSHOTS FROM OUR HANDBOOK. THIS IS NOT THE COMPLETE SECTION, BUT THESE ARE THINGS THAT I FELT LIKE WAS RELEVANT TO OUR CONVERSATION TODAY. THE ONE SLIDE I WANT TO END ON, THOUGH, IS THE IMPORTANCE OF COMMUNICATION. THE ONE SENTENCE I WILL SAY ABOUT LAWSUITS IS FROM OUR EXPERIENCE, THE LAWSUIT-- NOT ACTUALLY FROM OUR EXPERIENCE BUT FROM A PROGRAM THAT WE WORK WITH WITH VANDERBILT UNIVERSITY OR VANDERBILT MEDICAL CENTER AND ONE OF THE CENTERS FOR PROFESSIONAL BEHAVIOR WITH FEEL DEALING WITH PATIENTS, THEY ARE QUOTED AS SAYING ONLY 2% LAWSUITS ARE ACTUALLY FILED BASED ON NEGLIGENCE WITH THE PROVIDER. MOST LAWSUITS ARE FILED BECAUSE OF FAILURE IN COMMUNICATION. AND THAT'S ACROSS-- ALL PATIENTS. SO WE HAVE COMMUNICATION CHALLENGES

ACROSS THE BOARD AND EVEN MORE SO WITH THE HARD OF HEARING AND HEARING AND DEAF POPULATION. SO IT'S NOT JUST LIMITED TO THIS POPULATION, BUT THERE ARE COMMUNICATIONS CHALLENGES THROUGHOUT, AND I THINK A LOT OF THOSE DIMENSIONS ARE BECAUSE OF ALL OF THE CONSTRAINTS THAT ARE PUT ON PHYSICIANS AS THEY ARE TRYING TO DELIVER CARE ON A DAY-TO-DAY BASIS AND, I COULD SPEAK THE WHOLE AFTERNOON ABOUT SOME OF THOSE THINGS, BUT I WON'T DO THAT. WITH THAT BEING SAID, THESE ARE THE RECOMMENDATIONS IN SUMMARY THAT WE OFTEN SHARE WITH OUR MEMBERS. WE WOULD LIKE FOR THEM TO HAVE A PROCEDURE IDENTIFIED IN THEIR PRACTICE FOR HOW THEY'RE GOING TO BEST FACILITATE COMMUNICATING WITH THEIR PATIENTS, NO MATTER WHAT TYPE OF PATIENT THEY'RE TRYING TO COMMUNICATE WITH. HAVE ACCESS TO INTERPRETERS IN A TIMELY MANNER DURING HOURS OF OPERATION, DEVELOP WRITTEN POLICIES AND PROCEDURES AND DO TRAINING WITH THEIR PHYSICIANS, CARE DELIVERY TEAM THAT ARE PART OF THE OFFICE SO EVERYBODY UNDERSTANDS WHAT THE RESPONSIBILITIES ARE AND HOW THEY REACH AN INTERPRETER, WHAT IS THE PROCESS THAT THEY'RE SUPPOSED TO FOLLOW. AND I THINK WE ALWAYS ARE EMPHASIZING THE IMPORTANCE OF TRAINING. WITH OUR PHYSICIANS, WITH OUR CARE DELIVERY TEAM, WITH OUR STAFF, AND WE TRY TO PROVIDE WHATEVER RESOURCES WE CAN TO HELP AUGMENT THAT FOR THEM. RESOURCES, COINCIDENTALLY ENOUGH, AND THAT'S REALLY ALL I HAD UNLESS YOU HAVE QUESTIONS. OH, BOY.
[LAUGHTER]

>> THIS IS JAN SPEAKING. THANK YOU VERY MUCH FOR YOUR EXCELLENT PRESENTATION AND THIS IS JAN SPEAKING. I AM VERY THRILLED TO HEAR THAT WE DO HAVE A RESOURCE LIKE THIS. THIS IS ASTOUNDING. AND I COMMEND YOU FOR YOUR EXCELLENT WORK AND WHAT I SEE HERE IN YOUR HANDBOOK. I DO WANT TO LET YOU KNOW THAT MY AGENCY IS CHARGED WITH PROVIDING TRAINING AND CONSULTATION TO AGENCIES, ORGANIZATIONS, BUSINESSES, PROFESSIONALS TO HELP BUILD THEIR CAPACITY TO EFFECTIVELY SERVE DEAF AND HARD OF HEARING AND DEAF-BLIND PEOPLE. AND THERE ARE RESOURCES LIKE MINE AND IN OTHER STATES AS WELL. MANY OTHER I DID VIGS ARE NOT AS FORTUNATE AS WE ARE HERE IN NORTH CAROLINA IN TERMS OF THE AMOUNT OF RESOURCES THAT WE HAVE BUT AS YOU HEARD FROM MEETING A COUPLE OF WEEKS AGO, WHAT WE HAVE IS STILL NOT ENOUGH TO MEET THE NEED. ONE THING I WANTED TO SAY IS THAT FROM MY EXPERIENCE, OFTENTIMES THERE ARE ORGANIZATIONS THAT WILL TRY TO DEVELOP, RESOURCES AND INFORMATION WITHOUT REALLY KNOWING THAT WHAT THEY'RE OFFERING MIGHT NOT BE SUFFICIENT, AND LET ME GIVE YOU AN EXAMPLE OF THAT. A COUPLE MONTHS AGO, WE WORKED WITH THE DIVISION OF HEALTH BENEFITS TO HELP THEM DEVELOP REQUIREMENTS TO FOR THEIR BROKERS AND WE PULLED OUT THE CMS REGULATIONS ON HOW THEY NEEDED TO MAKE THEMSELVES ACCESSIBLE TO THEIR HARD OF HEARING PEOPLE AND THE CMS REGULATIONS MENTIONED ONLY ONE THING, TTYs. NO ONE USES TTYs ANYMORE SO WE HAD TO WORK WITH THE DIVISION OF HEALTH BENEFITS TO BRING THEIR INFORMATION UP TO DATE. SO WE ARE HERE AS A DIVISION TO OFFER THAT SERVICE TO YOUR PHOBES IF YOU WANT TO CONTACT.

>> EXCELLENT, EXCELLENT. THANK YOU VERY MUCH.

>> I WILL RUN BACK AND FORTH.

>> SURE.

>> THANK YOU VERY MUCH. I'M ALSO DELIGHTED TO HEAR ABOUT THIS RESOURCE. THIS IS TOVAH SPEAKING, BUT I DID HAVE A THOUGHT THAT YOU MIGHT WANT TO CONSIDER.

>> ABSOLUTELY.

>> IN YOUR RECOMMENDATIONS YOU SUGGEST THAT THERE SHOULD BE POLICY OR GUIDELINES FOR INTERPRETER SERVICES BUT I WOULD LIKE TO SUGGEST TO YOU THAT GENERALLY THERE ARE MORE PEOPLE WHO ARE HARD OF HEARING OR DON'T ACTUALLY USE SIGN LANGUAGE INTERPRETERS AND OTHER RESOURCES, POCKET TALK OR VRI, AND YOU MIGHT TRY TO EXPAND ON NOT JUST INTERPRETING SERVICES BUT OTHER AUXILLARY RESOURCES AND HELP PEOPLE UNDERSTAND THAT THERE ARE A VARIETY OF THINGS THEY COULD DO.

>> GREAT POINT. THANK YOU.

>> THIS IS DAVID SPEAKING. I THINK WE HAVE TIME FOR JUST ONE MORE QUESTION BUT I WOULD LIKE TO GIVE THE OPPORTUNITY FOR THOSE ON THE PHONE TO ASK. HEARING NONE, ALL RIGHT. THANK YOU. I THINK IT IS TIME FOR US TO GO AHEAD AND BREAK FOR LUNCH . AND SO IN THE INTEREST OF TIME, WE WILL BREAK FOR LUNCH AND WE WILL START BACK AT 12: 45, AND I WILL TURN IT OVER TO ADAM TO GIVE US INSTRUCTIONS ABOUT OUR LUNCH SETUP. ADAM?

>> THANK YOU. FOR FOLKS ON THE PHONE, IF YOU WANT TO PUT US ON MUTE OR HANG UP ON&CALL BACK AT 12: 45, WHICH WOULD BE GREAT. FOR FOLKS IN THE ROOM, WE HAVE LUNCH THROUGH THIS DOOR. WE'LL FILE THROUGH THIS DOOR, GET LUNCH AND COME BACK IN THROUGH THE KITCHEN. WE HAVE A VARIETY OF AREAS WITH EXTRA CORDS ON THE FLOOR SO BE CAREFUL, LOOK AT YOUR FEET SO WE DON'T HAVE ANYONE TRIPPING ON ANY WIRES AND JUST COME BACK IN HERE FOR LUNCH.

PLEASE STAND BY. PLEASE STAND BY. TEST TEST TEST TEST TEST TEST TEST TEST TEST.
PLEASE STAND BY. MEETING WILL RESUME.

>> I THINK WE'RE READY TO GET STARTED AGAIN. SO THANK YOU. IT'S A NICE LUNCH, ADAM. THANK YOU. IT'S A GREAT LUNCH. I DON'T NORMALLY HAVE THIS KIND OF FOOD BUT IT WAS DELICIOUS. SO HOPEFULLY EVERYBODY ENJOYED IT AS WELL. WE'RE READY TO MOVE ON WITH THE PROGRAM. AND SO WE ARE GOING TO START WITH THE VIDEO AND THEN A PRESENTATION. SO PLEASED TO INTRODUCE LEE WILLIAMSON WHO IS THE DIRECTOR OF COMMUNICATION ACCESS FOR THE DIVISION OF SERVICES FOR THE DEAF AND HARD OF HEARING. LEE'S A CODA. HE'S INVOLVED . HE'S HAD DEAF PARENTS AND BEEN INVOLVED IN THE DEAF COMMUNITY GROWING UP. HE IS WELL CONNECTED AND I'M HAPPY TO HAVE HIM WITH US TODAY. THANK YOU. THAT WAS A VERY GOOD LUNCH. THANK YOU, GUYS, AND PINATAS. I LIKE SAYING THAT, TOO. I WARRANT TO BRIEFLY SHOW A VIDEO AS WE DID AT OUR LAST MEETING, WE KIND OF PUT A FACE ON AS THE POPULATION THAT WE'RE GOING TO BE TALKING ABOUT WHEN WE HAD OUR PANEL, AND I THINK WHAT I'M GOING TO SHOW YOU WILL ALSO HELP MAKE THIS A LITTLE MORE PERSONAL. IT WAS REALLY NEAT HEARING ALL OF YOU SHARE HOW THIS PERSONALLY HAS IMPACTED YOU FROM LAST MEETING IN YOUR PERSONAL LIVES WITH FAMILY MEMBERS OR YOURSELF AND THIS IS A FAMILY THAT OUR DIVISION, THEY REACHED OUT TO OUR GREENSBORO REGIONAL CENTER. THIS IS A COUPLE, DEB AND RAY RODELL, WHO LIVE IN THOMASVILLE. THEY MOVED TO NORTH CAROLINA THREE YEARS AGO, AND THEY GOT IN TOUCH WITH OUR STAFF AT THE GREENSBORO REGIONAL CENTER LOOKING FOR SUPPORT BECAUSE THEY WERE-- THEY HAD A REALLY TOUGH TIME DEALING WITH HEALTHCARE PROVIDERS, AND I FOUND OUT ABOUT THEIR STORY, AND I FELT THEIR STORY WOULD BE GREAT FOR YOU GUYS TO HEAR. THE ENTIRE VIDEO IS ABOUT 36 MINUTES. I WITH MY HOME HOBBYING OF MAKING VIDEO AND ADDING CLOSED CAPSULING AND VOICEOVERS ON A LAPTOP LAST WEEKEND WATCHING THE BASKETBALL TOURNAMENT, I MADE THIS

VIDEO. THE QUALITY'S NOT THAT BAD BUT AT THE VERY END, IT KIND OF DROPS A PIECE OF THE AUDIO SO MY APOLOGIES FOR THAT. ANYWAY, DEB AND RAY, THEY-- YOU ARE GOING TO SEE EIGHT MINUTES OF THEIR VIDEO AND THERE'S A LOT OF THEIR STORY THAT I WILL SHARE WITH YOU. MY PLAN IS TO CAPTION THE ENTIRE 36-MINUTE VIDEO, HAVE IT VOICED OVER AND WHEN THAT IS READY, IT WILL BE AVAILABLE FOR TO YOU SEE. I WILL HAVE A LINK AND THIS PORTION WILL FOCUS SPECIFIC ON A LOT OF THINGS THAT HOWARD TALKED ABOUT THIS MORNING RELATED TO JUST GET ACCESS TO HEALTHCARE. IT'S RAY. RAY HAD SOME HEALTHCARE ISSUES AND HE HAD PROBLEMS WITH HIS ANKLE. IT STARTED WITH A PROBLEM WITH ANKLE, ARTHRITIC PROBABLY. HE WENT TO SEE AN ORTHOPEDIC DOCTOR. THEY DECIDED HE HAD TO HAVE HARDWARE PUT IN HIS ANKLE. HE HAD THE PROCEDURE. THE HARDWARE DIDN'T DO TOO WELL. HE GOT AN INFECTION. THEY EVENTUALLY GO THROUGH SURGERY AND ALL OF THIS. BUT GOING THROUGH THAT WHOLE PROCESS, COMMUNICATION ACCESS WAS NOT PROVIDED AS IT SHOULD BE. THIS HAPPENED TO THEM LAST YEAR, FEBRUARY OF 2017, 2018. FEBRUARY 2018. SO THIS WAS A VIDEO SHOT OF THEM FROM LAST WEEK
SO A LOT OF THE DETAILS YOU MIGHT SEE BUT IT WILL BASICALLY FOCUS ON THAT FIRST WEEK WHERE HE WENT INTO THE HOSPITAL. HE ACTUALLY HAD TO HAVE SURGERY FOUR TIMES IN THAT ONE WEEK. HE ENDED UP WITH AMPUTATION OF HIS LEFT LEG.

>> THIS IS HUGH BLACKWELL ON THE PHONE. ARE YOU MEETING, OR IS THIS JUST GENERAL CONVERSATION? I CANNOT HEAR WHAT'S BEING SAID.

>> IS IT RED OR GREEN?

>> NEITHER. HELLO, ARE YOU ABLE TO HEAR NOW? IT'S BLINKING GREEN.

>> THAT'S GOOD.

>> YES. I CAN HEAR THAT.

>> OKAY. I HAD A MICROPHONE THAT WAS, I GUESS, HAD A DEAD BATTERY. YES, WE'RE GETTING READY TO SHOW A VIDEO OF A COUPLE FROM THOMASVILLE, NORTH CAROLINA, WHO HAD AN EXPERIENCE HAVING COMMUNICATION ACCESS CHALLENGES. SO YOU'LL WATCH THE VIDEO, BUT I GUESS I WANTED TO JUST LET YOU KNOW THROUGHOUT THE VIDEO SHE TALKS ABOUT HIM HAVING SURGERY AND THEN SHE ENDS ON THE LAST SENTENCE WITH THINGS COULD HAVE GONE BETTER AND MAYBE HE WOULDN'T HAVE LOST HIS LEG. I DON'T WANT TO MAKE IT A BIG DRAMATIC THING. BECAUSE SHE DOESN'T MENTION THE AMPUTATION THE ENTIRE VIDEO AND AT THE END, HE LOST HIS LEG. TELL US MORE. I DON'T MEAN IT TO BE THAT WAY AT ALL. I WANT YOU TO KNOW THAT IT DID END UP WITH AMPUTATION BECAUSE OF AN INFECTION. THAT'S HOW SEVERE THE SITUATION WAS. WE'LL WATCH THE VIDEO. IF YOU HAVE ANY QUESTIONS AFTERWARDS, WE CAN TALK ABOUT IT.

VIDEO:
>> WE WENT TO SEE THE DOCTOR WHO RECOMMENDED THAT WE GO SEE AN ORTHOPEDIC SURGEON. THE DOCTOR HAPPENED TO BE IN WINSTON-SALEM AND SO WE MADE AN APPOINTMENT TO GO. BEFORE GOING, OF COURSE, WE CHECKED THE DOCTOR'S PROFILE, AND WOW!
IT SHOWED THAT HE HAD A LOT OF EXPERIENCE. OVER 39 YEARS OF EXPERIENCE. SO WE MADE THE APPOINTMENT THAT HE HAD ARRANGED FOR AN INTERPRETER TO BE THERE. THE APPOINTMENT WENT WELL. AND THE DOCTOR DECIDED TO PUT HARDWARE IN HIS ANKLE. SO, RAY WENT AHEAD AND HAD HIS SURGERY, BUT ABOUT A MONTH LATER, RAY GOT AN INFECTION. HE WE STARTED TO WORRY

ABOUT THAT. HIS ANKLE STARTED TO SWELL. WE ASKED THE DOCTOR, AND THE DOCTOR HAD EXPLAINED TO US THAT THAT'S TO BE EXPECTED AND IT WILL TAKE TIME TO RECOVER. AFTER THAT, WE JUST WAITED IT OUT, HE'S TAKING HIS MEDICINE, BUT HE CONTINUED TO HAVE A PROBLEM WITH THE SWELLING. IT DIDN'T GO AWAY. SO WE DISCUSSED WIT THE DOCTOR AGAIN AND THE DOCTORS DECIDED THAT HE HAD TO REMOVE THE HARDWARE THAT THEY HAD PLACED IN THE ANKLE BECAUSE IT SEEMED TO BE CAUSING A PROBLEM. WE WENT BACK TO THE DOCTOR'S OFFICE. AND WE HAD A LIVE INTERPRETER THERE. AND AT THAT TIME, HIS LEG, OH, IT HAD GOTTEN SO MUCH WORSE. AND THE DOCTOR LOOKED AT IT AND SAID, WELL, IT IS BAD. HE RECOMMENDED THAT RAY GO AHEAD AND GO TO THE HOSPITAL, GO TO THE EMERGENCY ROOM. SO, HIM AND I AND THE LIVE INTERPRETER, BOTH OF US, ALL THREE OF US WENT TO THE EMERGENCY ROOM, AND THE DOCTOR EXPLAINED WHAT HE HAD PLANNED TO DO AND I UNDERSTOOD WHAT WAS GOING ON. THEY DECIDED HE HAD TO GO TO PRE-SURGERY AND WE SAID THAT WE NEED AN INTERPRETER AND THEY SAID, OH, IT'S OKAY. WE ALREADY HAVE AN INTERPRETER UPSTAIRS IN THE PRE-SURGERY ROOM AND SO OUR LIVE INTERPRETER LEFT, AND I DIDN'T THINK ANYTHING OF IT. I DIDN'T THINK TO ASK TO HAVE A LIVE INTERPRETER. AND THE VRI, I DON'T SEE THAT VERY OFTEN, SO WE WENT UP TO THE ROOM AND WE THOUGHT, WHERE IS THE INTERPRETER? AND WE SAW THE VRI MACHINE AND WE SAID, NO!
NO!
THIS IS A VERY SERIOUS CONDITION. I WANT AND NEED A LIVE INTERPRETER FOR THIS. BUT THEY FORCED US TO USE VRI AND MY HUSBAND IS LAYING ON HIS BACK. HE COULDN'T EVEN SEE THE VRI MACHINE. HE JUST COULDN'T. AND I WAS HAVING A HARD TIME MYSELF UNDERSTANDING THE VRI BECAUSE THE PICTURE WAS GOING IN AND OUT AND SOMETIMES THE CONNECTION WOULD DROP AND I HAD TO DEAL WITH ONE TO FOUR DOCTORS COMING BACK AND FORTH INTO THE ROOM AND IT WAS CHAOS. AND I EVEN HAD TO INTERPRET FOR MY HUSBAND, TOO, BECAUSE HE WAS LEFT OUT. AND IT WAS VERY STRESSFUL. I WAS REALLY UPSET. WE COULD HAVE HAD A LIVE INTERPRETER THERE, BUT THEY SAID THE LIVE INTERPRETER WAY AND USED VRI, AND IT MADE THINGS MUCH WORSE. WE STRUGGLELED SO MUCH AND THAT PROBABLY TOOK LONGER THAN NECESSARY. AND I FOUND OUT THAT THE DOCTORS WERE TALKING ABOUT IF THEY SHOULD, YOU KNOW, GO AHEAD AND TAKE HIM INTO SURGERY AT THAT MOMENT OR NOT AND I TOLD THEM, NO. I WANTED TO WAIT UNTIL THE NEXT DAY, AND FINALLY, THEY GAVE RAY SOME ANTIBIOTICS AND I FELT LIKE HIS BODY REALLY NEEDED TIME TO FIGHT THE INFECTION. OKAY. FINALLY, AFTER ABOUT FOUR HOURS OF STRUGGLING WITH THE VRI AND UNDERSTANDING WHAT'S GOING ON, I MEAN, I COULD HAVE UNDERSTOOD THIS IMMEDIATELY IF WE HAD A LIVE INTERPRETER AND THAT WOULD HAVE SAVED SO MUCH TIME. SO AFTER ALL THAT, THEY PUT HIM IN A ROOM. THE NEXT DAY, THE DOCTOR CAME IN WITH THE VRI AGAIN. I DIDN'T SAY ANYTHING ABOUT IT. I WANTED TO KNOW WHAT THEY WERE PLANNING ON DOING. AND I WAS TOLD THAT HE, AGAIN, WOULD BE TAKEN TO SURGERY AND THEY PLANNED TO, WHAT THEY CALL SCRUB HIS LEG AND I SAID, OKAY. SO FOR ALL OF THE REST OF THE TIME THERE, THEY USED VRISM, AND I TOLD THEM, I NEEDED A LIVE INTERPRETER, AND THEY IGNORED MY REQUESTS. THEY DIDN'T DO ANYTHING ABOUT IT. THEY KEPT SAYING THEY, AND I WAS LIKE, WELL, DO IT. SO THEY KEPT USING IT THE VRI, THE WHOLE TIME. AND RAY WAS IN SURGERY FOUR TIMES IN ONE WEEK. I MEAN RVE THAT'S A LOT. SO THEN IT ENDED UP-- I FOUND OUT THAT MY HUSBAND WAS TO STAY IN THE HOSPITAL FOR ONE MONTH, ONE MONTH. AND THAT ENTIRE TIME I ASKED THEM OVER AND OVER AGAIN TO PLEASE SCHEDULE A LIVE INTERPRETER. WHENEVER THE DOCTOR MAKES HIS ROUNDS, HAVE A LIVE INTERPRETER AND THEIR RESPONSE WAS ALWAYS THE SAME. THEY SAID, I'LL-- I WILL CALL, BUT THEY NEVER DID. STILL FORCING ME TO USE VRI. AND A LOT OF TIME, I DIDN'T WORK. THE ONLY TIME WE FELT HUMAN WAS WHEN A WOMAN ACTUALLY FROM THE SPEECH AND SWALLOWING DEPARTMENT, SHE CAME AND ASKED IF WE WANTED AN INTERPRETER. SHE SAID, WOULD YOU LIKE TO USE VRI OR HAVE A LIVE INTERPRETER? AND I ALMOST FELL OUT OF MY CHAIR. FINALLY!

