



North Carolina Institute of Medicine

HEALTH SERVICES FOR INDIVIDUALS WHO ARE DEAF AND HARD OF HEARING TASK FORCE MEETING

THREE SUMMARY

Friday, May 3, 2019

North Carolina Institute of Medicine, Morrisville, NC

10:00 am – 3:00 pm

Attendees

Co-Chairs: David Rosenthal

Task Force Members: Steve Barber, Ashley Benton, Crystal Bowe, Hank Bowers, Eileen Carter, Sam Clark, Shelly Cristobol, Jennifer Gill, Greg Griggs, Beth Hathaway, David Henderson, Beth Horner, Pamela Lloyd-Ogoke, Donna Nicholson, Ronda Owens, Liz Robertson, Lawrence Shockey, Mellissa Speck, Kathie Smith, Leza Wainwright, Tovah Wax, Anna Witter-Merrithew, Marti Wolf, Cornell Wright

Steering Committee: Corye Dunn, Lee Williamson, Jan Withers

Speakers: Kathleen Thomas, Kelle Owens

Guests: Susanne Burley, Tony Davis, Karen Gray, Jeff Mobley Holly Riddle, Candice Tate, Andrew Zavaleta

NCIOM Staff: James Coleman, Rob Kurzydowski, Suchi Tailor, Berkeley Yorkery, Adam Zolotor

[Meeting Agenda Link](#)

Introductions/Meeting Brought to Order

Co-Chair David Rosenthal started the day off with introductions. After introductions, NCIOM Project Director, Rob Kurzydowski gave a recap of meeting 2, went over the timeline for the remaining meetings and a list terms for the Task Force to use when writing recommendations.

[Terms List Link](#)

Communication Access in Health Care Study

Following Mr. Kurzydowski, Dr. Kathleen Thomas presented about communication access among people who are deaf and hard of hearing in NC. Dr. Thomas gave an overview of the challenges faced by deaf ASL users in medical settings and described barriers to quality communication deaf people face in medical settings.

[Thomas Presentation Link](#)



Challenges in Advocating for Communication Access

Following Dr. Thomas presentations, Jan Withers talked to the task force about challenges advocating for communication access. During her presentation, Ms. Withers gave an overview of barriers to successful advocacy, types of barriers to advocacy, and what is done when advocacy fails.

[Withers Presentation Link](#)

Litigation and Legal Advocacy

After Ms. Withers, Corye Dunn talked to the task force about the litigation and Legal advocacy work of Disabilities Rights-NC. During her presentation, Ms. Dunn talked about Disabilities Rights-NC mandate. gave an overview of their work and accomplishments, and the limitations/barriers to accomplishing their work.

[Dunn Presentation Link](#)

Communication Access Fund Questions and Discussion (select)

Following Ms. Dunn's presentation, a discussion session surrounding communication access was held right before and right after lunch. Below are a selection of questions and comments raised during the discussion:

- Medicaid has line item reimbursement for interpreting. Problem is that Medicaid usually reimburses for 15-minutes at a time. Interpreters are generally booked for 2-hour blocks.
- How do the expenses of other ADA compliance issues compare to providing ASL interpreting services?
 - Cannot compare other costs, providing ASL interpreting services is the costliest. Other ADA mandated services are usually a one-time cost.
- What have other states that bill for interpreting services done?
 - Most Medicaid reimbursement for interpreting is spent on language interpreting (Spanish, mandarin etc..). Medicaid reimburse rates for interpreting are set around spoken-language interpreting, which is low compared to the rates that ASL interpreters prefer.
 - Many interpreters choose not to do the medical interpreting because of low reimbursement
- What do most hospital do during emergency situations when interpreting is needed?
 - Usually use VRI
- Potential concern is that usually healthcare systems pay for interpreters, not individual providers
 - If healthcare systems pay for the majority interpreting services, is it fair for providers to pay for communication access fund?
- Potential roadblock to increasing licensure fees: if you increase licensure fee to pay for ASL interpreting services fund, other interests' groups may line up to increase fees.
- For non-emergency appointments it may be beneficial to centralize medical interpreting services, especially in areas where interpreters are readily available.



- Have interpreters available during set days in certain areas
- Need to account for how communication access fund will work in NC managed care system

Qualifications and Availability of Sign Language Interpreters in NC

After the discussion, Lee Williamson talked to the task force about the qualifications and availability of sign language interpreters in NC. During his presentation, he touched upon the differences between spoken language interpreters and sign language interpreting, qualified interpreters for medical settings, requirements for interpreter licensure in NC, the availability of qualified interpreters, where qualified interpreters are located, and pathways to interpreting.

[Williamson Presentation Link](#)

Interpreter Education and Pipeline Challenge

The final presentation of the day was from Kelle Owens. She talked about challenges with training interpreters, healthcare interpreter requirements, different types of assignments for medical interpreting, and potential solutions for challenges in recruiting students to the interpreting field.

[Owens Presentation Link](#)

VRI Guidelines and Closing Thoughts

Before Rob Kurzydowski brought the meeting to a close, he briefly went over the National Association of Deaf's position paper on Video Remote Interpreting, mainly the minimum requirements for video remote interpreting mentioned in the paper.

[VRI Position Paper Link](#)

A full transcript of the meeting can be accessed [here](#).