



# State of New Hampshire

GENERAL COURT

CONCORD

## MEMORANDUM

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**DATE:** November 1, 2019

**TO:** Honorable Chris Sununu, Governor  
Honorable Stephen Shurtleff, Speaker of the House  
Honorable Donna Soucy, President of the Senate  
Honorable Paul Smith, House Clerk  
Honorable Tammy Wright, Senate Clerk  
Michael York, State Librarian

**FROM:** Representative Mark Pearson, Chairman

**SUBJECT:** 2019 Annual Report of the New Hampshire Commission on Deafness and Hearing Loss  
RSA 125-Q (HB 140, Chapter 294:1 Laws of 2007)

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Pursuant to RSA 125-Q (HB 140, Chapter 294:1, Laws of 2007), enclosed please find the 2019 Annual Report of the New Hampshire Commission on Deafness and Hearing Loss.

If you have any questions or comments regarding this report, please do not hesitate to contact me.

I would like to thank those members of the commission who were instrumental in this study. I would also like to acknowledge all those who testified before the commission and assisted the commission in our study.

Enclosures

cc: Members of the commission

## **Annual Report For 2019**

### **The New Hampshire Commission on Deafness and Hearing Loss**

#### **RSA 125-Q (HB 140, Chapter 294:1, Laws of 2007)**

**November 1, 2019**

#### **Commission Charge and Purpose:**

- I. Recommend, where applicable, statutes, rules, policies, and education programs necessary to successfully provide New Hampshire citizens who are deaf or hard of hearing with access to competent interpreters at all levels of local and state government.
- II. Investigate establishing an information and referral service operated by and for persons who are deaf and hard of hearing to promote access of such persons to the community-based health care, educational, employment, and social services that are available to all citizens.
- III. Develop peer counseling, job placement, and advocacy services which would enhance the ability of individuals who are deaf or hard of hearing to contribute to their communities.
- IV. Recommend legislation and identify funding sources by working in collaboration with the following agencies and organizations:
  - (a) The governor's commission on disability.
  - (b) The Disabilities Rights Center.
  - (c) Northeast Deaf and Hard of Hearing Services, Inc.
  - (d) The department of health and human services.
  - (e) The department of safety.
  - (f) The department of corrections.
  - (g) The department of education.
  - (h) The department of justice.
  - (i) Granite State Independent Living.

#### **Commission Membership:**

Representative Mark Pearson, Health and Human Services and Elderly Affairs Committee and Assistant Republican Floor Leader  
Representative Casey Conley, Transportation Committee  
Charles Saia, Governor's Commission on Disability  
Dr. Trinidad Tellez, Department of Health and Human Services  
Jennifer Jones, Esq., Department of Health and Human Services  
Joan Marcoux, Department of Health and Human Services  
Lon Siel, NH Employment Security  
H. Dee Clanton, NH DoE, Bureau of Vocational Rehabilitation  
Joan Holleran, NH DoE, Bureau of Vocational Rehabilitation  
Mary Lane, NH DoE, Bureau of Special Education  
Melissa Kowalewski, NH Administrative Office of the Courts  
Thomas Minch, NH Association of the Deaf  
Jotham Otterson, Member at Large, NH Association of the Deaf  
Ashley Woods, NH Registry of Interpreters for the Deaf

Kristy Stellato, Member representing the public who are deaf, appointed by the Governor  
Rickey Persons, Member representing the public who are hard of hearing, appointed by the Governor  
Victoria Randall, Member representing parents of children who are deaf, appointed by the Governor  
Dawn Pappas, Member representing parents of children who are hard of hearing, appointed by the Governor  
Megan Yapple, NH Attorney General's Office  
NH State Police Captain Jeffrey Ladieu, NH Department of Safety  
Joyce Leeka, Department of Corrections  
Angela Linke, Department of Transportation  
Madeline Ruano, NH Granite State Independent Living  
Susan Wolf-Downes, Northeast Deaf and Hard of Hearing Services  
Julia Freeman-Woolpert, NH Disability Rights Center  
Rachel Finan, NH Academy of Audiology

### **Process and Procedures:**

The commission organized for 2019 on Monday, January 14<sup>th</sup> and elected Representative Mark Pearson as Chairman. The Chairman appointed Lynn Littlefield as commission clerk. She is secretary at the Office of the Deaf & Hard of Hearing, New Hampshire Vocational Rehabilitation, New Hampshire Department of Education.

The commission conducted nine regular meetings throughout the year. Four meetings of the legislation subcommittee were held during the year for the purpose of recommending possible legislation to the Commission as a whole. Several meetings of the "visor card" subcommittee were held to design a card motorists could present to law enforcement officials during traffic stops. The purposes of the meetings was to familiarize the Commission members with the various work being done in the deaf and hard of hearing communities in the state and to suggest possible legislation to be recommended. The minutes are attached with more in-depth information.

### **The Visor Card**

A subcommittee under the leadership of New Hampshire State Police Captain Jeffrey Ladieu designed a visor card for motorists to use during traffic stops. It had been noted that on occasion around the country, law enforcement officials sometimes mistake a motorist's communication difficulties for lack of cooperation or drug impairment. The visor card has the endorsement of every law enforcement group in the state and will be distributed to county sheriffs who will then distribute to each police chief in the county. Additional cards will be given to town halls, audiology offices, hospitals and other facilities with regular contact with deaf and hard of hearing persons. Roll out of the card will be in the last two months of 2019 following a press conference on November 6.