WE WERE OFFERED AN OPTION. I LOVED IT. I TOLD HER, YES!
WE NED A LIVE INTERPRETER. AND SHE SAID SHE WOULD DO IT, AND SURE ENOUGH, THEY SHOWED UP. WHY THE HOSPITAL COULDN'T HAD DONE THE SAME THING? WE REALLY SUFFERED A LOT THROUGH THAT. IF ONLY THEY HAD JUST TAKEN THE TIME TO LISTEN AND ACCEPT OUR REQUESTS. I BELIEVE EVERYTHING WOULD HAVE GONE SO MUCH BETTER. MAYBE THEY WOULDN'T-- HE WOULDN'T HAVE HAD TO USE HIS LEG.

>> THIS IS LEE. LIKE I SAID, THERE'S A LOT MORE TO THEIR STORY THAT IS NOT SHARED THERE. HIM BEING IN THE HOSPITAL FOR A MONTH. DEB GOES ON TO TALK ABOUT ALL OF THE CHALLENGES HE HAD BEING AN INPATIENT IN THE HOSPITAL SYSTEM THAT THE ONLY WAY YOU CAN ORDER FOOD FOR YOUR, YOU KNOW, YOUR FOOD TO COME IN IS CALL FOOD SERVICES SO HE COULDN'T CALL FOOD SERVICES SO HE PRETTY MUCH GOT EVERY DAY WHATEVER THEY BROUGHT. HE COULDN'T ORDER FOOD. HE WAS THERE FOR A MONTH. DEB WAS--DEB WOULD BE AT HOME AND HAD NO WAY TO CALL HIS WIFE. NO VRS, NO VIDEO PHONE FOR HIM. HE HAD HIS OWN iPAD BUT THE WiFi CONNECTION WASN'T ALWAYS THERE SO HE COULD MAKE VIDEO CALLS TO HIS WIFE. THERE ARE OTHER EXAMPLES WHERE THEY'RE ORIGINALLY FROM INDIANA SO THEIR SON LIVES IN INDIANA. HE FLEW DOWN THAT WEEK OF SURGERY. HOSPITAL STARTS USING THE ADULT SON AS THE INTERPRETER, AND OF COURSE, THE SON TRIES TO INTERPRET, YOUR TYPICAL CHILD OF DEAF ADULTS IS NOT A FLUENT SIGNER. VERY DIFFERENT THAN-- YOU MAY SEE THIS IN TODAY'S CULTURE WITH SPANISH-SPEAKING FAMILIES AND THE KIDS GROW UP HERE IN THE STATES. THE SPANISH MAY BE, YOU KNOW, PARENTS WHO IMMIGRATE INTO THE STATES, THEIR KNOWLEDGE OF FLUENCY IN THEIR MOTHER LANGUAGE IS NOT VERY FLUENT. SAME THING WITH HEARING KIDS OF DEAF ADULTS. MOST ARE NOT VERY FLUENT. THEY SIGN PRETTY WELL BUT THE SON GETS UPSET. HE SEES ALL THESE THINGS HAPPENING AND THE SON IS ARGUING BACK AND TORT WITH THE HEALTHCARE PROVIDER AND THERE'S DEB SAYING, I GOT LEFT OUT. I GOT TOTALLY LEFT OUT. MY SON IS ARGUING WITH THE DOCTOR AND I DON'T KNOW WHAT IT'S ABOUT AND POOR RAY, THE WHOLE TIME, HE WAS-- HE DOESN'T REMEMBER SO MUCH OF THIS TIME. HE DOESN'T REMEMBER. EITHER BECAUSE OF PAIN MEDS OR JUST BECAUSE OF THE TRAUMA, HE DIDN'T REALIZE HE WAS GOING TO HAVE AN AMPUTATION. HE CAME OUT OF SURGERY REALIZING, OH, I DON'T HAVE A LEG. I KNOW THAT HAPPENS IN LIFE IN GENERAL. SOMETIMES YOU JUST DON'T KNOW WITH EMERGENCY SURGERIES, BUT THERE'S JUST A LOT OF THINGS RELATED WITH COMMUNICATION ACCESS THAT WE CAN SHARE MORE AS WE GET THE VIDEO.

SO NEXT, I'M JUST GOING TO KIND OF PREFACE HOWARD'S AFTERNOON PRESENTATION. HE'S GOING TO BE SHARING SOME MORE INFORMATION WITH SOME POSSIBLE SOLUTIONS TO WHAT WE'RE TALKING ABOUT TODAY. TOIVE IF YOU A BACKGROUND HOW SIGN LANGUAGE INTERPRETERS FUNCTION AND THE COSTS, AND HOW BUSINESS PRACTICES WORK FOR SIGN LANGUAGE INTERPRETERS AND TO GIVE YOU AN IDEA TO KIND OF SUPPORT AND GIVE YOU A CLEAR UNDERSTANDING OF WHAT HOWARD IS GOING TO TALK ABOUT. I'M GOING TO TALK ABOUT BASIC BUSINESS PRACTICES AND LET'S TAKE A FEW MINUTES TO DO THAT. BASICALLY IN NORTH CAROLINA, TO PRACTICE IN THE COMMUNITY, YOU HAVE TO HAVE A LICENSE TO PRACTICE AS AN INTERPRETER IN NORTH CAROLINA. AND THE ONLY INTERPRETERS EXEMPT FROM THE LICENSURE LAWS ARE IN EDUCATIONAL SETTINGS, K THROUGH 12 AND POST-SECONDARY AND IN RELIGIOUS SETTINGS. THOSE TWO SITUATIONS BUT IF YOU ARE WORKING FOR PAY OR COMPENSATION, OR IF YOU SAY HI, I'M A LICENSED INTERPRETER, YOU HAVE TO HAVE A LICENSE. I'M WORKING HERE AS AN INTERPRETER AND YOU WANT COMPENSATION OF ANY TYPE. INSTEAD OF PAYING JENNIFER HERE TO INTERPRET TODAY, WE GIVE HER LUNCH, THAT'S COMPENSATION. THAT'S FOR SOMETHING, SO SHE NEEDS TO HAVE A LICENSE EVEN IF SHE DOES IT FOR LUNCH. AND IN NORTH CAROLINA, WE HAVE TWO TYPES OF LICENSES. WE HAVE A PROVISIONAL

LICENSE AND A FULL LICENSE. A PROVISIONAL LICENSE IS GIVEN TO A NEW INTERPRETER OR ONE THAT DOESN'T MEET THE REQUIREMENTS TO BE FULLY LICENSED. YOUR PROVISIONAL LICENSE WILL BE SOMEONE WHO IS A GRADUATE FROM AN ACCREDITED INTERPRETER TRAINING PROGRAM, TWO-YEAR PROGRAM OR FOUR-YEAR PROGRAM AND HAS TO BE A CREDITED PROGRAM OR THEY CAN HAVE A SCORE ON THE IEPA, WHICH IS EDUCATIONAL INTERPRETER PROFICIENCY ASSESSMENT.
THIS IS AN ASSESSMENT, BASICALLY TO ASSESS THE INTERPRETING SKILLS OF AN EDUCATIONAL INTERPRETER IN A CLASSROOM SETTING. IT'S BASICALLY AN INTERPRETER TAKING A TEST AND BEING ASSESSED ON THEIR INTERPRETING SKILLS IN THE CLASSROOM AND IT CAN BE IN THE EDUCATIONAL CLASSROOM OR HIGH SCHOOL CLASSROOM. A 3.0 IS EQUIVALENT TO UNDERSTANDING ABOUT THEY SAY BETWEEN 40 TO 60% OF WHAT'S BEING SAID AND THAT MEANS AN INTERPRETER HAVING THE LANGUAGE OR FLUENCY TO INTERPRET 40 TO 60% OF WHAT'S ACTUALLY BEING SAID IN THE CLASSROOM BY TEACHERS. THAT'S STILL NOT VERY GOOD. THIS IS WHAT THE SCHOOL SYSTEM'S ALLOW FOR THEIR INTERPRETERS. SO THE LICENSURE BOARD, WHEN IT WAS CREATED BACK IN 2005 AND LICENSURE WAS INITIATED SET UP THAT STANDARD. IF YOU WANT TO BECOME FULLY LICENSED INTERPRETER, YOU WILL HAVE RID, WHICH IS NATIONAL CERTIFYING BOARD, REGISTRY OF INTERPRETERS FOR THE DEAF, SO YOU HAVE A NATIONAL CERTIFICATION AND THIS IS SEEN AS THE BENCHMARK OR THE MINIMUM FOR DETERMINING SOMEONE-- IF YOU WANT TO KNOW IF SOMEONE IS QUALIFIED YOU DON'T KNOW, ASK IF THEY'RE NATIONALLY CERTIFIED. S THEY A GOOD BENCHMARK. SO THOSE ARE THE TWO TYPES OF WAYS THAT SOMEONE CAN BE LICENSED IN NORTH CAROLINA. AND THEN YOU HAVE THE INTERPRETERS AND HOW DO WE FORMALLY WORK? I'M AN INTERPRETER AND I'M SAYING WE BECAUSE THAT'S WHAT I'VE ALWAYS BEEN DOING. YOU WORK AS AN INDEPENDENT CONTRACTOR. THAT'S WHAT OUR INTERPRETERS HERE MOSTLY ARE INDEPENDENT CONTRACTORS. PAM IS ON STAFF WITH DSDHH, BUT WE HAVE INDEPENDENT CONTRACTORS WHO ARE SELF-EMPLOYED AND IT'S LIKE RUNNING A BUSINESS, YOU'RE A SMALL BUSINESS OWNER. YOU COULD HAVE AN INTERPRETER WHO WORKS FOR A SERVICE PROVIDER AGENCY. INTERPRETERS CAN WORK FOR AN INTERPRETER PROVIDER AGENCY WHERE THEY CAN WORK AS AN EMPLOYEE FOR THAT AGENCY OR SUBCONTRACT WITH THAT AGENCY AND SOMETIMES DSDHH WILL CONTRACT-- WILL WORK WITH AN INTERPRETING SERVICE AGENCY TO GET A CONTRACT INTERPRETER. AND THEN NEXT. TYPICAL INTERPRETING RATES HERE IN NORTH CAROLINA, THEY VARY DEPENDING ON WHERE IN THE COUNTRY AND JUST COST OF LIVING AND MARKET RATES. STANDARD PRACTICE, INTERPRETERS WILL BILL TWO-HOUR MINIMUM, SO IF YOU HAVE A DOCTOR'S APPOINTMENT THAT LASTS-- YOU KNOW WHEN YOU SEE A DOCTOR, IT COULD BE 15 MINUTES, HOUR AND A HALF, BUT TYPICALLY TWO-HOUR MINIMUM WILL BE BILL. THE RATES VARY WITH INDIVIDUALS AND INTERPRETING SERVICE AGENCIES AND WHEREAS NORTH CAROLINA, YOU MAY SEE 50 TO 70 PER HOUR FOR INTERPRETING SERVICES, 80 TO $120 FOR AGENCIES AND IT'S A BROAD NUMBER. IT MAY CHANGE ON THE SITUATION, THE TIME OF DAY, AND THE TYPE OF ASSIGNMENT IT IS. YOU MAY SEE IN LEGAL SITUATIONS OR SOME MEDICAL SITUATIONS, THE RATE BE DIFFERENT. ALSO INTERPRETERS TYPICALLY WILL BILL FOR THEIR MILEAGE. IN NORTH CAROLINA, THE FEDERAL RATE, REIMBURSEMENT RATE IS 58 CENTS A MILE. INTERPRETERS HAVE DIFFERENT STANDARDS OF HOW THEY INCORPORATE THEIR TIME FOR TRAVEL BUT SOMETIMES IT WILL BE-- FOR EXAMPLE, IF I LIVE IN RALEIGH AND I AM INTERPRETING FOR THIS MEETING IN MORRISVILLE, IT'S 15 MILES AND IT WILL BE ROUNDTRIP, 5 CENTS A MILE SO 10:00 TO 3:00, FIVE-HOUR JOB, FIVE HOURS PLUS THE MILEAGE. SOMETIMES THEY'LL WORK IN THEIR TRAVEL TIME INTO THEIR HOURLY RATE AND IT'S TOWARD YOUR FLAT FEE. CANCELLATION POLICIES VARY AMONGST INTERPRETERS. IT COULD BE A 24-HOUR CANCELLATION. AGENCIES MAYBE DO AS MUCH AS TWO WEEKS BECAUSE JUST ESPECIALLY INTERPRETERS WHO ARE SELF-EMPLOYED. THEY RELY ON, YOU KNOW, MAKING SURE THEY HAVE A FULL SCHEDULE. OKAY. AND THEN WHAT WE'RE SEEING WITH HEALTHCARE PROVIDERS, WHAT THEIR BUSINESS PRACTICES ARE IN HUESING INTERPRETING SERVICES,

A LOT ARE USING THE PROVISIONALLY INTERPRETERS AND THE PROVISIONALLY LICENSED INTERPRETERS AND IF YOU LOOK AT THE QUALIFICATIONS, IT'S A BRAND NEW GRADUATE OUT OF A PROGRAM WHICH IN A LOT OF THESE PROGRAMS, THEY'RE LEARNING THE LANGUAGE AND LEARNING HOW TO INTERPRET AT THE SAME TIME. SO THAT'S-- THAT'S REALLY DIFFICULT ESPECIALLY IN A TWO-YEAR PROGRAM, AND WE HAVE SEVERAL TWO-YEAR PROGRAMS IN NORTH CAROLINA AND WE HAVE ONE FOUR-YEAR PROGRAM IN NORTH CAROLINA. THE AGENCIES USE A LOT OF PROVISIONALLY LICENSED INTERPRETERS BECAUSE THEY'RE THE ONES THAT ARE ABLE TO GO OUT AND DO A THE LOVE THE WORK. THE PROVISIONALLY LICENSED INTERPRETERS WILL NOT BE HIRED TO ARE A LOT OF WORK. THIS REQUIRES A LOT OF KNOWLEDGE AND A LOT OF SKILLS AND DIFFERENT TYPE OF WORK. MOST FULLY LICENSED INTERPRETERS YOU WILL SEE IN ENVIRONMENTS LIKE THIS AND THEY JUST HAVE A BETTER CHOICE OF WHAT TO DO AND SOMETIMES YOU DON'T WANT TO HAVE TO WORK TWO-HOUR JOBS AND YOU DO A DOCTOR'S APPOINTMENT IN THIS TOWN AND DRIVE TO ANOTHER JOB. THE PROVISIONALLY LICENSED INTERPRETERS ARE MORE AVAILABLE FOR THOSE TYPES OF APPOINTMENTS THUS, YOU SEE A LOT OF VRI USED BY HEALTHCARES. IT'S EASY. YOU CAN'T FIND INTERPRETERS. THERE AREN'T ENOUGH OF US AROUND EITHER. AS HOWARD MENTIONED, THERE'S NO FORMAL MEDICAL INTERPRETER CREDENTIALING AT THIS TIME FOR SIGN LANGUAGE INTERPRETERS. YOU'LL SEE SOME CREDENTIALING HEALTHCARE CREDENTIALING ORGANIZATIONS FOR SPOKEN LANGUAGE INTERPRETERS, BUT YOU DON'T-- AND THERE'S SOME OF THAT THAT WOULD BE BENEFICIAL FOR SIGN LANGUAGE INTERPRETERS BUT THEY DON'T RECOGNIZE AND THERE'S NOTHING INCORPORATED INTO ASSESSING THE PROFICIENCY OR LANGUAGE KNOWLEDGE. YOU CAN ASSESS AND LEARN ABOUT MEDICAL KNOWLEDGE OR VOCABULARY OR TERMINOLOGY, BUT ON THE LANGUAGE PART, ITSELF, THERE'S NOTHING THERE AVAILABLE FOR INTERPRETERS. NATIONAL TECHNICAL INSTITUTE FOR THE DEAF, WHICH IS PART OF THE ROCHESTER INSTITUTE OF TECHNOLOGY IN ROCHESTER, NEW YORK, IS NOW BEGINNING A NON-CREDIT PROGRAM BUT IT'S TO GET A CERTIFICATE IN HEALTHCARE INTERPRETING AND IT LOOKS LIKE A VERY GOOD PROGRAM. LASTS ABOUT A SIM ESTHER. IT STARTS IN JUNE. THE NEXT COHORT WILL START IN JUNE OF THIS YEAR AND RUN UNTIL JANUARY
IT'S VERY EXPENSIVE. I'M SURE THE SEAT-- IT'S VERY LIMITED SEATS AND VERY EXPENSIVE, BUT IT'S SOMETHING VERY NEW. BUT THERE IS NO CERTIFICATION RIGHT NOW AND THEN PEOPLE ALWAYS WORRY ABOUT HIPAA COMPLIANCE WITH BRINGING INTERPRETERS IN. INTERPRETERS ARE BASICALLY CONSIDERED BUSINESS ASSOCIATES UNDER THE WHOLE HIPAA UMBRELLA AND FOR ME TO PERFORM MY HEALTHCARE OPERATIONS, TO DO THAT UNDER HIPAA, I'M ALLOWED TO SHARE PATIENT INFORMATION WITHOUT THEIR CONSENT FOR ME TO OPERATE AND DO HEALTHCARE OPERATIONS. SO FOR ME TO PROVIDE HEALTHCARE TO SOMEONE AND I NEED AN INTERPRETER TO DO IT, THEY'RE CONSIDERED AS A BUSINESS ASSOCIATE AS PART OF THAT. THERE'S NO CONCERN . INTERPRETERS ALSO HAVE THEIR OWN PROFESSIONAL CODE OF CONDUCT. ESPECIALLY IF YOU HAVE A LICENSE IN NORTH CAROLINA, PART OF HAVING A LICENSE IS TO ABIDE BY A PROFESSIONAL CODE OF CONDUCT, WHICH IS ESTABLISHED BY THE REGISTRY OF INTERPRETERS FOR THE DEAF . SO WE DO ABIDE BY THAT WHICH INVOLVES A LOT OF NEUTRAL, PROFESSIONAL CONDUCT, BUSINESS PRACTICES, AND ALL TYPES OF STANDARDS. SO THAT'S BASICALLY IT OF WHAT IT LOOKS LIKE TO AFFORD INTERPRETING SERVICES. I WAS GOING TO INCORPORATE CART SERVICES BECAUSE THAT'S SOMETHING WE WANT TO TALK ABOUT TOO AS WE GO FURTHER ON IN THIS TASK FORCE. DISCUSSION IS NOT ONLY INCORPORATING INTERPRETERS BECAUSE WE HAVE TALKED A LOT ABOUT IT BUT ACCESS CAN INCLUDE CART SERVICES IN HEALTHCARE PROVIDER OFFICES. WE DO WANT TO TALK ABOUT THAT, TOO. THE COSTS ARE FAIRLY COMPARABLE. THEY'RE SOMEWHAT DIFFERENT BECAUSE THEY CAN BE DONE REMOTELY LIKE YOU SEE VIDEO REMOTE INTERPRETING. I DIDN'T INCLUDE THOSE COSTS AND BUSINESS PRACTICES DIFFERENT. THEY ARE DIFFERENT BECAUSE THEY ARE WORKING THROUGH THE LANGUAGE COMPANIES AND LANGUAGE COMPANIES AND THEIR WHOLE BILLING PLATFORM IS JUST TOTALLY DIFFERENT THAN ON-

SITE INTERPRETING. SPEAKING OF ON-SITE INTERPRETING, YOU SAW DEB SAY LIVE INTERPRETER A LOT. DEAF CULTURE, YOU MAY HEAR A DEAF PERSON SAY, I WANT A LIVE INTERPRETER AND YOU MAY THINK YOU'RE PROVIDING A LIVE INTERPRETER. THAT'S NOT A MACHINE. THAT'S A LIVE INTERPRETER. THEY MEAN ON-SITE AND AN INTERPRETATION OF THAT IS I WANT AN ON-SITE INTERPRETER OR INTERPRETER HERE ON-SITE. THAT'S BASICALLY WHAT THAT MEANS. SO I THINK THAT'S IT. I WANT TO GIVE MORE TIME TO HOWARD. I'M LOOKING FORWARD TO HIM SHARING WHAT HE'S GOING TO PROPOSE AS A POSSIBLE SOLUTION. SO IF WE'RE READY FOR HOWARD, WE CAN GO AHEAD AND DO THAT.

>> HELLO.

THIS IS HOWARD SPEAKING. I KNOW YOU'RE PROBABLY ALREADY TIRED OF SEEING ME BECAUSE YOU HAVE SEEN ME ALL MORNING BUT NOW AFTER THIS YOU ARE NOT GOING TO HAVE TO SEE ME AGAIN FOR A VERY LONG TIME, RIGHT? ALL RIGHT. SO NOW I WANT TO TALK ABOUT SOME POSSIBLE IDEAS AND SOLUTIONS FOR SOME OF THE THINGS THAT WE'VE BEEN TALKING ABOUT TODAY. SO YOU'LL SEE UP HERE ON MY SCREEN, I'VE GOT CAF. CAF, WHICH STANDS FOR COMMUNICATION ACCESS FUND, IS SOMETHING I HAVE BEEN LOOKING AT AS A POSSIBLE SOLUTION TO OUR PROBLEM. IF YOU WILL MOVE TO MY NEXT SLIDE. AS WE'VE BEEN DISCUSSING TODAY, OUR BASIC PROBLEM IS THAT DOCTORS' OFFICES AND HOSPITALS ARE NOT PROVIDING INTERPRETERS. OR OTHER COMMUNICATION ACCESS DEVICES OF COMMUNICATING AND IF PROVIDE THERE ARE ISSUES WITH THE QUALIFICATIONS OR QUALITY OF THAT SERVICE, QUALIFICATIONS OF THE INTERPRETERS, IF THEY'RE USING VRI, THEY'RE USING VRI TOO EXTENSIVELY, TO THE DETRIMENT OF THE PATIENTS, AND ANOTHER THING THAT WE'VE BEEN NOTICING IS THAT WE CAN TRAIN ALL OF THE PEOPLE IN THE WORLD, WE CAN TRAIN ALL THE DOCTORS AND THE HOSPITALS, BUT IT'S HARD FOR THEM TO REMEMBER WHAT THEY'VE BEEN TRAINED BECAUSE WE ARE A VERY LOW-INCIDENT POPULATION. THEY DO NOT SEE DEAF AND HARD OF HEAR PEOPLE IN THEIR OFFICES OR FACILITIES VERY LONG VERY OFTEN SO WE TRAIN THEM AND THEY MAY NOT SEE A DEAF PERSON FOR YEARS. SEVEN YEARS ON AVERAGE, OKAY. SO WHEN YOU SEE A DEAF PERSON SEVEN YEARS AFTER YOU'VE HAD TRAINING, IT MIGHT BE DIFFICULT TO REMEMBER WHAT YOU WERE TRAINED. PLUS, THERE'S A LOT OF TURNOVER OF THE STAFF IN DOCTOR'S OFFICES AND HOSPITALS SO WE HAVE TO REPEATEDLY TRAIN OVER AND OVER AGAIN. SO WE THOUGHT AT ONE TIME THAT WE COULD TRAIN AND EDUCATE EVERYONE, THE WHOLE MEDICAL INDUSTRY AND EVERYBODY WOULD KNOW WHAT TO DO WITH THE POSSIBILITY THAT THEY MIGHT SEE A DEAF OR HARD OF HEARING PERSON AT SOME POINT DOWN THE ROAD BUT IT'S LIKE A CRAP SHOOT OF WHEN THEY MIGHT SEE ONE, ALL RIGHT. SO RATHER THAN THAT, WE NEED A SYSTEMS APPROACH. ALSO, WHEN A DEAF PERSON OR A HARD OF HEARING PERSON GOES TO THE DOCTOR'S OFFICE AND THEY GO UP TO THE STAFF AND SAY, CAN YOU PLEASE PROVIDE AN INTERPRETER, PROVIDE CAPTIONING THROUGH CART, COULD YOU PROVIDE PRO-TACTILE INTERPRETER OR SOME OTHER TYPE OF SUPPORT, OFTENTIMES, THE STAFF,MENT THE DOCTOR OR WHOEVER DOESN'T KNOW WHAT TO DO. THEY MIGHT CHECK INTO IT AND SAY, OKAY, I'LL LOOK INTO IT AND FIND OUT THAT IT'S COSTLY. IT'S COMPLICATED TO PROVIDE AND THEY DON'T PROVIDE THE SERVICE. BUT THEN THEY'RE TOLD THAT THE LAW REQUIRES YOU TO PROVIDE ME THIS ACCESS TO COMMUNICATION. WELSHING ALL OF A SUDDEN, NOW YOU HAVE A TENSE SITUATION, THE RELATIONSHIP BETWEEN THE DOCTOR AND THE PATIENT IS SOURED FROM THE BEGINNING. WE WANT A STRONG, HEALTHY, TRUSTING DOCTOR-PATIENT RELATIONSHIP. THEY NEED TO HAVE A GOOD RAPPORT WITH EACH OTHER. THE PATIENT NEEDS TO TRUST THE DOCTOR SO THAT TREATMENT CAN GO FORWARD APPROPRIATELY. IF THEY START OUT WITH THIS TENSENESS, IT'S GOING TO DELAY CARE
AS YOU SAW IN THE VIDEO WE JUST WATCHED, THEY HAD MULTIPLE PROBLEMS WHICH DELAYED THIS

GENTLEMAN'S CARE AND WHICH RESULTED IN SERIOUS HEALTHCARE ISSUES FOR HIM AND HE WITH SEE THIS OFTEN. FORTUNATELY, IT'S NOT THAT SERIOUS WHERE IT'S GOING TO END UP IN AN AMPUTATION BUT WE DO SEE THIS KIND OF THING ON A REGULAR BASIS. SO HOW CAN WE FIX THIS? YOU MAY REMEMBER FROM MY DISCUSSION THIS MORNING THAT WE WILL PROMPT PEOPLE AND SAY, THIS IS WHAT THE LAW SAYS. IF YOU DON'T FOLLOW THE LAW, THEN WE'LL SUE IF WE GET RESISTANCE, WE'LL SUE AND WE HAVE SUED OVER AND OVER AND OVER AGAIN. NATIONAL ASSOCIATION OF THE DEAF, OUR AEARN TOES HAVE SUED. OTHER ATTORNEYS HAVE SUED. DISABILITY RIGHTS ORGANIZATIONS AND VARIOUS STATES HAVE SUED. IT STILL DOESN'T FIX THE SYSTEM. SO ONE THING THAT I HAVE NOTICED OVER TIME IS THAT MAYBE ONE HOSPITAL, ONE DOCTOR'S OFFICE AGREES. THEY'LL DEVELOP A POLICY. THEY'LL PROVIDE COMMUNICATION ACCESS, INTERPRETERS, CART, ET CETERA AND EVERYTHING IS GOOD AND THEN A FEW YEARS LATER, WE HAVE A PROBLEM WITH THEM AGAIN, WHICH MEANS THERE'S BEEN A TURNOVER IN THE STAFF. WE'VE EDUCATED BUT THAT EDUCATION DOESN'T STICK. SO I FIRMLY BELIEVE IN A SYSTEMS CHANGE. I THOUGHT YEARS AGO WITH THE ADA PASSAGE, I THOUGHT IF I SUE A HOSPITAL, ALL HOSPITALS WILL WAKE UP AND LEARN FROM EACH OTHER AND IT WILL FIX THE SYSTEM, BUT IT DID NOT EVEN HAPPEN WITHIN THE SAME HOSPITAL. SO WE HAVE TO FIGURE OUT A WAY TO ELIMINATE THE COST CONCERN. EVERY DOCTOR'S OFFICE AND EVERY HOSPITAL WILL TALK ABOUT PAIN. SO IF WE CAN TAKE AWAY THE COST CONCERN, TAKE AWAY THAT COST OF PROVIDING THE COMMUNICATION ACCESS AWAY FROM THEIR RELATIONSHIP BETWEEN THE DOCTOR AND THE PATIENT, THEN WE CAN IMPROVE THAT RELATIONSHIP WITH THE DOCTOR AND THE PATIENT IF THAT COST OF THE SERVICE IS NOT THERE. WE ALSO HAVE TO RESOLVE THE ISSUE OF WHAT IS A QUALIFIED INTERPRETER? THERE ARE SOME DOCTORS AND HOSPITALS THAT WANT TO DO THE RIGHT THING. THEY PULL IN SOMEBODY WHO KNOWS SIGN LANGUAGE, BUT WE HAVE TO SAY KNOWING SIGN LANGUAGE IS NOT ENOUGH. THEY HAVE TO HAVE THE APPROPRIATE TRAINING TO BE A QUALIFIED INTERPRETER ESPECIALLY IN A MEDICAL SITUATION. ANOTHER SITUATION THAT WE NEED TO ADDRESS IS THE NO-SHOWS, A DEAF PERSON MISSING AN APPOINTMENT, DOCTORS WILL SAY I DON'T WANT TO HAVE ANY DEAF PATIENTS BECAUSE IF THE DEAF PERSON MISSES THAT APPOINTMENT, THEN THAT'S AN ISSUE. NOW A HEARING PERSON, A PERSON WHO CAN HEAR CAN MISS THAT APPOINTMENT. THEY DON'T CARE IF A HEARING PERSON DOESN'T SHOW UP BUT WHEN A DEAF PERSON DOESN'T SHOW UP, THEY HAVE TO PAY THE $150, $200 FOR NOTHING, FOR NO RETURN BECAUSE THEY'RE NOT GETTING PAID FOR THAT MISSED APPOINTMENT SO THAT'S A BONE OF CONTENTION. WITH ALL OF THESE ISSUES, WE'VE GOT TO FIX THIS. WE'VE GOT TO BE ABLE TO FOLLOW THE SPIRIT OF THE ADA. BY STILL HAVING THE DOCTORS RESPONSIBLE FOR THE PROVISION OF THE COMMUNICATION ACCESS, BUT HOW CAN WE DO THAT AND RESOLVE ALL OF THESE ISSUES? OKAY. ONE IDEA IS INSURANCE. ONE PERSON HAD MENTIONED THAT INSURANCE WOULD BE A WAY TO RESOLVE THE ISSUE, BUT THE PROBLEM IS IF WE LOOK TO MEDICAID AND STATES ACROSS THE COUNTRY ARE LOOKING TO MEDICAID TO REIMBURSE SIGN LANGUAGE INTERPRETING SERVICES AND HAVING MEDICAID TO PROVIDE SIGN LANGUAGE INTERPRETING SERVICES, BUT THAT ONLY APPLIES TO THOSE WHO ARE MEDICAID BENEFICIARIES SO IF THE DEAF PATIENT GETS MEDICAID, SURE, BUT IF THE DEAF PATIENT DOESN'T GET MEDICAID THEN THEY'RE NOT COVERED BY THIS. NOW AT A NATIONAL LEVEL, AT A FEDERAL LEVEL, IF A DEAF PERSON MISSES AN APPOINTMENT, MEDICAID WILL NOT REIMBURSE. MY UNDERSTANDING IS THAT HERE IN NORTH CAROLINA THERE IS A STATE FUND THAT WILL MATCH THE FEDERAL FUNDS THAT WILL COVER THE OF THOSE SIGN LANGUAGE INTERPRETING SERVICES. SO HERE YOU'VE PARTIALLY RESOLVED THAT PROBLEM BUT IN GENERAL, THAT'S NOT COVERED ON THE FEDERAL LEVEL. NOW-- SO IF THAT'S TRUE FOR THE REST OF COUNTRY, THAT MEANS MOST INTERPRETERS WILL NOT ACCEPT MEDICAID APPOINTMENTS IF THEY KNOW THAT IF THE DEAF PERSON DOESN'T SHOW THEY'RE THERE. THEY'RE AT RISK OF NOT GETTING PAID BECAUSE MEDICAID IS NOT GOING TO PAY FOR THAT SERVICE. SO IF WE WANT TO APPROACH AN INSURANCE SOLUTION, WE

ALSO HAVE TO SOLVE THE ISSUE WITH PRIVATE INSURERS, WHICH MEANS THAT WE FEED TO SET UP A NEW LAW. WE NEED TO PASS A NEW LAW THAT'S GOING TO REQUIRE PRIVATE INSURERS TO PAY FOR INTERPRETING SERVICES. I DON'T KNOW HOW STRONG YOUR INSURANCE LOBBYISTS ARE HERE IN THIS STATE BUT GENERALLY, IT'S A VERY HARD TO PASS ANY INSURANCE LAW, RIGHT? OKAY. ON TOP OF THAT, EVEN WITH AN IDEAL INSURANCE SYSTEM, IT STILL PUTS THE RESPONSIBILITY FOR LOOKING FOR THOSE INTERPRETING SERVICES ON THE HOSPITALS AND THE DOCTOR'S OFFICES. SO WE HAVE-- THEY HAVE TO FIGURE OUT WHO IS EF WHATTED, WHO IS AVAILABLE IN RURAL AREAS ARE THEY GOING TO BE ABLE TO FIND AN INTERPRETER. THAT'S DEFINITELY STILL AN ISSUE. AND SO WE ARE TALKING ABOUT TWO DIFFERENT ENTITIES. I THINK WE NEED TO LOOK AT SEPARATELY WHEN WE'RE TALKING ABOUT SYSTEM FIXES. SO WE NEED TO LOOK AT THE HOSPITALS SEPARATELY FROM THE DOCTOR'S OFFICES. HOSPITALS GENERALLY HAVE THE APPROPRIATE FUNDS TO BE ABLE TO PAY FOR THIS, BUT THEN WHO, WHERE, IN POLICY ARE THE DECISIONS LAID OUT SO WE KNOW WHAT TO DO-- SO THAT WE KNOW HOW TO PROVIDE THAT COMMUNICATION ACCESS 24/7, NIGHTS, WEEKENDS, ALL THE TIME, AND IN DOCTORS' OFFICES, WHAT WE'VE SEEN IS THAT THEY WILL NOT PROVIDE INTERPRETING SERVICES. THEY JUST REFUSE TO PROVIDE THE SERVICE. IF THEY WILLING TO PROVIDE THE SERVICE, THEY LOOK FOR THE CHEAPEST POSSIBLE OPTION, WHICH MEANS A LESSER QUALIFIED INTERPRETER OFTEN. SO WHEN WE START TO THINK ABOUT HOSPITALS AND TRYING TO FIGURE OUT WHAT MODELS ARE GOING TO WORK FOR HOSPITALS, THERE ARE A COUPLE THAT WE'VE SEEN ACROSS THE COUNTRY. WITH THE UNDERSTANDING THAT SOME HOSPITALS WILL HAVE DIFFERENT DEPARTMENTS SO THAT MAYBE ONE PATIENT WILL GO INTO ONE DEPARTMENT AND MAYBE THAT DEPARTMENT HAS AHE DPRAD TO PROVIDE AN INTERPRETER. THEY'RE GOOD TO GO THERE. THEN THEY GO OVER TO ANOTHER DEPARTMENT. THE INTERPRETER DOES NOT GO WITH THEM TO THAT SECOND DEPARTMENT, OKAY. THE FIRST DEPARTMENT HAS TAKEN CARE OF THE INTERPRETER BUT WHEN THE DEAF PATIENT HAS TO GO TO ANOTHER DEPARTMENT WITHIN THE HOSPITAL, THEN THEY HAVE TO ASK FOR AN INTERPRETER AGAIN. SOME HOSPITALS HAVE DONE BETTER THAN THAT. THEY HAVE ONE CENTRALIZED SYSTEM, ONE OFFICE THAT'S RESPONSIBLE FOR ENGAGING INTERPRET SERVICES FOR ANYONE ANYWHERE THROUGHOUT THE HOSPITAL. HAVING STAFF TO COORDINATE THAT IS THE KEY. HAVING A PROTOCOL THAT'S ALREADY SET IN WRITING FOR HOW TO CALL, HIRE AN INTERPRETER DIRECTLY OR THROUGH AN INTERPRETER SERVICE AGENCY. AS LEE MENTIONED, SOMETIMES HOSPITALS WILL HAVE AN EXCLUSIVE CONTRACT WITH ONE INTERPRETER SERVICE AGENCY. AND THAT WORK IN MANY WAYS BECAUSE THE HOSPITAL JUST CALLS WITH THAT ONE-- THAT ONE INTERPRETER SERVICE AGENCY BUT SOMETIMES THE AGENCY THAT HAS WON THAT CONTRACT WAS THE LOWEST BIDDER. SO THE WELL-QUALIFIED INTERPRETERS MIGHT NOT GO TO THAT AGENCY BECAUSE THEY PAY THEIR INTERPRETERS LESS. IF YOU WANT THE BEST INTERPRETERS, THE MOST EXPERIENCED, QUALIFIED INTERPRETERS THEY'RE NOT LIKELY TO BE WORKING FOR THAT AGENCY, BUT THE HOSPITAL IS GOING TO HIRE THE INTERPRETERS BECAUSE THEY HAVE AN EXCLUSIVE CONTRACT BUT THAT INTERPRETER SERVICE AGENCY BUT THEN YOU'RE LIKELY TO GET COMPLAINTS FROM YOUR DEAF PATIENTS BECAUSE THEY'RE NOT UNDERSTANDING THE INTERPRETERS. BECAUSE THERE MIGHT BE NOT ANY QUALIFIED STAFF OR FREELANCE INTERPRETERS THAT WORK FOR THAT AGENCY BUT IF THE HOSPITAL HAS AN EXCLUSIVE CONTRACT WITH ONE INTERPRETER AGENCY THEN YOU ARE STUCK WITH THE INTERPRETERS THAT YOU GET. YOU HAVE TO MAKE SURE THAT YOU CAN FIGURE OUT TO MEET THE COMMUNICATION NEEDS OF DEAF AND HARD OF HEARING COMMUNITY BY HAVING AN OUT FROM THE CONTRACT BY SAYING, YES, OKAY, YOUR INTERPRETER SERVICE AGENCY IS GOING TO PROVIDE OUR COMMUNICATION ACCESS NEEDS. YOU'RE GOING TO PROVIDE OUR INTERPRETERS BUT IF YOU CANNOT MEET THE NEEDS OF OUR DEAF AND HARD OF HEARING CUSTOMERS, THEN WE HAVE AN OUT SO THAT WE CAN GO TO ANOTHER AGENCY AND THAT'S A WAY TO GET AROUND HAVING AN EXCLUSIVE CONTRACT. SOMETIMES I HAVE SEEN PLACES THAT WILL HAVE ONE OR TWO STAFF INTERPRETERS. SO THEY'LL HAVE AN INTERNAL

INTERPRETER THAT NOT ONLY INTERPRETS BUT COORDINATES THE INTERPRETERS. SO FOR EXAMPLE, IF I'M NOT THERE, IF I'M THE STAFF INTERPRETER BUT THEN I'M NOT THERE, THEN I CAN BRING IN OTHER INTERPRETERS TO HELP INTERPRET FOR OTHER DEAF PATIENTS OR ONE PARTICULAR DAY, WE HAVE A LOT OF DEAF PATIENTS COMING ONBOARD, I CAN INTERPRET FOR ONE. WE CAN HAVE A COUPLE OF OTHER PEOPLE THAT WILL INTERPRET. BUT THEN YOU HAVE ONE PERSON COORDINATING THAT'S GOING TO TAKE CARE OF ALL THE DIFFERENT COMMUNICATION MODES, THE INTERPRETERS, THEY'RE GOING TO PROVIDE POCKET TALKERS FOR THE HARD OF HEARING FOLKS. THEY'RE GOING TO PROVIDE CART FOR THE PEOPLE THAT NEED THE CAPTIONING AND THEY'RE GOING TO ARRANGE AND COORDINATE ALL OF THAT AND THEY'RE ALSO THERE AVAILABLE TO TRAIN THE HOSPITAL STAFF. THAT WAY YOU HAVE MUCH MORE EFFICIENCY. THAT'S A VERY EFFICIENT MODEL WITHIN THE HOSPITAL NETWORK. SOMETIMES HOSPITALS DO HAVE AN UMBRELLA ORGANIZATION WHERE THEY HAVE A LOT OF SISTER AGENCIES, CLINICS, AND ORGANIZATIONS WITHIN THAT ONE HOSPITAL STRUCTURE. YOU CAN HAVE ONE PERSON THAT'S GOING TO COORDINATE FOR ALL OF THOSE DIFFERENT ENTITIES WITH IN THAT SYSTEM. ANOTHER OPTION IS LET'S SAY YOU HAVE A SMALLER HOSPITAL NETWORK OR MAYBE A SMALL STAND-ALONE HOSPITAL, OR SEVERAL DIFFERENT HOSPITALS IN ONE CITY OR ONE METROPOLITAN AREA. FOR EXAMPLE, IN TWIN CITIES, WHICH IS MINNEAPOLIS ST. PAUL, SEVERAL YEARS AGO, THE EQUIVALENT OF THE MINNESOTA DISABILITY RIGHTS OF NORTH CAROLINA SUED SEVERAL DIFFERENT HOSPITALS IN THE AREA BECAUSE THEY COULD NOT GET INTERPRETERS FAST ENOUGH. THEY WERE WILLING TO PROVIDE INTERPRETERS, BUT THERE WERE DELAYS. THEY WERE WAITING FIVE HOURS, SIX HOURS BEFORE INTERPRETERS ARRIVE ON SITE, AND SO THERE WAS A COMPLAINT. WE CAN'T DO THAT
THE HOSPITALS WERE SAYING, WELL, WE'RE CALLING THE INTERPRETERS
THE INTERPRETERS ARE NOT AVAILABLE. THEY WERE WAITING THAT LONG FOR AN INTERPRETER TO COME ONBOARD. THEY FINALLY SETTLED THEY AGREED TO ESTABLISH ON A UNIQUE KIND OF SYSTEM THERE WHICH HAS BEEN VERY EFFECTIVE. WHAT THEY DO IS THEY HAVE AN ON-CALL SERVICE THAT'S PAID BY ALL THE HOSPITAL IN THE AREA TOGETHER JOINTLY WHERE THEY HAVE INTERPRETERS PAID ON STANDBY. SO IF A DEAF PERSON SHOWS UP, THEN THEY CALL THAT INTERPRETER THAT'S ON STANDBY AND THEY TELL THEM WHICH HOSPITAL TO GO TO. SO IF YOU HAVE SEVERAL HOSPITALS WITHIN A CERTAIN RADIUS OF EACH OTHER, THEN YOU COULD SHARE THOSE RESOURCES. AND THAT HAS BEEN VERY EFFECTIVE IN THE TWIN CITIES HOSPITAL CONSORTIUM, AND THEY'VE BEEN DOING THIS FOR ABOUT 25 YEARS NOW. SO THAT'S HOSPITALS. SO NOW LET'S TALK ABOUT DOCTORS' OFFICES. I DO RECOMMEND THE ESTABLISHMENT OF SOMETHING CALLED COMMUNICATION ACCESS FUND, OKAY, THAT I'M GOING TO ABBREVIATE CAF. I BELIEVE THE COMMUNICATION ACCESS FUND WILL ELIMINATE THAT INITIAL BARRIER BETWEEN THE PATIENT AND THE DOCTOR WHERE THE PATIENT FEELS FORCED TO TELL THE DOCTOR, I REQUIRE A SIGN LANGUAGE INTERPRETER. I REQUIRE CART. I REQUIRE WHATEVER KIND OF COMMUNICATION ACCESS THEY NEED. THAT TENDS TO BEGIN AN AWKWARD RELATIONSHIP BETWEEN DEAF PATIENT AND THE DOCTOR FROM THE GET-GO. NOW, HOW IS THEY TOKING TO BE FUNDED?, THIS CAN BE FUNDED FROM THE DOCTOR'S LICENSING FEES. . WHAT THAT MEANS IS THAT WE COULD COLLECT A SMALL AMOUNT FROM EACH LICENSE FEE FROM EVERY PHYSICIAN HERE IN THE STATE OF NORTH CAROLINA. THEY ALL HAVE TO PAY FOR A LICENSE, TAKE A SMALL AMOUNT OF THAT, PUT IT INTO ONE POOL THAT WOULD COVER THE COST FOR ANY DEAF PERSON GOING TO SEE ANY DOCTOR IN THEIR OFFICE WITHOUT HAVING TO EVEN ASK, BEG, REQUEST A SIGN LANGUAGE INTERPRETER. I THINK WE'RE HAVING TECHNICAL DIFFICULTIES. WE'RE GOOD. OKAY. THANK YOU. AS WE RETURN TO OUR REGULAR PROGRAMMING--
[LAUGHTER]
OKAY. SO ALL OF THAT MONEY WILL BE COLLECTED FROM ALL OF THE LICENSE FEES AND THEN POOLED TOGETHER. SO AS I SAID BEFORE, IF YOU'VE GOT ONE DOCTOR IN ONE AREA, LIKE DR. BOWE, FOR

EXAMPLE, OKAY. SHE HAS BEEN PROVIDING INTERPRETING SERVICES. ALL THE OTHER DOCTORS IN HER AREA ARE NOT PROVIDING INTERPRETING SERVICES. THEY'RE TELLING ALL OF THEIR DEAF PATIENTS, GO SEE DR. BOWE. ALL THE DEAF PEOPLE ARE GOING TO DR. BOWE WHY SHOULD SHE COVER ALL THE COSTS FOR THE SERVICES WHILE THE DOCTORS GET OFF SCOTT FREE? IT'S NOT FAIR. IT'S NOT FAIR TO THAT ONE DOCTOR THAT IS PROVIDING AND THE SYSTEM WILL FAIL AND I HAVE SEEN IT HAPPEN WHERE ONE DOCTOR OR ONE LAWYER IS WILLING TO PROVIDE COMMUNICATION ACCESS SERVICES, WILLING TO HIRE INTERPRETERS AND WHAT HAPPENS? MOST OF THEM BURN OUT. BECAUSE THEY'RE IN THE ABLE TO SUSTAIN THE NUMBER OF DEAF CLIENTS AND PATIENTS THAT ARE COMING TO SEE THEM. BUT IF WE HAVE ALL THE DOCTORS PAYING INTO THIS COMMUNICATION ACCESS FUND, EVERY DOCTOR CAN WELCOME IN A DEAF PATIENT WITHOUT EVEN THINKING ABOUT THE COST. BECAUSE THEY'VE ALREADY PREPAID FOR THE YEAR. PLUS, THE FUND COULD SUPPORT A CENTRALIZED OFFICE THAT WOULD THEN BE RESPONSIBLE FOR PROCUREMENT AND FOR THE LOOKING FOR AND THE HIRING OF THOSE SIGN LANGUAGE INTERPRETERS, AND THEN THEY WOULD THEN SEND THEM TO THAT DOCTOR'S APPOINTMENT, AND THEY WOULD COVER ANY COSTS ALSO FOR MISSED APPOINTMENTS , AND THEY WOULD MONITOR FRAUD AND ABUSE. IMAGINE THAT. YOU WOULD HAVE ONE ORGANIZATION, ONE OFFICE THAT COULD BE DSDHH OR TOTALLY DIFFERENT ORGANIZATION THAT WOULD BE COLLECTING THOSE FUNDS FROM ALL OF THE PHYSICIANS WHEN THEY PAY THEIR LICENSE, THEN THAT ORGANIZATION WOULD TAKE CARE OF ALL OF THE COMMUNICATION ACCESS ISSUES, SIGN LANGUAGE, POCKET TALKERS, CAPTIONING, INCLUDING IN THE RURAL AREAS. THEY COULD CONTRACT WITH INTERPRETERS, AGREE TO PAY FOR THEIR TRAVEL TIME, AGREE TO PAY ANY EXTRA FOR THEIR MILEAGE OR WHATEVER ELSE WAS NEEDED AND THEY WOULD BE RESPONSIBLE FOR FIGURING OUT THE MOST EFFICIENT WAY TO COVER THOSE NEEDS, LIKE SCHEDULING EFFICIENTLY. SO LET'S SAY WE HAVE AN INTERPRETER TRAVELING TO A RURAL AREA. THEY'LL HIT SEVERAL APPOINTMENTS ON THE WAY IN THAT AREA. RATHER THAN MAKING A ONE-SHOT TRIP FOR ONE APPOINTMENT. SO THE DOCTORS WOULD NOT EVEN HAVE TO THINK ABOUT THE COST. ONE TIME A DEAF PERSON GOING TO VISIT A DOCTOR WOULD PROBABLY COST THE DOCTOR ABOUT $200 JUST FOR THE INTERPRETER COSTS ALONE FOR A ONE-TIME VISIT. NOW LET'S SAY THAT MONEY IS COLLECTED AND WE STILL HAVE TO FIGURE OUT THE MATH AND CRUNCH THE NUMBERS. BUT IF YOU ESTIMATE THE EXPENDITURE OF-- THE EXPENDITURE OF WHAT'S BEEN PAID FOR SIGN LANGUAGE INTERPRETERS FOR THE PAST YEAR, ONE DOCTOR'S OFFICE ALONE, JUST IN DOCTORS' OFFICES ALONE WOULD BE 2.2 MILLION. OKAY, THAT'S AN ESTIMATE. OKAY. WE NEED TO DO A DEEP DIVE INTO THOSE NUMBERS AND CRUNCH THOSE NUMBERS BUT DOCTORS' OFFICES HAVE BEEN SPENDING ABOUT $2.2 MILLION IN SIGN LANGUAGE INTERPRETING SERVICES. BUT WE'VE GOT 41,000 LICENSED MEDICAL PROFESSIONALS PHYSICIANS AND OTHER MEDICAL PROFESSIONALS. DOES THAT SOUND RIGHT TO EVERYBODY IN THE ROOM, 41,000? OKAY. SO 41,000 LICENSES SO IF YOU DO THE MATH AND DIVIDED BY $200, I THINK IT COULD BE LOWER THAN THAT. WE HAVE AN ESTIMATED AT $50 A YEAR BUT IT COULD BE LOWER THAN $50 A YEAR IF YOU COLLECT THAT $50 FROM 41,000 PEOPLE AND PUT IT INTO A FUND. THIS WOULD MEAN WE WOULDN'T HAVE TO CONTINUE CONSTANTLY EDUCATING AND TRAINING PEOPLE THAT TURN OVER CONSTANTLY, OKAY AND THIS WOULD BE FOR PEOPLE THAT WANT TO GO AND SEE THEIR PRIMARY CARE DOCTOR WITHOUT A FIGHT, AND IT WOULD ALSO CUT OFF THE PERPETUATION OF ALL OF THE DELAYS IN THEIR MEDICAL CARE. UNTIL IT BECOMES SO SERIOUS THAT THEY HAVE TO GO TO THE HOSPITAL. BECAUSE THAT'S WHAT'S HAPPENING RIGHT NOW. MANY DEAF PEOPLE DON'T EVEN BOTHER TO GO TO THE DOCTOR UNTIL THEIR SITUATION IS SO SEVERE THAT THEY HAVE TO. BECAUSE THEY KNOW THEY'RE GOING TO HAVE TO STRUGGLE TO GET COMMUNICATION ACCESS, SO THEY DON'T EVEN GO. SO I HOPE THAT THESE ARE SOME THINGS THAT YOU'LL CONSIDER. AND WE HAVE TO FIGURE OUT IF THESE ARE GOING TO WORK. NOW I'M PROPOSING THE SAME TYPE OF FUND FOR LAWYERS. SO EACH LICENSED PROFESSIONAL HAS THEIR OWN LICENSING FEE, AND THERE'S ALREADY A PRECEDENT THAT'S BEEN SET

FOR THAT KIND OF THING. FOR EXAMPLE, HERE IN NORTH CAROLINA, THERE ARE LICENSE FEES FOR ATTORNEYS AND THERE'S SOMETHING CALLED THE CLIENT SECURITY FUND AND THAT IS SET UP SO THAT EVERY TIME AN ATTORNEY PAYS THEIR LICENSE FEE, A SMALL AMOUNT OF THAT FEE GOES INTO THIS FUND SO TO COVER THE MONEY THAT THE CLIENTS MAY LOSE BECAUSE THE LAWYER FLEW OFF WITH THE MONEY. OKAY. THAT'S A BIG THING IN THE LEGAL COMMUNITY RIGHT NOW. AND EVERY ONE OF THE 50 STATES, ALL OF THEIR LICENSE FEES REQUIRES A CLIENT SECURITY FUND OF SOME TYPE, OKAY. THERE'S ANOTHER EXAMPLE OF A DOMESTIC VIOLENCE FUND THAT COMES FROM MARRIAGE LICENSING FEES HERE IN NORTH CAROLINA. SO THIS IS NOT THE FIRST TIME THAT A FUND OF THIS TYPE HAS BEEN RECOMMENDED. IT'S BEEN DONE BEFORE, BUT I DO BELIEVE THAT THIS IS THE BEST WAY TO RESOLVE THE COMMUNICATION ACCESS PROBLEM AND IT COULD OCCUR AT ANY STATE. NOW, NO STATE HAS SET UP THIS KIND OF FUND YET FOR HEALTHCARE. I'M HOPING NORTH CAROLINA WILL BE THE FIRST. I BELIEVE STRONGLY THAT IF YOU DO THIS, THE PROBLEMS WILL MOSTLY DISAPPEAR AND WE WILL SEE A DOMINO EFFECT ACROSS THE COUNTRY. WE HAVE TO START SOMEWHERE.

>> ALL RIGHT. ANY QUESTIONS? DAVID IS SAYING WE HAVE A QUESTION IN THE BACK.

>> THANK YOU.

>> HI. THIS IS SHELLEY CRISTOBAL. I HAVE A COUPLE OF QUESTIONS. THE MAIN ONE WOULD BE WHO WOULD PARTICIPATE? WOULD IT JUST BE MEDICAL PHYSICIANS BUT WOULD WE SOMEHOW LUMP OT, DENTISTS, AUDIOLOGISTS, HAVE ALL OF THE HEALTHCARE PROFESSIONALS UNDER THAT GENERAL UMBRELLA IN ONE FUND TO SORT OF MAXIMIZE SERVICES? WOULD THAT EVEN BE POSSIBLE? THIS IS HOWARD. THAT'S A GREAT QUESTION. WE JUST DISCUSSED THIS YESTERDAY. AND BACK WHEN I THOUGHT OF THIS IDEA I THOUGHT THAT EACH LICENSE HAS THEIR OWN FEE FOR EACH PROFESSIONAL OR PROFESSION, AND SO I DON'T KNOW HOW THAT WOULD WORK. I DON'T KNOW IF IT WOULD WORK FOR ALL OR FOR ONE BUT I DID LEARN HERE IN NORTH CAROLINA YOU HAVE THIS PHP, IT'S PHYSICIANS HEALTH PROGRAM, RIGHT? SO THE PHP, I LOOK UP THEIR FUNDING, AND THE FUNDING COMES FROM A VARIETY OF PROFESSIONS. AND SO THERE IS A HISTORY OF POOLING FUNDS FROM VARIOUS PROFESSIONAL GROUPS. SO REALLY, IT'S UP TO YOU TO FIGURE OUT, SHOULD WE DO IT ALTOGETHER IN ONE POOL, OR SHOULD EACH PROFESSION HAVE THEIR OWN POOL? AND I DON'T HAVE AN OPINION, WHICH IS BETTER. I THINK WHAT'S IMPORTANT IS TO HAVE THAT POOL THERE OF SOME KIND, AND THEN YOU CAN COVER THE PATIENTS WHO NEED COMMUNICATION ACCESS FOR SPECIFIC PROFESSIONS OR ALL OF THE ABOVE PROFESSIONS.

>> DO YOU MIND IF I ASK ONE MORE? THIS IS SHELLEY CRISTOBAL AGAIN. I THINK IT WOULD BE FAIR TO ASSUME THAT UTILIZATION OF SERVICES WILL GO UP WITH IMPROVED ACCESS AND SO I DO THINK WHEN WE'RE LOOK AT THESE NUMBERS, WE NEED TO DEFINITELY TAKE THAT INTO ACCOUNT. IT'S MORE OF A COMMENT THAN A QUESTION.

>> THIS IS HOWARD. YES. I AGREE. WE WILL SEE INCREASE IN USAGE BUT I ALSO THINK THAT MONEY WILL BE MORE WISELY SPENT. IT WILL BE MORE EFFICIENT IF WE HAVE A CENTRALIZED SYSTEM THAT IS ABLE TO SEE TRENDS AND ISSUES, PROBLEMS, WE CAN REDUCE THE UNNECESSARY EXPENDITURE.

>> THIS IS CRYSTAL BOWE.

>> THIS IS DAVID HERE. I JUST WANTED TO MENTION ABOUT THE USAGE GOING UP. IN MINNESOTA, THE STATE LEGISLATURE PASSED A CENTRALIZED FUND FOR COMMUNICATION ACCESS, AND DISABILITY

ACCESS RELATED TO STATE EMPLOYEES AND IT WAS FOR STATE EMPLOYEES ONLY AND IT PROVIDED $200,000, EVEN THOUGH WE EXPLAIN TO THEM THAT IT MAY COST MORE THAN $ 200,000, THEY WANTED TO START SOMEWHERE, SO THEY STARTED WITH 200,000. WE SPENT-- IT WAS TWO YEARS FOR A TRIAL PROGRAM AND WHAT HAD HAPPENED WAS THE MONEY HAD RAN OUT THREE-FOURS OF THE WAY INTO THE YEAR BECAUSE PEOPLE HAD USED THOSE FUNDS AND THEY REALIZED THAT THERE WAS A NEED FOR IT. SO THAT DOES HAPPEN. YES, WE HAVE ANOTHER QUESTION IN THE BACK.

>> I BELIEVE IN NORTH CAROLINA-- THIS IS RONDA OWEN. I BELIEVE IN NORTH CAROLINA THAT LICENSURE FEES HAVE TO BE APPROVED, CHANGES IN THOSE FOR ALL OF OUR BOARDS HAVE TO BE APPROVED THROUGH OUR LEGISLATURE. SO THAT WOULD BE A PIECE OF THE PUZZLE IS LEGISLATION AND IF THAT WERE A PIECE OF THE PUZZLE, THEN ADVOCATING FOR LEGISLATION THAT CREATED THIS FUND AND SOME TYPE OF OVERSIGHT FOR THAT MIGHT BE A PART OF THE PROCESS.

>> THIS IS HOWARD, I DON'T PRETEND TO KNOW NORTH CAROLINA LAWS, POLICIES. I'M A LICENSED PRACTITIONER ONLY IN ILLINOIS AND MARYLAND. BUT HAVING SAID THAT, MY UNDERSTANDING OF PROFESSIONAL LICENSES, REGULATIONS IN THE 50 STATES , MOST STATES HAVE A LAW THAT EMPOWER THE DEPARTMENT OF PROFESSIONAL LICENSEES OR REGULATIONS, WHATEVER YOU CALL IT TO MAKE THE DECISIONS. SO TYPICALLY, LEG LEGISLATURE HAS DONE THEIR JOB TO ESTABLISH, TO SET THE POWER AND IT'S GOING TO BECOME A REGULATORY ISSUE AS OPPOSED TO A LEGISLATIVE ISSUE. IT'S MY UNDERSTANDING THAT--
[PEOPLE IN BACK OF ROOM SHAKING THEIR HEADS NO]

>> OKAY, OKAY. YOU CAN LET ME KNOW IF IF IT'S NOT. THE IDEA IS ADDING FUND WILL REQUIRE LEGISLATIVE ACTION AND WHOEVER DECIDES THE RATES TENDS TO BE THE REGULATORY SIDE.
>> THIS IS CRYSTAL BOWE AND I'LL ADD TO THAT. I DO BELIEVE IN NORTH CAROLINA THAT IT DOES REQUIRE LEGISLATIVE ACTIONS TO ADD ANYTHING TO THE MEDICAL-- ADD A FEE TO THE MEDICAL BOARD FOR PHYSICIANS. I DO THINK THAT HAVING A FUND WOULD BE BENEFICIAL BUT I THINK IT NEEDS TO BE MORE OF A TEAM-BASED APPROACH. AS A PHYSICIAN WHO SEES A LOT OF PATIENTS THAT REQUIRE INTERPRETERS, I'M HAPPY TO DO THAT, BUT IT WOULD BE NICE TO HAVE TEAMMATES IN THIS IN THE PROCESS THAT INCLUDES THE INSURERS, THAT INCLUDES PRIVATE INSURERS, MEDICARE, AND MEDICAID. WE HAVE NURSE PRACTITIONERS AND NURSES AND SPEECH PATHOLOGISTS AND PHYSICAL THERAPISTS WHO ALSO SEE PATIENTS. I THINK THAT HAVING ALL OF THEM ONBOARD WOULD BE ESSENTIAL. I DON'T THINK I LOVE THE IDEA OF PHYSICIANS BEARING THE FULL COST BUT I ALSO DON'T THINK THAT CHANGES THE SYSTEM IN THE WAY WE WANT. I WANT PATIENTS TO BE ABLE TO ACCESS CARE EVERYWHERE BUT I THINK EVERYONE NEEDS SKIN IN THIS GAME TO HELP MAKE THAT POSSIBLE. WHEN WE TALK ABOUT A FEE INCREASE OF $50 A YEAR, I KNOW THAT DOESN'T SOUND LIKE A LOT BUT THAT'S A HUGE INCREASE IN OUR MEDICAL LICENSURE FEES AND WE ALREADY PAY A LOT OF FEES EACH YEAR, AND I THINK OUR OTHER PROFESSIONAL ORGANIZATIONS WOULD SAY THE SAME THING F WE CAN SHARE THAT BETWEEN INSURERS, BETWEEN HEALTH PROFESSIONALS THAT MIGHT BE MORE TENABLE TO GET COMMUNITY BUY-IN FROM ALL OF OUR PROFESSIONAL GROUPS AND ALSO MAKE THAT SYSTEMIC CHANGE THAT WE'RE CONSIDERING AND WE REALLY WANT.
>> THIS IS ROBERT. I'M GOING TO TALK DIRECTLY TO THE GROUP. I'M ROBERT NUTT, DR. NUTT. I APPRECIATE THE MODEL THAT YOU HAVE PROPOSED. I THINK IT'S REALLY HELPFUL TO FIGURE OUT THE COST AND WE CAN FIGURE OUT FROM HERE, THE BURDEN, AND I THINK IT'S GOOD TO HAVE DIVERSE, HETEROGENEOUS GROUP OF PEOPLE WHO ARE PUTTING IN MONEY AND NOT JUST FROM ONE PLACE. SO, WE'RE THINKING ABOUT THE STATE PUTTING IN IN MONEY, MAYBE THE LICENSEES, OR THE LICENSING GROUPS PUTTING IN MONEY, TAXES FROM CELL PHONES, THE TWO CENTS CHARGE THAT

THEY PAY INTO, WE CAN USE THOSE FUNDS TO PUT IN, ALL PUT INTO THE CENTRALIZED FUND. I THINK THAT CAN BE A SOLUTION. MY CONCERN IS ON THE PRACTICAL SIDE. SO WE HAVE THE MONEY, BUT FROM MY EXPERIENCE WITH INTERPRETING SERVICES, IT'S OKAY-- YOU KNOW, LET'S SAY I HAVE A MEETING IT'S THE LAST-MINUTE MEETING AND LET'S SAY I HAVE A MEETING IT'S CANCELLED AND SO THERE'S THIS PRACTICAL PART OF THIS IS THAT JUST THE CULTURE OF MEDICINE, IT'S GOING TO BE CHALLENGING BECAUSE THERE'S MONEY THERE BUT MAYBE THE SECRETARY WILL FORGET OR THE PATIENT DOESN'T SHOW UP OR I MEAN, IT'S GETTING REIMBURSED FOR MY CARE FOR MY PATIENT FOR INSURANCE PURPOSES REQUIRES A LOT OF STAFF IN MY OFFICE. SO I'M JUST TRYING TO THINK ABOUT HIRING AN INTERPRETER FOR AN APPOINTMENT REQUIRES A LOT OF HUMAN RESOURCES FOR THAT TO HAPPEN. SO I AGREE, AN AGENCY OR CENTRALIZED OFFICE THAT CAN MANAGE THIS WOULD BE GOOD BUT IT'S HARD FOR ME TO ENVISION THIS AND IT MAY BE DIFFERENT BECAUSE YOU'RE A LAWYER. I'M A DOCTOR AND IT MAY BE DIFFERENT IN THE WAY THAT WE'RE APPROACHING THIS AND THINKING ABOUT THIS AND THE WAY THAT THE LEGISLATURE MAY BE THINKING ABOUT THIS. SO I THINK WE CAN START TODAY AND MAYBE WE CAN SAY THIS IS NOT-- BY SAYING WE CAN'T DO THIS, WE CAN TWEAK THIS SO WE'RE GOING TO START PUTTING OUR THINKING HATS ON AND START THINKING A LITTLE BIT MORE BROADLY ABOUT WHAT NORTH CAROLINA CAN DO, WHAT IT CAN LOOK LIKE TO RESOLVE THIS ISSUE AND I'M THINKING ABOUT THIS CENTRALIZED ACCESS OR THE CAF, CENTRALIZED ACCESS FUND. LET'S SAY I GO TO A CONCERT. I'M LIMITED TO THE NUMBER OF PERFORMANCES THAT I CAN GO TO BECAUSE THEY CAN GET INTERPRETER TUESDAY AFTERNOON AND I CAN GO THEN. I CAN'T GO ON THE WEEKENDS BECAUSE THERE'S NO INTERPRETING SERVICES. IT'S ABOUT MEDICAL APPOINTMENTS, BUT WE CAN'T DO THE SAME THING WITH MEDICAL APPOINTMENTS. WE NEED DEAF PEOPLE TO HAVE ACCESS TO PUBLIC SERVE SERVICES ACROSS THE BOARD. I PROPOSE THAT WE HAVE THIS REIMBURSEMENT TO A GENERALIZED, CENTRAL ACCESS FUNDS FOR GENERALIZED SERVICES THAT'S NOT ONLY LIMITED TO MEDICINE. I THINK THAT THE STATE SHOULD BE LOOKING AT A CENTRALIZED FUND THAT WILL EMPOWER THE DEAF COMMUNITIES AND DEAF CITIZENS TO HAVE ACCESS TO INTERPRETING SERVICES IN GENERAL. YES. GOING TO DOCTORS, IT IS AN IMPORTANT PIECE OF THIS AND IT WILL BE AN IMPORTANT PIECE OF THIS FUND THAT'S RUN BY THE STATE. I HAVE THREE KIDS. FORTUNATELY FOR ME, I HAVE TRRPED-- I HAD INTERPRETERS FOR ALL THREE. THEY WERE ALL CERTIFIED. ALL THE INTERPRETERS WERE MY FRIENDS BECAUSE GOT TRAINED AND ROCHESTER, NEW YORK, AND I USE THEM THROUGH MY TRAINING SO FORTUNATELY, THEY WERE ABLE TO COME WITH ME AND I DIDN'T KNOW WHO PAID THEM BECAUSE I'M THE DEAF CLIENT AT THE TIME, BUT THEY CAME WITH ME. THEY ENDED UP CHARGING THE HOSPITAL. SO I'M IMAGINING THAT KIND OF EMPOWERMENT OF A DEAF CITIZEN, DEAF CONSUMER TO BE ABLE JUST TO GO TO THE DOCTOR'S OFFICE TO MAKE THE ARRANGEMENTS THEMSELVES, TO GO WITH THE INTERPRETER AND THE INTERPRETER CAN CHARGE THIS CENTRALIZED FUND
SO THAT WAY-- IT DOESN'T PLACE A BURDEN OR IT DOESN'T CAUSE ANYTHING ON THE RELATIONSHIP WITH THE PROVIDER AND THE PATIENT. IT'S REALLY UP TO THAT INTERPRETER TO GO AND GET ACCESS TO THAT FUND THEMSELVES.

>> THIS IS HOWARD. THAT KIND OF A MODEL IS EXISTING RIGHT NOW IN OTHER COUNTRIES. IN NORWAY, IN INLAND, IN DENMARK, AND ISRAEL, AND AUSTRALIA, WHERE THEY HAVE X AMOUNT OF DOLLARS PER MONTH THAT IS SET ASIDE THAT DEAF PEOPLE CAN USE TO SPEND ON INTERPRETERS ANYWHERE ANYTIME. AND I SEE THAT WORKING IN SMALLER COUNTRIES. I HAVE A HARD TIME SEEING THAT MODEL WORK IN THE UNITED STATES. I SUPPOSE WE COULD TRY IT ON A STATE LEVEL. MY VIEW IS CAN THAT BE DONE POLITICALLY? I DON'T KNOW. BECAUSE HAVING A BIG FUND FOR EVERY POSSIBLE REASON WOULD PROBABLY BE REQUIRE A TAX INCREASE AND I DON'T KNOW THE ATMOSPHERE IN NORTH CAROLINA. I DON'T KNOW IF, YOU KNOW, GET ANGRY OR JUST GO FOR IT IN NORTH CAROLINA,

BUT A POOL-- THE IDEA OF HAVING A POOLED FUND THAT'S PRIMARILY DRIVEN BY THE LICENSING FEE AND THE REASON WHY I'M SAYING THAT IS BECAUSE RIGHT NOW THE ADA SAYS THAT DOCTORS, YOU ARE RESPONSIBLE FOR PROVIDING ACCESSIBILITY TO YOUR OFFICE . THE LAW'S ALREADY THERE. SO WHAT I'M TRYING TO DO IS SHIFT THE BURDEN FROM EACH ONE SINGLE DOCTOR SEEING ONE PATIENT TO ALL DOCTORS SO THAT WAY, ALL OF THEM SHARE THIS EQUALLY AND DEAF PEOPLE CAN SEE ANY DOCTOR ANYTIME. I'M GOING TO LEAVE IT UP TO YOU IF YOU WANT TO EXPAND THIS OUT. BUT THE WAY I'M THINKING ABOUT THIS TO STRUCTURE THIS IS TO HAVE IT WITHIN THE REQUIREMENTS OF THE ATA.

>> AND THIS IS DAVID SPEAKING. IF I MAY ADD TO HIS COMMENTS, THERE'S ONE THING THAT NEEDS TO BE THOUGHT ABOUT AND IT'S THE FUND IS NOT THERE FOR PEOPLE JUST TO USE WHENEVER THEY FEEL LIKE IT. THERE'S ALWAYS THE NOTION THAT SOMEONE MAY ALWAYS TAKE ADVANTAGE OF THAT FUND SO THERE NEEDS TO BE RULES AND REGULATIONS IN PLACE TO JUSTIFY THE EXPENDITURES. SO ALL OF THAT NEEDS TO BE THOUGHT THROUGH.

>> YES, TOVAH.

>> THIS IS TOVAH. I'M LICENSED AS BOTH A PSYCHOLOGIST AND SOCIAL WORKER IN NORTH CAROLINA AND A FEW YEARS AGO WHEN I READ YOUR ARTICLE, I DISCUSSED THIS WITH SOME OF MY COLLEAGUES IN PSYCHOLOGY, THE NORTH CAROLINA PSYCHOLOGICAL ASSOCIATION, AND THOUGHT IT WAS SUCH A HOT IDEA BUT ONE OF THE QUESTIONS THAT CAME BACK TO ME WAS, WELL, SURE, IF WE ALLOCATE FUNDS FOR COMMUNICATION ACCESS FUND, WHAT IS TO STOP OTHER PEOPLE LIKE PEOPLE WHO ARE BLIND OR PEOPLE IN WHEELCHAIRS OR OTHER GROUPS TO DEMAND A PART OF LICENSURE FOR FUNDING THEIR NEEDS, BRAILLE TRANSLATION OF MEDICAL PRESCRIPTIONS AND STUFF LIKE THAT, HOW WOULD THAT BE ADDRESSED?

>> THIS IS HOWARD. THAT'S A GREAT QUESTION. I THOUGHT ABOUT THAT, TOO. THE REASON WHY I'M CALLING IT THE COMMUNICATION ACCESS FUND SO THAT IT DOESN'T BECOME THIS MULTIPRONGED FUND, SO AS YOU WERE TALKING ABOUT WHEELCHAIRS, HONESTLY, MOST PLACES ARE ALREADY WHEELCHAIR ACCESSIBLE AND IF NOT, THE PERSON WHO IS RESPONSIBLE FOR PROVIDING SERVICES TO THE PERSON IN THE WHEELCHAIR CAN MOVE LOCATIONS TO ACCOMMODATE THEIR NEEDS. SO MOST OF THE TIME WHAT I'VE SEEN IN THE PAST WITH THE ADA AND MEDICAL CARE IS THERE'S A FAILURE TO MEET THE COMMUNICATION NEEDS NOT THE PHYSICAL NEEDS. I DO RECOGNIZE THAT THERE IS OFTEN ISSUES WITH NOT PROVIDING INFORMATION IN BRAILLE AND THAT COULD BE CONSIDERED COMMUNICATION. SO AGAIN, I'M OPENING TO YOUR OWN DEFINITIONS OF WHAT YOU WOULD SAY COMMUNICATION MEANS. IF YOU WANT TO INCLUDE ANY AND ALL COMMUNICATION RELATED TO A DISABILITY, IT COULD BE A PERSON WHO IS SPEECH IMPAIRED, NOT DEAF. IT COULD BE A PERSON WHO HAS CEREBRAL PALSY, WHO DOESN'T SPEAK CLEARLY. IT COULD INCLUDE THOSE DIFFERENT FACTORS BUT THE POINT IS, COMMUNICATION, IT'S LIKE THE UGLY STEPCHILD OF THE DISABILITY COMMUNITY. THERE'S A LOT OF EMPHASIS ON PHYSICAL ACCESSIBILITY BUT NOT A LOT ON COMMUNICATION ACCESSIBILITY. SO THAT'S WHY I THOUGHT THIS COULD RESOLVE A PIECE OF THAT AND THIS WOULD BE MOSTLY FOR THE DEAF AND HARD OF HEARING POPULATION, BUT I AGREE, WE SHOULDN'T BE EXCLUDING PEOPLE. WE SHOULD CONSIDER HOW TO INCLUDE OTHER POPULATIONS AND I DON'T THINK THE COSTS WILL BE SIGNIFICANT FOR THOSE PURPOSES BUT MOSTLY THIS WILL BE BE USED TO PROVIDE INTERPRETERS.

>> THIS IS DAVID. TO ADD TO HIS COMMENTS IN MINNESOTA, AS I MENTIONED BEFORE ABOUT THAT,

THEY HAD A CENTRALIZED FUND, THEY FOUND THAT THE DISABILITY GROUP FOR OTHER DISABILITY GROUP IT WAS A ONE-TIME EXPENSE. THEY MAY BE USING IT TO ACCOMMODATE THE WORK SPACE OR GET EQUIPMENT BUT IT WAS A ONE-TIME EXPENSE. THE REASON WHY THE MONEY HAD RUN OUT SO QUICKLY IS BECAUSE THE EXPENSES THEY USE FOR INTERPRETERS, FOR MEETINGS, FOR TRAINING AND THINGS LIKE THAT. YES, WE HAVE A QUESTION RIGHT BACK HERE.

>> THIS IS MILLY AND I'M A REGISTERED NURSE SO THAT'S WHO I'M REPRESENTING. ONE THING WAS, I DID READ YOUR ARTICLE AND IT SAYS $5 PER LICENSE AND I WOULD SUPPORT THAT.
[LAUGHTER]
WELL, NO, I THINK THAT NURSES WOULD GO FOR THAT AND IF YOU DID INCLUDE ALL THE PROFESSIONALS, I THINK THAT ANYBODY THAT'S COVERED BY THIS ADA LAW SHOULD BE ASKED TO DO THAT AS A LICENSED PERSON AND IT WOULD INCREASE THE POOL AND IT WOULD REALLY SPREAD IT OUT. OTHERWISE, THERE'S GOING TO BE LOTS OF CONFUSION AND LOTS OF DOUBT. SOMEBODY IS GOING TO GO TO THE AUDIOLOGIST AND NOT GET SERVED. SOMEBODY IS GOING TO GO TO THE PA OR NURSE PRACTITIONER AND NOT GET SERVED AND I THINK IT HAS TO BE LOOKED AT IN TERMS OF UNIVERSAL COVERAGE FOR PEOPLE, BUT I DO SUPPORT-- I DON'T THINK IT'S FAIR TO PUT IT ALL ON DOCTORS EITHER. I DON'T THINK IT SHOULD BE BASED ON THEIR OVERHEAD INCOME AT THE END OF THE YEAR. I THINK IT SHOULD BE SPREAD OUT. SO I WOULD SUPPORT A SMALLER FEE. LIKE $5. THAT WOULD BE REASONABLE, I THINK.

>> YES. YES, THIS IS HOWARD . YES, I COMPLETELY AGREE WITH YOU. THE REASON WHY I WROTE THAT ARTICLE WAS PRIMARILY TO FOCUS ON ATTORNEYS AND I DON'T KNOW IF YOU KNOW, BUT TYPICALLY THE NUMBER OF ATTORNEYS PER STATE IS DOUBLE THE NUMBER OF DOCTORS IN EACH STATE.
[LAUGHTER]
SO IF YOU DIVIDE IT OUT, THE NUMBER OF LEGAL APPOINTMENTS WAS TYPICALLY SMALLER THAN MEDICAL APPOINTMENTS. SO THE AMOUNT OF MONEY THAT'S SPENT ON INTERPRETERS FOR LEGAL PURPOSES IS LESS THAN THE AMOUNT THAT'S SPENT ON MEDICAL AND YOU DIVIDE IT-- YOU DIVIDE IT BY MORE LAWYERS AND IT'S EASY TO ARRIVE AT $5, BUT FOR MEDICAL APPOINTMENTS, THERE'S MORE PEOPLE THAT GO TO THE DOCTOR EVERY YEAR. MOST PEOPLE AVOID LAWYERS.
[LAUGHTER]
SO YOU'RE RIGHT. YOU'RE RIGHT. IF WE COULD HAVE SOME-- A LARGER NUMBER OF PEOPLE WHO ARE PAYING INTO THE POOL, WE COULD CERTAINLY DISCOUNT THE RATE THAT'S PAID IN. I AGREE, BUT AGAIN, THAT'S MORE POLITICAL . YOU HAVE TO FIGURE OUT HOW TO GET ALL OF THE LICENSEES OF MEDICAL PROFESSIONS ONBOARD.

>> WELL, I DID MEAN TO SAY ONE OTHER PART OF THAT WAS-- FOR INSTANCE, AT THIS POINT, I'M DOING VOLUNTEER COUNSELING AND FOR ANYBODY WHO'S WORKING AT ANY KIND OF NONPROFIT AGENCY LIKE THE COOPERATIVE CHRISTIAN MINISTRY IN OUR TOWN, THEY'RE LICENSED PROFESSIONALS BUT YOU KNOW, THIS KIND OF A FUND WOULD BE GOOD FOR THEM, TOO. AND THAT'S WHY I THINK IF YOU MAKE IT SOME OTHER WAY AND JUST SAY IT HAS TO BE IN AN ESTABLISHED DOCTOR'S OFFICE, HOSPITAL, IT'S NOT GOING TO BE FAIR EITHER.

>> YES.

>> JUST ONE QUICK COMMENT.

>> GO AHEAD. DAVID IS RECOGNIZING JAN.

>> THIS IS JAN. I WANTED TO FOLLOW UP ON THAT STATEMENT. WE CAN MAKE THE POOL REALLY BIG SO FOR EXAMPLE, I HAVE BEEN SEEING CHIROPRACTORS, ORIENTAL MEDICINE DOCTORS, WHICH WORKS FOR ME, FOR MY SPECIFIC NEEDS AND ALSO MORE AND MORE, THERE'S A PUSH TO COMBINE PHYSICAL HEALTH AND BEHAVIORAL HEALTH WITHIN THE SYSTEM SO WHY NOT INCLUDE THOSE WHO SPECIALIZE WHO DO PRACTICE IN MENTAL HEALTH, WHO DO THERAPY? THE LIST CAN GO ON AND ON, AND WE CAN REALLY GROW THE LIST OF PEOPLE WHO CAN PAY IN. BUT I WANT TO MAKE IT PALLETTIBLE FOR MOST PEOPLE BECAUSE IT'S SO SMALL THAT THIS COULD WORK. SO THOSE ARE JUST SOME OF MY THOUGHTS.

>> THIS IS A REALLY INTERESTING CONVERSATION AND I THINK THERE ARE A LOT OF DETAILS TO THINK THROUGH. MILLY, I LIKE YOUR SUGGESTION ABOUT NURSES. I WAS THINKING ABOUT THIS AND THERE ARE ABOUT 120,000 NURSES IN NORTH CAROLINA SO THAT MAKES YOUR POOL A LOT BIGGER. I THINK THAT THE 41,000 IS PROBABLY PHYSICIANS, PAs AND NURSE PRACTITIONERS SO YOU MIGHT WANT TO ADD DENTISTS FOR A FEW THOUSAND AND OCCUPATIONAL THERAPISTS AND FISCAL THERAPISTS AND PARM CYSTS AND THOSE ARE IN THE FEW THOUSAND RANGE AND WE GET THESE SMALLER LICENSING BOARDS AND THERE ARE 17 DIFFERENT PROFESSIONAL LICENSING BOARDS AND YOU WOULD HAVE TO WORK WITH EACH ONE AND THEIR TRADE ASSOCIATION TO GET THEM TO BE SUPPORTIVE OF LEGISLATION. SO IT WOULD BE A CHALLENGE AND I WAS THINKING, WELL, WHAT ABOUT THE CYTOTECHNOLOGISTS? THEY'RE NOT MANY OF THEM AND THEY DON'T SEE CLIENTS AND WE WAY NOT WANT TO CAST THE NET TOO WIDE AND WE MAY NOT WANT TO SAY CHINESE MEDICINE DOCTORS IF THERE ARE ONLY 30 OF THEM JUST BECAUSE OF THE AMOUNT OF WORK THAT IT WOULD BE TO PASS A LICENSURE FEE ON EACH LICENSURE BOARD.
>>

>> THIS IS DAVID. WE HAVE A QUESTION HERE. STEVE WILL BE NEXT.

>> HI. IT'S EILEEN. SO WE'VE SPENT QUITE A LOT OF TIME TALKING ABOUT COSTS AND YOU CAN MAKE THIS POOL AS BIG JEFF BAZO'S DIVORCE AGREEMENT--
[LAUGHTER]
LFT BUT IF YOU DON'T HAVE ENOUGH AVAILABILITY OF QUALIFIED, CERTIFIED INTERPRETERS AND YOU DON'T HAVE ALTERNATIVE TECHNOLOGY FOR PATIENTS WHO ARE NOT SIGN LANGUAGE FLUENT AND MAYBE HARD OF HEARING IN AND NOT IN THE TESTIFY COMMUNITY OR DON'T USE SIGN LANGUAGE OR PATIENTS WHO USE SIGN LANGUAGE IN DIFFERENT LANGUAGES, SUCH AS SPANISH, WE STILL RUN INTO AN ISSUE WITH ACCESS AND AN ISSUE WITH COMMUNICATION. SO IN ADDITION TO THE POOL, WE NEED TO FIGURE A WAY TO GROW THE INTERPRETER COMMUNITY SO THAT PATIENTS CAN RECEIVE ACCESS WHEREVER THEY LIVE WITHIN THE COUNTRY.

>> THIS IS JAN AND DAVID--

>> JAN IS SAYING I JUST QUICKLY WANTED TO FOLLOW UP ON YOUR COMMENT. WE'VE ALREADY HAD THIS DISCUSSION AT OTHER TIMES ABOUT PERHAPS USING THIS FUNDING TO PAY FOR INTERPRETER TRAINING, INTERPRETER DEVELOPMENT, AND TO PAY STIPENDS TO ENCOURAGE THE INTERPRETER SYSTEM IN NORTH CAROLINA AND FOCUS ON -- TO STAY IN NORTH CAROLINA AND FOCUS ON HEALTHCARE SO THERE'S A LOT OF POSSIBILITIES HERE.

>> DAVID IS SAYING HOWARD.

>> THIS IS HOWARD SPEAKING. ALSO, THE MONEY CAN CREATE THE FIRST-EVER CERTIFICATE FOR HEALTHCARE MORE THAN WHAT OUR I.T. HAS BUT WE CAN BRING THAT HERE AND IMPROVE IT AND REALLY CERTIFY PEOPLE FOR MEDICAL PURPOSES, AND YOU'RE RIGHT. YOU HAVE TO GROW IT. BUT WHERE THAT COMES FROM AND THAT'S WITH THAT CENTRALIZED SYSTEM, WE WILL HAVE THE RESOURCES AND THE KNOWLEDGE AND EXPERTISE TO CREATE THAT AND MAKE THAT HAPPEN.

>> THIS IS STEVE BARBER SPEAKING. I LIKE THE IDEA OF A CAF POOL. I THINK THAT'S WONDERFUL. I WANTED TO POINT OUT IF WE DO NEED TO BROADEN THE POOL SO THAT THE PRICE PER LICENSE OR PRICE THAT ANYONE PAYS IS-- BECOMES INSIGNIFICANT. THAT MEANS YOU COULD GET IT PASSED MORE LIKELY. WE ALREADY HAVE A SYSTEM THAT WORKS FAIRLY WELL CALLED RELAY THAT IS PAID FOR BY PENNIES A MONTH AND IT WORKS EXTREMELY WELL. NOBODY HAS TO WORK. IF YOU HAD TO MAKE A PHONE CALL AND THE PERSON YOU WERE CALLING HAD TO PAY FOR RELAY, THEY WOULD HANG UP. IT WORKS ALREADY NOW FOR PENNIES A MONTH BECAUSE THE POOL IS SO LARGE THAT NOBODY NOTICES. NOW LEGISLATURES ARE NOT PARTICULARLY PRONE TO RAISE TAXES NOW AND THEY ARE PARTICULARLY GOOD AT HIDING EXPENSES THAT PEOPLE GET CHARGED CALLED REGULATIONS AND FEES.
[LAUGHTER]
SO IF WE CAN MAKE THE FEE BROADLY BASED AND MAKE IT NOT A TAX BUT A FEE FOR LICENSE OR FEE FOR BEING HUMAN, I DON'T CARE WHAT IT IS. YOU GOT TO GET THE PRICE DOWN AND MAKE THE POOL VERY LARGE AND WE CAN MAKE THIS WORK. ONE OTHER POINT I WANTED TO MAKE WHILE I HAVE THE MIC. ADDING TO YOUR COMMENT ABOUT THE SUPPORT NEEDED IS NOT JUST FOR ASL. IT'S NOT JUST FOR COMMUNICATIONS. IT'S ALSO FOR MANAGING THE PROGRAM AND FOR FIGURING OUT HOW TO MAKE THE PROGRAM RUN, AND THAT'S MONEY IN JAN'S POCKET THEN. SO SHE CAN PAY FOR THE SERVICES DSDHH--
[LAUGHTER]
NEEDS TO PROVIDE TO SUPPORT BETTER TRAINING FOR INTERPRETERS, BETTER TRAINING FOR PROFESSIONAL STAFF SO THAT THEY KNOW THAT THEY HAVE TO HAVE A POCKET TALKER TO TAKE CARE OF PEOPLE THAT DON'T HAVE HEARING AIDS AND SO FORTH. SO THERE'S MORE EXPENSES THAN JUST INTERPRETERS TO PAY FOR SO THE POOL NEEDS TO BE BIG ENOUGH TO PAY FOR ALL THE COMMUNICATION ACCESS FOR ALL OF THE SERVICES NEEDED.

>> THIS IS DAVID. EVERYONE IS POINTING TO HOLLY.

>> HI, HOLLY RIDDLE, DHHS. FOLLOWING UP ON EILEEN'S COMMENTS, I HAVE A LONG-STANDING INTEREST IN OUR FRONTLINE STAFF IN THE FIELD OF HUMAN SERVICES AND KNOW VERY LITTLE, JAN, AND DAVID AND OTHERS ABOUT INTERPRETERS. I, FOR EXAMPLE, WOULD LIKE TO KNOW MORE ABOUT CAREER PATHS FOR INTERPRETERS AND WHETHER OR NOT CREDENTIALING MIGHT HELP PROMOTE CAREER PATHS. I WOULD LIKE TO KNOW, FOR EXAMPLE, IF IN THE COMMUNITY COLLEGES WE OFFER TRAINING THAT IF IT WERE PLACED ONLINE COULD ALLOW OUR INTERPRETERS TO, FOR EXAMPLE , ADVANCE THEIR DEGREE AND THEIR SKILLS. I BELIEVE WITH EVERY FIBER OF MY BEING THAT THIS IS HOW WE RECRUIT AND RETAIN PROFESSIONALS AND THEREIN, MINNESOTA, DAVID, THE INSTITUTE ON COMMUNITY INTEGRATION HAS PRODUCED ENORMOUS AMOUNTS OF MATERIAL ON THE COST OF TURNOVER TO SYSTEMS LIKE THE ONE WE RUN IN DHHS, AND SO I'M ALSO REALLY CURIOUS ABOUT THAT ISSUE AND EILEEN, I WANTED TO THANK YOU FOR BRINGING US BACK TO THAT QUESTION. THANKS.

>> THIS IS DAVID. LEE, DID YOU WANT TO RESPOND? DO YOU HAVE ANYTHING TO ADD, OR DID YOU WANT TO ADD ANY MORE COMMENTS?

>> THIS IS LEE SPEAKING. I WON'T GO INTO DETAIL ABOUT INTERPRETERS. I DO DO HAVE A PRESENTATION THAT I MAY BE PRESENTING AT THE NEXT TASK FORCE MEETING TO TALK ABOUT INTERPRETERS. IT'S A VERY COMPLICATED QUESTION SO IT WILL TAKE A LONG ANSWER, BUT IT'S NOT VERY EASY BECAUSE SIGN LANGUAGE INTERPRETING, THE PROFESSION, ITSELF, IS SO UNIQUE. IT'S VERY DIFFERENT THAN ANY OTHER INTERPRETING SPOKEN LANGUAGE INTERPRETING PROFESSION. I CAN LOOK AT THE INTERPRETERS I HAVE-- WE HAVE WORKING IN THE ROOM AND EVERY ONE OF THEM A UNIQUE EXPERIENCE OR PERSONAL STORY OF WHY THEY BECAME AN INTERPRETER. IT'S NOT SOMETHING THAT YOU, OH, I WANT TO GO LEARN AT SIGNING CLASS AND TWO YEARS LATER, YOU CAN INTERPRET. THAT'S WHAT WE'RE SEEING NOW BECAUSE INTERPRETING HAS BECOME AN INDUSTRY THANKS TO THE ADA IN A LOT OF WAYS, BECAUSE OF TELECOMMUNICATIONS ACCESS IS HOW WE STARTED. WE'RE SEEING VIDEO RELAY SERVICES BOOM AND WE HAVE-- PEOPLE ARE ABLE TO CALL AND MAKE PHONE CALLS AND OVER USING VIDEO RELAY AND THAT'S TAKING A BIG DEMAND ON OUR INTERPRETING RESOURCES. SORRY, LIZ. BUT YOU KNOW, IT'S A GREAT SERVICE. I WORK IN VIDEO RELAY SERVICES AND IT'S GREAT THAT I'M ABLE TO HELP PEOPLE CONNECT AND NOW THEY CAN CALL THEIR HEALTHCARE PROVIDER AND TO A LOT OF CONSULTATION THAT THEY WEREN'T ABLE TO HAVE BEFORE BUT THEY CAN DO IT OVER THE PHONE NOW AND THAT'S A GREATER IS, BUT THERE ARE CERTAIN STAND ARTS THAT THE VIDEO RELAY SERVICE INDUSTRY HAS PULLING OUT ALL OF OUR QUALIFIED INTERPRETERS TO WORK IN THE INDUSTRY WHICH IS GOOD, SECURE WORK, SO YOU FIND A LOT OF OUR FULLY LICENSED INTERPRETERS KIND OF STEPPING INTO THE FREELANCE WORLD AND INTO THE VIDEO RELAY SERVICE WORLD, AND OUR NEWLY LICENSED INTERPRETERS WHO ARE COMING UP NOW, A LOT OF THEM HAVE NEVER EVEN MET A DEAF PERSON OR THEY MAY HAVE SAW SWITCHED AT BIRTH ON TELEVISION OR ON YOUTUBE AND THEY SAW A YOUTUBEER WHO DOES SIGN LANGUAGE AND THEY TAKE A SIGN LANGUAGE CLASS THEY GO TO A COMMUNITY COLLEGE AND GETS A CERTIFICATE WHICH IS AN S.S. DEGREE YOU SHOW UP, DO YOUR WORK AND YOU CAN GET A LICENSE AND THAT'S WHO WE ARE SEEING WORKING IN NORTH CAROLINA. JAN AND I HAVE TALKED ABOUT THIS. WE WOULD LIKE TO GO BACK INTO ELEMENTARY AND HIGH SCHOOL AND EDUCATION AND LOOK AT CERTIFICATION STANDARDS FOR TEACHERS TO TEACH AMERICAN SIGN LANGUAGE IN PUBLIC SCHOOLS. JUST LIKE WE HAD TO TAKE SPANISH, FRENCH, GERMAN, WHATEVER YOU HAD TO TAKE. THERE ARE SOME PLACES OFFERING SIGN LANGUAGE CLASSES IN THE PUBLIC SCHOOL SYSTEM BUT NOT MANY AND A LOT OF THE TEACHERS TEACHING SIGN LANGUAGE CLASSES ARE NOT QUALIFIED. THEY MAY BE QUALIFIED OR LICENSED TEACHER BUT THEY DON'T KNOW SIGN LANGUAGE. THEY PROBABLY COULDN'T HAVE AN IN-DEPTH CONVERSATION WITH A DEAF COMMUNITY MEMBER. THAT'S THEIR KNOWLEDGE OF ASL BUT THEY'RE TEACHING IT IN THE SCHOOLS. THAT'S SOMETHING WE WANT TO WORK AT SO THERE'S A TRUE APPRECIATION OF THE LANGUAGE AT A YOUNG AGE SO YOU CAN BECOME FLUENT AND LEARN HOW TO BE AN INTERPRETER.
IT'S VERY COMPLICATED. SO THE WHOLE COMMUNICATION ACCESS FUND THING WOULD HAVE TO CONSIDER INCORPORATING VIDEO REMOTE INTERPRETING SERVICES BECAUSE WE CAN'T BE EVERYWHERE AT ONE TIME BUT THEN SOMEHOW INCORPORATE SOME TYPE OF REGULATION OR OVERSIGHT SO THAT THE PROVIDERS AREN'T JUST PROVIDING THE SERVICES BECAUSE THEY'RE MAKING MONEY OFF OF IT. THEY'RE NOT ASKING THE DEAF COMMUNITY MEMBERS, ARE THEY SATISFIED WITH THE SERVICES THEY'RE RECEIVING.

>> THIS IS DAVID, JAN, DID YOU HAVE A FOLLOW-UP?

>> THIS IS JAN. YES. I DON'T THINK IT HAS BEEN MENTIONED TODAY, BUT I DID WANT TO LET EVERYONE KNOW, THE NATIONAL ASSOCIATION FOR THE DEAF, NAD, HAS A POSITION PAPER WITH DETAILS ON HOW TO MAKE VIDEO REMOTE INTERPRETING WORK. YOU'VE ALREADY HEARD ABOUT THE DOJ, THE LIST OF REQUIREMENTS, BUT THAT WAS VERY BROAD. FOR EXAMPLE, IT SAYS THE PICTURE MUST BE CLEAR, BUT WHAT DOES IT TAKE TO MAKE THE PICTURE CLEAR? FROM A TECHNICAL STANDPOINT? SO NAD'S POSITION PAPER PROVIDES THAT LEVEL OF DETAIL, AND THERE ARE REALLY MANY HOSPITALS, DOCTORS' OFFICES, PROVIDERS WHO ARE NOT AWARE OF THAT. SO THAT'S AN AREA WE CAN WORK ON.

>> THIS IS HOWARD. THAT POSITION STATEMENT ALSO TALKS ABOUT WHEN IT'S APPROPRIATE TO USE VRI. BOTH WHEN IT'S APPROPRIATE AND IF APPROPRIATE, HOW TO PROVIDE IT. DAVID IS SAGE, YES, LIZ.

>> THIS IS LIZ. CAN WE ASK ANNA, WHO IS JOINING US BY PHONE, WHAT HER FEEDBACK IS ABOUT THE CAREER PATH FOR INTERPRETERS?

>> THIS IS DAVID. ANNA, ARE YOU ON THE PHONE?

>> THIS IS ROB. I MUTED IT.

>> Announcer: YOUR CONFERENCE IS NOW IN TALK MODE.

>> HI. CAN YOU HEAR ME?

>> THIS IS DAVID. I'M SORRY, ANNA. YES. YOU CAN GO AHEAD.

>> YES. DAVID (INAUDIBLE)

>> THIS IS DAVID. CAN YOU-- ARE YOU SPEAKING CLOSE TO THE PHONE? CAN YOU SPEAK DIRECTLY INTO THE PHONE? ARE YOU ON SPEAKER PHONE?

>> I'M ON THE-- I'M ON MY iPHONE.

>> SHE'S ON HER CELL PHONE.

>> THIS IS DAVID. WE'RE HAVING TROUBLE WITH THE CONNECTION. IT SEEMS LIKE YOU'RE CUTTING IN AND OUT.

>> HOW ABOUT IF I TAKE IT OFF THE SPEAKER PHONE?

>> THIS IS JAN. YES.

>> OKAY. WOULD YOU MIND REPEATING WHAT YOU WOULD LIKE ME TO RESPOND TO? I WANT TO MAKE SURE I ANSWER WHAT YOU'RE LOOKING FOR.

>> THIS IS DAVID. THE QUESTION WAS TALKING ABOUT THE EMPLOYMENT PATH FOR INTERPRETERS. AND JAN'S ADDING CAREER PATH.

>> THIS IS DAVID, I APOLOGIZE. WE WERE TALKING ABOUT HAVING A PROGRAM AND RESOURCES AVAILABLE FOR INTERPRETERS SO THAT WE CAN KEEP THEM AND GROW THEM WITHIN THEIR CAREER PATH AND STAY IN THE STATE WITHOUT A LOT OF TURNOVER. DOES THAT HELP?

>> ANN: YES. SO MY THOUGHTS, IF I HAVE ANY--
[LAUGHTER]
YOU KNOW, WE CERTAINLY HAVE A VARIETY OF CAREER PATHS BUT MANY INTERPRETERS WORK AS FREELANCE INTERPRETERS, INTERPRETERS THAT WORK IN THE COMMUNITY ARE TYPICALLY FREELANCE INTERPRETERS, AND SO THEY, AS MANY ATTEMPT TO BE QUASI-EXPERTS IN A LOT OF DIFFERENT TYPES OF SETTINGS, AND WORKING AS SPECIALISTS IN HOSPITAL SETTINGS, ET CETERA, OR LEGAL SETTINGS. THIS MARKET IS NOT HOPEFULLY CONSISTENT TO SUPPORT SOMEONE TO SPECIALIZE IN ONE UNIQUE AREA. A CAREER PATH, WE HAVE ACADEMIC PREPARATION AS ASSOCIATES, BACCALAUREATES, MASTER'S, AND DOCTORAL LEVEL AND YOU KNOW, THERE'S-- THERE ARE PATHS TO BECOMING EDUCATORS, ET CETERA, AND RIGHT NOW, WE HAVE TWO PRIMARY GRADUATE LEVEL PROGRAMS THAT FOCUS ON (INAUDIBLE) INTERPRETERS. ONE AT ST. KATHERINE'S UNIVERSITY IN MINNESOTA AND ONE AT THE NATIONAL TECHNICAL INSTITUTE FOR THE DEAF. AND THESE ARE FAIRLY NEW PROGRAMS SO WE DON'T REALLY HAVE MUCH INFORMATION ABOUT HOW GRADUATES ARE PERFORMING AND WHAT THEIR EXPERIENCES ARE. SO HOPEFULLY, WE WILL ABLE TO GET THAT. I DO THINK THERE IS A MORE GROWING NEED FOR MORE PEOPLE TO SPECIALIZE IN THE FIELD, PARTICULARLY AS DEAF INDIVIDUALS ARE DANCING INTO A BROAD RANGE OF TECHNICAL FIELDS, HEALTHCARE FIELDS, ET CETERA, INTERPRETERS NEED TO ADVANCE ACCORDINGLY. I DON'T KNOW IF THAT'S HELPFUL. IS THAT WHAT YOU ARE LOOKING FOR?

>> LIZ IS SAYING YES.

>> DAVID IS SAYING YES, THAT DOES HELP, THANK YOU, ANNA. HOLD ON ONE SECOND. WE HAVE A QUESTION FROM THE AUDIENCE FOR YOU. HOLLY HAS A QUESTION. HOLLY RIDDLE, DHHS, AND AGAIN, I'M OUT OF MY AREA OF EXPERTISE, JAN AND DAVID, BUT IN THE FIELD OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES, WE'VE BEEN WORKING FOR YEARS WITH THE UNIVERSITY OF MINNESOTA TO DEVELOP COMPETENCY-BASED CURRICULA AND TO TIER THOSE COMPETENCIES IN A WAY THAT WE COULD ASSOCIATE THEM WITH A CREDENTIALING SYSTEM WHERE THE STAFF PERSON BECOMES, IN OUR CASE, DIRECT SUPPORT PROFESSIONAL ONE, TWO, THREE, FOUR, FIVE, SUCH THAT WE COULD INCREASE PAY GRADE AS THE INDIVIDUAL DEMONSTRATES MASTERY OF THOSE COMPETENCIES. I HAVE ABSOLUTELY NO IDEA, COLLEAGUES, WHETHER THAT'S RELEVANT FOR INTERPRETERS OR NOT. THANK YOU.

>> THIS IS ANNA. MAY I OFFER A RESPONSE?

>> YES, GO AHEAD.
THIS IS DAVID.

>> ANNA: THERE WAS AN EFFORT FUNDED BY A FEDERAL GRANT FROM THE DEPARTMENT OF EDUCATION REHABILITATION SERVICES ADMINISTRATION THAT LED TO A TEXTBOOK ON THE ENTRY LEVEL COMPETENCIES OF INTERPRETERS. A FEW INTERPRETER TRAINING PROGRAMS INCLUDING THE PROGRAM AT THE UNIVERSITY OF NORTHERN COLORADO BUILT THEIR BACCALAUREATE PROGRAMS AND PORTFOLIO ASSESSMENTS AROUND THOSE COMPETENCIES AND AS PART OF BUILDING THE CONSISTENCE AROUND THOSE COMPETENCIES, WE WORKED WITH INDIVIDUALS IN A BROAD RANGE OF

ORGANIZATIONS, CONDUCTED FOCUS GROUPS AT THE NAD CONVENTIONS, AND CONDUCTED MANY FOCUS GROUPS ALL OVER THE UNITED STATES WITH PROFESSIONALS THAT PROVIDE SERVICES TO DEAF PEOPLE, INTERPRETER PRACTITIONERS, INTERPRETING STUDENTS, DEAF CONSUMERS, A WIDE RANGE OF STAKEHOLDERS. AS A RESULT OF THAT PROJECT, THERE WAS-- THERE HAS BEEN ONGOING RECOMMENDATIONS AROUND THE NOTION OF AT LEAST A TWO-TIERED PROCESS, PARAPROFESSIONAL INTERPRETER WHO WOULD NOT BE ABLE TO WORK WITHOUT DIRECT SUPERVISION AND PROFESSIONAL-LEVEL INTERPRETERS, YEAH. IT'S MET WITH VARIOUS LEVELS OF-- I DON'T WANT TO SAY RESISTANCE. I THINK WE STILL HAVE A LOT MORE EDUCATION TO DO AROUND THAT NOTION. BUT I THINK THAT THERE COULD BE A PLACE FOR WHAT YOU'RE TALKING ABOUT AND THERE ARE CREDENTIALING SYSTEMS. IF YOU LOOK AT THE CEI OUT OF TEXAS, THE BEI DOES HAVE DIFFERENT LEVELS AT WHICH THEY CERTIFY PRACTITIONERS AND THEY TRY TO ALIGN THE SETTINGS. THAT THOSE INTERPRETERS CAN WORK WITH THEIR LEVEL CERTIFICATION. THERE JUST HAS TO BE A SYSTEM THAT WE WOULD CLOSELY MONITOR WHETHER THAT WORKS OR NOT. THAT WAS ATTEMPTED WITH THE TEST THAT WAS JOINTLY ATTEMPTED BY THE NAD AND R.I.D, AND THERE SEEMS TO BE A WIDE RANGE OF MARKETS ABOUT THAT AND A TIERED SYSTEM THAT ESSENTIALLY DENOTED NOVICE VERSUS A MORE ADVANCED PRACTITIONER WAS EVENTUALLY ELIMINATED AND IS NOW JUST A MINIMUM STANDARD CREDENTIAL.

>> THIS IS HUGH BLACKWELL. I'VE GOT A COUPLE OF COMMENTS IF THIS IS A GOOD TIME.

>> YES THIS IS DAVID, GO AHEAD.

>> DID YOU SAY GO AHEAD?

>> YES.

>> TWO COMMENTS. ONE IS THAT I WOULD DEFINITELY AGREE WITH WHAT HOLLY SAID THAT TO RELEVANT TO LOOK AT THOSE COMPETENCY-BASED TIERS. I THINK THAT (INAUDIBLE) DIFFERENTIATION BETWEEN THE TIERS BE MADE THE SAME WITH INTEGRITY AND RIGOR. THE SECOND SOMEWHAT UNRELATED, AND TOTALLY UNRELATED COMMENT GOES BACK TO THE DISCUSSION EARLIER REGARDING THE FUND, ACCESS FUND TO WHICH MEDICAL PROFESSIONALS MIGHT CONTRIBUTE. I THINK IT WOULD BE INSTRUCTIVE-- I DON'T KNOW IF IT'S BEEN PROVIDED, IF I MISSED IT, OR IF IT CAN BE PROVIDED, IF WE CAN GET SOME DATA ON THE NUMBERS OF ENCOUNTERS OF DEAF AND HARD OF HEARING WITH PARTICULAR MEDICAL PROVIDERS. FOR EXAMPLE, I WOULD THINK GENERALLY SPEAKING, YOU WOULD ONLY SEE A NURSE IF YOU WERE SEEING A PHYSICIAN OR IN THE HOSPITAL , SOMETHING OF THAT SORT. AND YOU WOULD SEE THE NURSE INSTEAD OF THE OTHER PROVIDER. I APPRECIATE THE VOLUNTEER WE HAD THERE ON BEHALF OF THE NURSES. BUT I THINK WE-- I THINK WE MAYBE OUGHT TO LOOK AT ARE THESE PEOPLE SEEING THREE, FOUR TYPES OF PROVIDERS AND WOULD WE BE HANGING THE OTHERS TO EXPAND THE POOL? MAYBE THEY WON'T COMPLAIN IF IT'S ONLY $5 BUT IT MIGHT BE HELPFUL TO KNOW WHO IT IS IN THE COMMUNITY THAT WE'RE SEEKING TO VISIT ARE ACTUALLY SEEING FOR SERVICES?

>> THIS IS DAVID.

>> THIS IS JAN SPEAKING. REPRESENTATIVE BLACKWELL MADE-- THAT'S A GOOD OBSERVATION. THAT'S A REALLY GOOD QUESTION. FROM WHAT I KNOW OF THE DEAF COMMUNITY AND THE HARD OF HEARING PEOPLE AND DEAF-BLIND PEOPLE, YOU REMEMBER WE HAVE ABOUT 1.2 MILLION DEAF, HARD OF HEARING, DEAF-BLIND PEOPLE, AND THEY MAKE UP A REALLY WIDE CROSS-SECTION OF THE POPULATION. THERE'S HUGE DIVERSITY IN HEALTHCARE NEEDS OR HEALTHCARE PHILOSOPHIES OR WHAT HAVE YOU, AND SO BASICALLY, IT'S A FAIR REFLECTION OF THE LARGER POPULATION. SO I'M NOT CONCERNED ABOUT THAT. YOU CAN BET IF I DO-- I DO SEE A CHINESE MEDICAL DOCTOR AND I'M SURE THERE ARE OTHERS WHO ARE INTERESTED IN THE SAME, BUT I THINK SOMETHING THAT WE CAN DO-- IT IS SOMETHING THAT WE CAN DO AND I WANTED TO TURN IT OVER AND I'M SORRY, YOUR NAME ESCAPES ME. MILLY, I'D LIKE TO TURN IT OVER TO MILLY.

>> MILLY: I WOULD JUST LIKE TO REALLY CORRECT THAT. THIS IS MILLY. THERE'S A LOT OF NURSE PRACTITIONERS IN NORTH CAROLINA NOW AND A LOT OF PAs AND A LOT OF THEM ARE IN INDEPENDENT PRACTICE AND A LOT OF THEM PRACTICE IN RURAL AREAS WHERE THERE ARE NOT A LOT OF PHYSICIANS. THAT'S ONE OF THEIR MISSIONS SO I THINK THAT THEY NEED TO BE INCLUDED IN THIS KIND OF REIMBURSEMENT POOL.

>> THIS IS DAVID, YES.

>> THIS IS REPRESENTATIVE BLACKWELL. CAN I RESPOND TO JAN AND TO THE LAST COMMENTS?

>> YES, THIS IS DAVID, GO AHEAD.

>> WITH REFERENCE TO WHAT JAN SAID, I DON'T KNOW THAT THE THEY TO REFLECT THE POPULATION GENERALLY. WE DON'T HAVE ANY DATA THAT TELLS US THAT. FOR EXAMPLE, ARE 800,000 OF THE DEAF AND HARD OF HEARING PEOPLE THAT HAVE MILD HEARING LOSS VERSUS PROFOUND HEARING LOSS , THOSE FOLKS MAY BE ABLE TO FUNCTION AT A HIGHER LEVEL AND WITH DIFFERENT KINDS OF NEEDS. IT'S WHAT I WAS SUGGESTING AT THE OUTSET THAT I THINK THERE'S A NEED TO HAVE SOME INFORMATION THAT DIFFERENTIATES AMONG THOSE WHO WE ARE SEEKING TO BENEFIT. AND THE SECOND COMMENT THAT I WOULD MAKE IS I UNDERSTAND NURSE PRACTITIONERS AND PAs ARE DIFFERENT THAN RNs, AND I WAS REFERRING PREDOMINANTLY TO RNs AND I THINK THERE'S A SIGNIFICANT POTENTIAL DIFFERENCE THERE AND I'M NOT TRYING TO PREJUDGE THE ISSUE. IT'S, AGAIN, RATHER THAN RELYING SOLELY OR MOSTLY ON ANECDOTAL STORIES AND PERSONAL EXPERIENCES, IT WOULD BE HELPLE AND TO HAVE SOME REAL DATA.

>> THIS IS CRYSTAL BOWE SPEAKING. I'M SORRY. I WAS GOING TO GIVE SOME EXAMPLES. WHEN WE HAD OUR LOVELY NURSE REPRESENTATIVE OFFER TO ASSIST IN THIS, WITH WE WORK IN THE HEALTHCARE TEAM IN ALL PARTS OF NORTH CAROLINA AND AS SOMEBODY FROM EASTERN CAROLINA WHO TRAINED AT ECU, WE USE NURSES, MEDICAL ASSISTANTS, THERAPISTS, ALL WITHIN OUR PRACTICES. WE'VE GOT CO-LOCATION MODELS AND THERE ARE MANY VISITS WHERE PATIENTS ARE COMING TO MY PRACTICE, BOTH WHEN I WAS IN EASTERN NORTH CAROLINA AND NOW, AND THEY DON'T SEE ME AND LET ME GIVE YOU A LIST OF EXAMPLES. WHEN A PATIENT COMES IN TO SEE THE THERAPIST BECAUSE WE HAVE A THERAPIST THERE, I WANT THOSE PATIENTS WHO ARE DEAF AND HARD OF HEARING TO HAVE ACCESS BUT THEY'RE NOT SEEING ME BUT THEY'RE IN MY PRACTICE. IF THEY'RE A PATIENT THAT'S ON CUMADIN AND HAVING THEIR BLOOD MONITORING OR GETTING DEPO SHOTS AND SEEING A NURSE, LPN OR RN MONTHLY, SOMETIMES WEEKLY FOR MEDICAL CARE THAT HAS NOTHING TO DO WITH SEEING THE PHYSICIAN, I WILL SEE THAT INFORMATION LATER, BUT

MISTAKES ARE OR MISCOMMUNICATION IN THAT CARE WILL LEAD TO SOME OF THE OUTCOMES THAT WE'VE HEARD ABOUT WITH BLEEDING AND HOSPITAL STAYS. SO EVEN INTERACTIONS THAT SEEM SMALL ARE NOT AND ENSURING WIDE ACCESS TO THE HEALTHCARE SYSTEM WITHOUT LIMITATION WOULD INCLUDE ALL MEMBERS OF OUR HEALTHCARE TEAM TO PREVENT THESE ADVERSE OUTCOMES.

>> THIS IS HUGH BLACKWELL AGAIN. IF I COULD RESPOND TO THAT. I WASN'T TALKING ABOUT LIMITING ACCESS. I'M TALKING ABOUT WHO CONTRIBUTES TO THE POT AND IF A NURSE IS WORKING FOR YOU, THE QUESTION BECOMES WHETHER EVEN IF THEY NEVER LAY EYES ON YOU, IF THEY COME INTO YOUR PRACTICE TO SEE YOUR NURSE OR YOUR THERAPIST, SHOULD WE ASK THE NURSE AND THE THERAPIST TO PAY FOR ACCESS? I'M FINE WITH YOU PAYING FOR ACCESS FOR THE PATIENT TO TALK WITH THE NURSE AND THE THERAPIST, IT'S SIMPLY A QUESTION OF HOW THE BURDEN OF PAYING SHOULD BE DISTRIBUTED. THAT'S THE ONLY POINT I WAS MAKING. I WASN'T TALKING IN ANY SENSE ABOUT LIMITING THE ACCESS FOR THE DIVIDING YOU THAT DON'T NEED ACCESS WHERE YOU'RE NOT TALKING TO THE DOCTOR HERSELF.

>> THIS IS DAVID. ASHLEY? DID YOU WANT TO MAKE A COMMENT? OKAY. THANK YOU. IT'S ALREADY BEEN SAID. TOVAH.

>> THIS IS TOVAH. I WANT TO GO BACK TO MY EARLIER QUESTION BECAUSE I'M NOT SURE I COMMUNICATED ADEQUATELY WHAT I WAS ASKING. IT'S ONE THING TO SET UP A COMMUNICATION ACCESS FUND BUT WE HAVE TO LOOK AT THE POSSIBILITY OTHER GROUPS MAY WANT TO JUMP ON THE BANDWAGON OF APPROPRIATING LICENSING FEES. FOR EXAMPLE, FOREIGN LANGUAGE INTERPRETERS OR TRANSLATORS, THEY ARE COMMUNICATION. WHAT ABOUT PEOPLE WHO SAY I CAN'T AFFORD TRANSPORTATION TO GET TO THE DOCTOR. WHY CAN'T WE HAVE A FUND FOR TRANSPORTATION? THERE MAY BE OTHER GROUPS IN OTHER AREAS THAT MAY WANT TO JUMP ON THE BANDWAGON. THAT DOESN'T INVALIDATE SETTING UP A FUND FOR COMMUNICATION, BUT IT DOES. WE HAVE TO BE ABLE TO THINK ABOUT, WELL, WHAT'S GOING TO THINK ABOUT IF OTHER GROUPS JUMP AND WANT THEIR OWN PIECE OF THE PIE.

>> THIS IS HOWARD. YOU'RE RIGHT. WE NEED TO BE PREPARED FOR THAT. I'VE ALREADY CONSIDERED THAT ISSUE FOR A WHILE NOW, WHICH IS WHY I THINK IT'S IMPORTANT TO DEFINE THE PURPOSE AND THE SCOPE OF THE CAF. SO YOU'RE RIGHT. THAT FOREIGN LANGUAGE INTERPRETERS, TRANSLATORS MIGHT ASK TO HAVE A PART OF THIS AND I THOUGHT-- I HAVEN'T SEEN FOR A WHILE NOW A LOT OF COMPLAINTS BUT WITH LANGUAGE LINE, IT SEEMS TO ADDRESS A LOT OF THOSE ISSUES. I DON'T COMPLETELY KNOW IF IT'S EFFECTIVE OR NOT BUT FROM MY PERSPECTIVE, I HAVEN'T SEEN ANY OUTRAGE OR COMPLAINTS FROM DIFFERENT LANGUAGE MINORITIES BECAUSE LANGUAGE LINE IS REALLY COMPREHENSIVE IN THE TYPES OF LANGUAGES THAT THEY PROVIDE. ONE THING THAT I'VE NOTICED AND IT'S A BIT STRANGE. I LEARNED THIS RECENTLY. SIGN LANGUAGE INTERPRETERS TEND TO HAVE CERTIFICATES, TRAININGS, NATIONAL RECOGNITION BUT A LOT OF FOREIGN LANGUAGE INTERPRETERS DON'T HAVE ANYTHING. SO IN THE COURTS, FOR EXAMPLE, WHEN PEOPLE AREN'T SURE ABOUT WHO IS APPROPRIATELY TRAINED OR CERTIFIED, THEY DO HAVE A SCREENING PROCESS BUT I DON'T EVEN KNOW IF THEY HAVE ONE WITH MEDICAL INTERPRETERS OR TRANSLATORS AND WITH LANGUAGE LINE, I DON'T KNOW WHAT THEIR PROCESS IS, BUT WITH CAF, IN TERMS OF WHAT IT WILL COVER, THE FACT THAT THE HOSPITALS HAVE LANGUAGE LINE, I DOUBT THIS WILL BECOME AN ISSUE WITH CAF, AS LONG AS WE EXPLAIN THE SCOPE FOR TRANSPORTATION AND OTHER THINGS, KEEP IN MIND, DOCTORS, HOSPITALS, THEY ARE NOT RESPONSIBLE TO PROVIDE SERVICES THAT ARE NOT WITHIN THEIR CARE. SO RIGHT NOW WITH THE ADA, THE REHAB ACT, THAT DOESN'T COVER PROVIDING

TRANSPORTATION. SO THAT'S WHERE I THINK WE CAN SET A BOUNDARY OF WHAT IS AN OBLIGATION. WHAT OBLIGATION ARE THEY NOT ABLE TO MEET RIGHT NOW, WHICH IS COMMUNICATION FOR PEOPLE WITH DISABILITIES, SO WE CAN SET THE PARAMETERS LIKE THAT AND YOU'RE RIGHT. WE SHOULD BE MINDFUL OF THAT, BUT I THINK WE CAN CLEARLY AND CLEANLY SEPARATE IT. THIS IS HOWARD. I WANT TO MAKE A FINAL COMMENT. WITH THIS INFORMATION I WANTED TO BRING IT TO YOU BECAUSE I REALLY SEE THIS AS A POSSIBLE SOLUTION TO ALL OF OUR PROBLEMS, FOR ALL OF US. DEAF AND HARD OF HEARING COMMUNITIES, DEAF-BLIND COMMUNITIES AND SERVICE PROVIDERS. WE ALL WANT THE SAME THING. GOOD, QUALITY HEALTHCARE FOR A GROUP THAT'S TRADITIONALLY UNDERSERVED. SO HOPEFULLY WE CAN COME TOGETHER. FIND A SOLUTION AND IF NOT THIS, THAT'S FINE. I'M OPEN TO NEW IDEAS BUT THIS IS MY BEST IDEA SO FAR. AFTER 27 YEARS OF LITIGATION AND LAWSUITS FOR THE HOSPITALS AND DOCTORS' OFFICES, I'M A LITTLE BIT TIRED OF SUING. SO I'M TRYING TO THINK OF A DIFFERENT SOLUTION.

>> DAVID IS SAYING JAN.

>> THIS IS JAN. I'D LIKE TO GIVE YOU SOME CONTEXT. I'M A MEMBER OF THE NATIONAL ASSOCIATION OF STATE AGENCIES FOR THE DEAF AND HARD OF HEARING. AND IT'S NOT LIKE SERVICES FOR THE BLIND. WE DON'T GET FUNDING OR HAVE STRUCTURE OR REQUIREMENTS THAT COME FROM A FEDERAL LEVEL. WE ARE VERY BOTTOM-UP. AND A LOT OF THAT DEPENDS ON A MIXTURE OF LUCK, THE RIGHT CONNECTIONS, THE RIGHT GROUP OF PEOPLE TAKING THE RIGHT ACTION AT THE RIGHT TIME TO SET UP A PROGRAM AND SET UP SERVICES. IN NORTH CAROLINA , IT IS A VERY GOOD SHAPE COMPARED TO SO MANY STATES AND THAT ASSOCIATION THAT I JUST MENTIONED, NASDHH, THERE ARE ONLY 39 MEMBERS, 39 STATES BECAUSE NOT ALL STATES HAVE A STATE AGENCY SERVICES WHO SERVE THE DEAF AND HARD OF HEARING POPULATION AND STILL WE ARE STRUGGLING HERE IN NORTH CAROLINA. SO IMAGINE HOW BAD IT IS OUT THERE. THEY'RE AWARE OF THIS. THEY'RE WATCHING US. THIS HAS NEVER BEEN ADDRESSED AND DISCUSSED ON THIS LEVEL. AND I AM-- I'M HOPING THAT WE WILL ALL COME TOGETHER AND WE WILL WORK HARD, WORK TOGETHER AND STICK WITH IT UNTIL WE HAVE A SOLUTION THAT FIXES THE SYSTEM. THANK YOU.
[APPLAUSE]

MARK, DID YOU WANT TO ADD ANYTHING?

>> THIS IS MARK BENTON. JUST SORT OF ADDING ONTO WHAT JAN AND OTHERS HAVE SAID THAT, YOU KNOW, HOPEFULLY THIS WILL BE VIEWED IN SORT OF A STAGED APPROACH. THERE ARE THINGS THAT WE NEED TO DO TO ADDRESS SERVICES PROVIDED IN THE HEALTHCARE SETTING OR IN A LEGAL SETTING BUT I WANT TO GO BACK TO SORT OF REMIND THE GROUP OF A POINT THAT DR. NUTT MADE THAT THIS SHOULD BE BIGGER THAN JUST HEALTHCARE AND LEGAL SERVICES. ONE OF MY COLLEAGUES WHO WAS HERE EARLIER, ERIKA FERGUSON IS LOOKING AT OUR HEALTHY OPPORTUNITIES PILOT IN THE DEPARTMENT, AND WHAT THAT HEALTHY OPPORTUNITIES PILOT IS ABOUT IS SORT OF RECOGNIZING THAT SOMEWHERE BETWEEN TWO-THIRDS AND 80% OF YOUR HEALTHCARE COSTS ACTUALLY ARE DRIVEN BY, INFLUENCED BY THINGS NOT AT A DOCTOR'S OFFICE AND NOT IN THE HEALTHCARE SETTING. IT IS, DO YOU HAVE ACCESS TO NUTRITIOUS FOOD? A SIGNIFICANT AMOUNT OF NUTRITIOUS FOOD? DO YOU LIVE IN SAFE HOUSING? ARE YOU IN A SITUATION WHERE YOU ARE FREE FROM INTERPERSONAL VIOLENCE? ARE YOU ABLE TO WORK AND HAVE ACCESS TO TRANSPORTATION? AND SO HOPEFULLY, THIS WILL BE A STAGED APPROACH THAT CAN BE SOMETHING THAT WE CAN BUILD A MUCH BROADER AND RICHER PLATFORM GOING FORWARD.

>> THIS IS BETH HORNER WITH THE STATE HEALTH PLAN. I KIND OF WANTED TO TAP INTO THAT BECAUSE I LIKE THE IDEA OF THE FUND BUT I LIKE THE IDEA OF BEING ABLE TO ELEVATE THE DISCUSSION AND THE OPPORTUNITY BECAUSE NOT SPEAKING FROM THE STATE HEALTH PLAN BUT SPEAKING IN ALMOST 14 YEARS IN STATE GOVERNMENT, THE CORE SERVICES OF STATE GOVERNMENT THAT SERVE THE POPULATION DON'T KNOW THE SERVICES THAT ARE AVAILABLE TO THIS POPULATION. JUST RECENTLY DURING AN OPEN ENROLLMENT PERIOD WE HAD SOMEONE CALL AND NEED SOMETHING IN BRAILLE. YOU KNOW, MY TEAM DIDN'T HAVE A RESOURCE AND WHEN WE GOT IT, IT SAID IT WOULD BE THREE WEEKS. WELL, OPEN ENROLLMENT WOULD HAVE BEEN OVER BY THEN. WE WERE ABLE TO ASSIST THAT INDIVIDUAL IN ANOTHER WAY, BUT I STRUGGLE AND I THINK OTHER STATE AGENCIES STRUGGLE WITH FIGURING OUT WHAT SERVICES ARE OUT THERE. SO I FEEL LIKE WHATEVER WE DO AND HOWEVER WE'RE ABLE TO ELEVATE THE OPPORTUNITIES THAT ARE OUT THERE FOR OTHER CORE FUNCTIONS OF GOVERNMENT OUTSIDE OF HEALTHCARE WOULD BE AMAZING.

>> THIS IS DAVID. THANK YOU. ANYBODY ELSE? ANYBODY WHO IS JOINING US BY PHONE THAT WOULD LIKE TO MAKE ANY COMMENTS?

>> THIS IS JOHNNY SEXTON SPEAKING. AFTER FOUR DECADES OF BEING A PROFESSIONAL PRIMARILY IN THIS STATE, I'VE SEEN A LOT OF CHANGE. I'VE SEEN A LOT OF UPGRADES, TRANSITIONS AND LICENSURE AND LEGISLATION. I BELIEVE THAT OUR GOAL SHOULD BE TO ESTABLISH THIS COMMUNICATION ACCESS FUND IN OUR STATE AND LET US BE THE FIRST TO DO THAT. I ALSO BELIEVE THAT THE COST OF DOING THIS SHOULD BE SPREAD AMONGST ALL PROFESSIONALS WHO SERVE THE POPULATION WHO ARE DEAF AND HARD OF HEARING . THAT WAY, EVERYONE HAS EQUAL ACCESS. THAT'S WHAT WE'RE TRYING TO ACHIEVE IS EQUAL ACCESS. I WORKED IN LICENSURE BOARDS AND PROFESSIONAL ASSOCIATIONS, THOSE ARE THE GROUPS THAT WE NEED TO RALLY TO MAKE SURE THAT THIS CAN HAPPEN AND MOVE FORWARD. I CANNOT IMAGINE THERE BEING MUCH RESISTANCE TO THAT GIVEN THE TOPIC THAT WE'RE DISCUSSING. SO I WOULD JUST PUSH US FORWARD TO WORK ON THESE DETAILS. I THINK WE KNOW WHAT WE WANT TO DO AND SO LET'S JUST MOVE FORWARD. WE HAVE LEGISLATORS INVOLVED IN THIS PROCESS
IN THIS STATE, IT WILL TAKE LEGISLATION TO IMPACT LICENSURE FEES AND AGAIN, IF WE RALLY WITH OUR PROFESSIONAL ASSOCIATION REPRESENTATIVES HERE, THOSE ARE THE PEOPLE THAT WILL GAIN SUPPORT-- THAT WE'LL GAIN SUPPORT AND MANY OF THESE ASSOCIATIONS HAVE THEIR OWN LOBBYISTS.
IT CAN BE A COLLECTIVE EFFORT. I'VE SEEN IT WORK BEFORE AND I HOPE I SEE IT WORK AGAIN. AS FAR AS THE CREDENTIALING OF INTERPRETERS, I WOULD LOVE TO SEE THAT BE UNIVERSAL AND THERE BE A MINIMUM STANDARD.
AS FAR AS TIERING IT, IT WORRIES ME THAT WE GO DOWN TO AN ASSISTIVE LEVEL. I CANNOT IMAGINE AN ASSISTANT-LEVEL PERSON COMMUNICATING FOR MY MOTHER WHO MIGHT NEED THAT ACCESS. THOSE ARE MY COMMENTS IN CLOSING. THANK YOU.

>> THANK YOU, JOHNNY.

>> THIS IS DAVID, THANK YOU. YES.

>> THIS IS BETH HATHAWAY WITH NCTOA. THANK YOU FOR MENTIONING THE PROFESSIONAL ORGANIZATIONS. WE DO HAVE LOBBYISTS WHO WE PAY NICELY TO REPRESENT OUR INTERESTS AND WORK TOGETHER. I ALSO WANTED TO SPEAK TO REPRESENTATIVE BLACKWELL'S COMMENT ABOUT THE NEED FOR DATA. HAVING WORKED WITH DHHS AND MY LOBBYISTS AND LEGISLATORS WITH MY

LOBBYISTS, THAT'S ONE OF THE FIRST THINGS THEY ASK FOR AND THAT WE NEED TO FIND A WAY TO PROVIDE. I THINK THAT WAS A GOOD POINT AND I DON'T WANT THAT TO GET LOST THAT AS A GROUP, WE'RE GOING TO HAVE TO ADDRESS HOW TO GET THE DATA THAT THEY'RE GOING TO NEED TO MAKE THE CHANGE.

>> THIS IS DAVID. YES, QUESTION IN THE BACK. THEN I'LL GET TO YOU.

>> SO AS WELL AS THE DATA, IF THERE WERE EVER A WAY TO GET EACH LOBBYIST AND SOMEONE FROM THE ASSOCIATION LEGISLATORS TO WALK THROUGH THE DIFFERENT, DIFFERENT WORLD EXPERIENCE BEFORE ANY OF THIS IS REALLY PRESENTED SO THAT THEY COULD EXPERIENCE WHAT MANY OF US EXPERIENCED AT THE LAST MEETING. THAT WAS JUST VERY POWERFUL, AND I HOPE THAT THERE WILL BE A WAY THAT SOME OF THE FOLKS THAT WILL MAKE THESE DECISIONS MIGHT BE ABLE TO HAVE THAT EXPERIENCE.

>> DAVID, YES. SHE WANTED TO FOLLOW-UP. IS THAT OKAY?

>> YES, GO AHEAD

>> THIS IS BETH HATHAWAY AGAIN. IF WE CAN GET LOBBYISTS FROM THE DIFFERENT ASSOCIATIONS JUST TO WORK TOGETHER, PERIOD, ON ISSUES THAT IMPACT ALL OF US, ACROSS ALL DISCIPLINES THAT WOULD BE AMAZING. I WOULD LOVE TO SEE THAT. WE

>> WE HAVE ANOTHER COMMENT. THIS IS DAVID.

>> THIS IS SHELLEY. I'M ACTUALLY REVISITING A COMMENT FROM CRYSTAL MUCH EARLIER IN THE DAY. I DON'T WANT TO SORT OF TOTALLY DISMISS THE THOUGHT THAT WAS MENTIONED EARLIER ABOUT HAVING INSURANCES CRAWT OR MATCH OR PARTICIPATE IN SOME WAY IN THIS BIGGER PLAN BECAUSE, OF COURSE, OUR PRIMARY GOAL HERE IS THE BENEFIT OF INDIVIDUALS WHO ARE DEAF AND HARD OF HEARING AND DEAF-BLIND, BUT THE GROUP THAT WILL BENEFIT MOST FROM THIS AFTER THEM IS THE INSURANCES BECAUSE PRESUMABLY THIS WILL RESULT LOWER OVERALL HEALTH SPENDING BASED ON THE NUMBERS THAT WE SAW AT OUR LAST MEETING SO IF WE CAN REALLY HAVE THIS DATA THAT WE'RE SEEKING AND MAKE THIS ARGUMENT PROPERLY, I THINK WE MAY BE ABLE TO GET THE LEGISLATION ONBOARD TO MANDATE SOME LEVEL OF MATCHING FROM THOSE THIRD-PARTY PAYERS.

>> (INAUDIBLE) THIRD-PARTY PAYER
[LAUGHTER]

>> THIS IS MELISSA. I TOTALLY THINK THIS IS GREAT BECAUSE WE'RE BRAINSTORMING. ONE THING I WANT FOLKS TO KNOW, TOO, WE AS INSURERS ARE SUBJECT TO MUCH OF THE SAME REQUIREMENTS THAT PROVIDERS ARE AND HOSPITALS ARE. SO WE HAVE ACCOMMODATION REQUIREMENTS AND WHEN WE GET REQUESTS WE HAVE TO DO THE SAME THING. THE DIFFERENCES ARE WE DON'T NECESSARILY ALWAYS HAVE OUR MEMBERS COMING IN-- INTO OUR OFFICES. THEY'LL BE CALLING ON THE PHONE. SO WE HAVE TO ACCOMMODATE ACCORDINGLY, OR AS WE MOVE INTO MORE OF THAT RETAIL AND SOME OF THE DIFFERENT CARE DELIVERY MODELS THAT WE ARE DOING WITH OUR BUSINESS, WE'RE ALSO HAVING TO ADDRESS IT, TOO. SO I DIDN'T WANT IT TO BE LOOKED OVER THAT WE DON'T ALREADY NOT HAVE A REQUIREMENT IN THAT REGARD AND OF COURSE, DEPENDING ON

THE PRODUCTS AND LINES OF BUSINESS YOU'RE IN, MEDICARE, MEDICAID, THERE'S ALSO PLACES WHERE WE'RE ALREADY CONTRIBUTING AND/OR PAYING AND IT'S ALLOWED.

>> THIS IS DAVID. WE HAVE A COMMENT OVER THERE. CRYSTAL BOWE

>> YEAH. HI. I HAVE A COMMENT. I'D LIKE TO HAVE. I TRIED TO MAKE MY COMMENT THROUGH THE CHAT FORM ONLINE BUT IT WASN'T WORKING. SO FIRST OF ALL, HELLO, AGAIN TO EVERYONE AND I WANTED TO THANK YOU FOR PROVIDING THIS MODEL SO THAT WE CAN TALK ABOUT THIS FURTHER DEVELOPMENT. I THINK THIS IS A REALLY GOOD PLACE FOR US TO HAVE FUTURE CONVERSATIONS ABOUT THINGS THAT WE'RE GOING TO DO IN NORTH CAROLINA AND SO THIS IS ABOUT HEALTHCARE DISPARITY AND WE NEED TO RECOGNIZE THAT IT DOESN'T MATTER WITHIN THE DEAF COMMUNITY OR NOT, THERE IS HEALTHCARE DISPARITY HAPPENING. PEOPLE WHO LIVE IN RURAL COMMUNITIES, PEOPLE OF COLOR, PEOPLE WHO ARE LIVING UNDER THE POVERTY LINE DO NOT HAVE THE SAME ACCESS TO HEALTH FACILITIES, INTERPRETING SERVICES. IF WE ARE TO REALLY AFFECT CHANGE AND ENCOURAGE THIS PATH FOR PEOPLE OF COLOR, OFTENTIMES, THE COMMENT WAS PEOPLE DO NOT UNDERSTAND THAT, PEOPLE WHO DO NOT UNDERSTAND LANGUAGE VARIATION, AND THAT'S ONE, YOU KNOW, THAT'S A PROGRAM THAT'S NOT GOING TO WORK. WE NEED TO REMEMBER TO BE FLEXIBLE ESPECIALLY WHEN IT COMES TO INTERPRETING SERVICES. ONE SIZE FITS ALL IS NOT GOING TO WORK. SO WHEN WE'RE LOOKING AT HEALTHCARE, WE NEED TO LOOK AT DISPARITY WITHIN THE DEAF COMMUNITY AND FIGURE OUT A WAY THAT'S NOT JUST ONE SYSTEM BUT A SYSTEM THAT'S GOING TO REALLY ADDRESS THE DISPARITY THAT PEOPLE WHO LIVE IN THE DEAF COMMUNITY OR RURAL AREAS OR PEOPLE OF COLOR OR PEOPLE WHO ARE LIVING UNDER THE POVERTY LINE ARE EXPERIENCING. SO WHEN WE PROVIDE SERVICES THAT WE ARE MAKING SURE WE ARE PROVIDING SERVICES THAT ARE MEETING PEOPLE WHERE THEY ARE AND CONNECTING WITH PEOPLE AND THEIR PREFERENCES . INTERPRETERS ALL HAVE DIFFERENT STYLES AND THAT'S SOMETHING WE NEED TO THINK ABOUT AS WELL AND SO I'M HAPPY THAT WE'RE HAVING THIS CONVERSATION AND BUT IT IS SOMETHING THAT I HAVE COME ACROSS MYSELF, THE HEALTHCARE DISPARITY AND I THINK THAT IF WE'RE GOING TO MAKE THIS SUCCESSFUL, WE NEED TO REMEMBER THAT THE DEAF COMMUNITY IS NOT A ONE SIZE FITS ALL.

>> THIS IS DAVID. THANK YOU, PAM.

>> THIS IS CRYSTAL BOWE. SO WE WERE TALKING ABOUT GETTING BUY-IN FROM PARTICULAR GROUPS AND COMBINING LOBBYISTS TO CREATE POWER TO MAKE THIS FUND POSSIBLE AND EVEN POLITICALLY SUSTAINABLE, I REALLY THINK GETTING THE BUY-IN OF THE THIRD-PARTY PAYERS IN THE STATE, GETTING A WAY IN WHICH THEY CAN ALSO CONTRIBUTE TO THE FUND BUT ALSO GETTING THEIR LOBBYISTS ONBOARD BECAUSE THEY DO HAVE A LOT OF POWER IN THE STATE AND IF WE GET PROVIDERS AND PROFESSIONALS FROM A VARIETY OF ORGANIZATIONS ON THE SAME PAGE WITH THIRD-PARTY PAYERS AND WE'RE ALL WILLING TO WORK TOGETHER FOR OUR GOAL, THERE'S NOTHING WE COULDN'T DO.

>> THIS IS DAVID. I'M GOING TO GO TO ASHLEY.

>> HELLO, EVERYONE. THIS IS ASHLEY. WHEN I HEAR THE WORD HEALTHCARE, I ALSO THINK ABOUT WELLNESS, TOO. AND SO I THINK ABOUT THE DEAF-BLIND COMMUNITY ESPECIALLY WITH THAT. THEY TEND TO BE ISOLATED. OFTENTIMES DEAF-BLIND PEOPLE ARE STUCK AT HOME. THEY DON'T HAVE ACCESS TO WELLNESS CENTERS. THEY DON'T HAVE A TRANSPORTATION TO GET TO A FITNESS CENTER.

THEY DON'T HAVE TRANSPORTATION TO GET TO THE GROCERY STORE. NUTRITIOUS FOOD IS AN ISSUE. THERE'S SO MANY ISSUES THAT DO HAVE AN IMPACT ON THEIR HEALTH. I'M HOPING WHATEVER WE DISCUSS AS WE MOVE FORWARD WILL ALSO THINK ABOUT THOSE DEAF-BLIND PEOPLE AND THEIR LIMITED ACCESS TO BE ABLE TO ACCESS CARE IN ALL OF THESE DIFFERENT REALMS.

>> THANK YOU, ASHLEY. TOVAH, YOU ARE GOING TO BE THE LAST ONE AND THEN WE'RE GOING TO CLOSE.

>> JUST OCCURRED TO ME TO WONDER IF THERE ARE OTHER PSYCHOLOGISTS AND SOCIAL WORKERS AND MENTAL HEALTH PROFESSIONALS HERE BESIDE ME ? OKAY. BECAUSE-- OKAY. YEAH. YEAH.

>> WE DO HAVE A COUPLE.

>> BECAUSE I AM CONCERNED THAT ONE OF THE TRENDS IN MEDICAL CARE, HEALTHCARE IS ENTRY KATEIVE MEDICAL CARE WHICH MEANS YOU ARE GOING TO HAVE DIFFERENT PROFESSIONS ALL WORKING IN THE SAME OFFICE, YOU KNOW, LIKE A ONE-STOP SHOP TYPE OF FUND TYPE OF OFFICE AND I WANT TO MAKE SURE THAT WE HAVE ADEQUATE PRESENT REPRESENTATION FOR MENTAL HEALTH AND OTHER RELATED ALLY HEALTHCARE BECAUSE THESE PEOPLE NEED TO BE ONBOARD AS WELL IN TERMS OF AND IN TERMS OF PROVIDING SEAMLESS CARE.

>> THIS IS DAVID. THANK YOU, TOVAH. I THINK WE'RE GETTING CLOSE TO THE TIME. AND TIME HAS REALLY RUN OUT. WE HAD SUCH A LIVELY DISCUSSION. THANK YOU FOR ALL THAT. I WANT TO THANK FOR ALL OF THE PRESENTERS, HOWARD, FOR COMING HERE AND SHARING YOUR EXPERTISE WITH US. REALLY APPRECIATE IT. DONNA, THANK YOU FOR YOUR PRESENTATION. LEE, ALSO, I WANTED TO THANK YOU FOR YOUR PRESENTATION. WE'VE HAD A LOT OF GOOD INFORMATION FOR THE DAY. SOMETHING TO THINK ABOUT FOR THE NEXT MEETING SO WITH THAT SAID, I'M GOING TO TURN IT OVER TO ADAM OR ROB. WOULD YOU LIKE TO MAKE ANY FINAL COMMENTS.

>> I WANT TO THINK EVERYBODY FOR SPENDING THEIR DAY WITH US AND I THINK IT WAS INCREDIBLY PRODUCTIVE DISCUSSION. I THINK WE HAVE SOME HOMEWORK TO UNDERSTAND A LITTLE BIT MORE ABOUT WHAT KIND OF LICENSEES WE HAVE IN NORTH CAROLINA, HOW MANY, WHO IS USING OUR INTERPRETER SERVICES AND FOR WHAT PURPOSES AND WE WILL TRY TO BRING THAT INFORMATION BACK TO YOU AT THE NEXT MEETING FOR IDEAS ON HOW WE MIGHT MOVE THIS FORWARD IN NORTH CAROLINA. ROB, DO YOU HAVE CLOSING INSTRUCTIONS?

>> HI THIS IS ROB. I WANT TO REMIND EVERYONE, IF YOU DID NOT GET A BINDER, IF THIS IS YOUR FIRST TASKFORCE MEETING, WE CAN GET YOU A BINDER. LIVE YOUR NAME THAT YOU HAVE CLIPPED ON AND YOUR TABLE TENT, WE WILL KEEP THOSE. THE NEXT MEETING WILL BE HERE AND I THINK WE WILL DO THE REST OF THE MEETINGS HERE AS WELL. IT SEEMED LIKE WE WERE ABLE TO MAKE IT WORK AND THAT'S GOING TO BE ON MAY 2nd AND THAT'S ALL I HAVE. THANK YOU. .

>> IT'S THE THIRD, ROB
>> THIRD IS A FRIDAY. SORRY.
>> IT'S A FRIDAY.
>> THE THIRD THEN. SORRY ABOUT THAT. MAY THIRD.
>> THANK YOU, EVERYONE. SAFE TRAVELS. THANK YOU FOR THOSE WHO PARTICIPATED ON THE PHONE
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