### **Suggested Proposed Legislation:**

Chairman Pearson appointed an ad hoc subcommittee on legislation representing a diversity of needs and interests in the deaf and hard of hearing community. Other members of the Commission and the general public were invited to attend and make suggestions. The subcommittee held four two-hour meetings over the Summer and considered various possible items to be recommended. It was decided that some items could better be handled by rule in the appropriate department and others did not rise to the level of needed legislation.

Four topics were brought forward from the subcommittee. These were addressed at the September meeting of the Commission. Representative Pearson filed as prime sponsor the following four legislative service requests asking for bicameral and bipartisan co-sponsorship. These four LSRs are:

LSR 2020-2097. Title: Relative to regulation of interpreters for the deaf, deaf blind, and hard of hearing. This suggestion was brought to us by the organization which oversees sign language interpreters for the state. They told us the regulations need to be updated and producers put in place to regulate and, if need be, discipline paid, licensed sign language interpreters living and working in New Hampshire and those who live elsewhere but commute to work in New Hampshire.

LSR 2020-2098. Title: Establishing a commission to study the current delivery of services of the deaf and hard of hearing in New Hampshire nursing homes and assisted living facilities, and how such services might be improved. One opinion is that services are not being well delivered by residential facilities in the state. Others assert that services are being delivered well but there are problems the leaders of the facilities are addressing. For example, in a state with virtually full employment, how can a facility meet the specific needs of only one or two residents when specially trained staff members are either in very short supply or the cost of hiring them is beyond the financial resources the facilities have. Additionally, although there are periodic meetings of the executive directors of county nursing homes, private nursing homes and assisted living facilities, more time could be spent sharing information on what one facility found to be workable in addressing problems common to most facilities. The purpose of the commission this bill would establish would be to identify the level of delivery of service or its absence, and to facilitate the sharing of solutions to common problems.

LSR 2020-2099. Title: adding deaf or hard of hearing to the medical conditions that may be indicated on a driver's license or nondriver's identification. In the past medical conditions were listed only as restrictions. That is, if a motorist were stopped by law enforcement and the back of the license indicated "Corrective lenses," a driver not wearing corrective lenses could be subject to disciplinary action. However, recent legislation established the precedent for the listing of medical conditions on the back of a license or identification that simply informed law enforcement. This bill adds deafness and hardness of hearing to the list of conditions. The wording of the bill was offered by the Director of the Division of Motor Vehicles of the New Hampshire Department of Safety.

LSR 2020-2121. Title: Renaming the New Hampshire commission on deafness and hearing loss. The reason for this legislation is simple: the current title speaks to physical conditions, not to people. Research indicated that nearly all states name similar commissions some form of "commission for the deaf and hard of hearing," in other words, a commission that exists to help *people*. An informal poll undertaken by a Commission member indicated broad support for this change.

### **Meetings to be held in 2020.**

During 2020 additional Commission meetings will be held to continue our education on various aspects of work with the deaf and hard of hearing and to listen to presentations about where problems and needs exist with a view to further legislation.

Commission members have been encouraged by the Chairman to be thinking towards the appointment in the Spring of another legislation subcommittee. Members should take notes, ask questions of speakers and suggest future speakers with this in mind.

**Commission on Deafness and Hearing Loss  
November 19, 2018**

**Present:** Rep. Marjorie Porter, Rep. Martin Bove, Lon Siel, Angela Linke, Tommy Minch, H. Dee Clanton, Kristy Stellato, Dr. Trini Tellez, Joan Marcoux, Jeff Ladieu, Rickey Persons, Stephanie Patrick (DRC), Dawn Pappas, Mary Lane, Pamela Lovejoy

**Guests:** Chris Emerson, Lynn Littlefield, ?(student)

**Absent:** Chuck Saia, Madeline Olio-Ruano, Jennifer Jones, Susan Wolf-Downes, Victoria Randall, Megan Yaple, Karen Prive, Holly Rioux, Joyce Leeka (Corrections), John Marasco, Rachel Parkington

**Interpreters:** Lianne Moccia, Laurie Meyer      **CART:** Denise Gracia

1) Rep. Porter started the meeting. She passed around a list of names asking people to indicate if they were appointed or not and if they are appointed but not on the list to add their name.

2) Members reviewed the minutes of the September 10<sup>th</sup> meeting. A motion to accept the minutes was made and seconded. Discussion. Approved.

3) Kristy began her presentation. I attended a LEAD-K conference in California in October that included several workshops and all-day trainings. Two things came out of that conference. Prior to it there was a national team working on LEAD-K. They were there to create a model bill. LEAD-K and AGB are both in support – with minor modifications. The second topic was California bill SB 210, initially passed in 2015. They were looking at early results. (Angela asked for explanation of LEAD-K and AGB; Kristy did: Language Equality and Acquisition for Deaf Kids. Alexander Graham Bell.)

Rep. Porter noted this was a significant event that they were able to meet together, given their history. Dee commented AGB has always been very strongly for oralism and had long been in opposition to sign language. Over the years that was the main controversy and it's gone through several stages about how it can benefit children to be taught both signing and spoken language. Now they have agreed it's beneficial for kids to have both. Kristy noted the AGB website now includes resources for the option of including ASL which is new for them. Also have more resources and options connected with the infant screening program. Mary emphasized all modes of communication need to be considered for the sake of the child, from early supports and services through school age. Kristy said the bill can be revised to be applicable to NH. We don't have a school for the deaf but we can add the options for communication to what teachers of the deaf can do.

Kristy noted early results from SB 210 in California created new position –a consultant to refer children who are diagnosed to programs and to collect data. There's a contact person available to give information and referral on what's available in their department of education; it's on their website. Pam looked up the official title: Special Education Deaf and Hard of Hearing Children, Language Development Milestones. Kristy said the state is supposed to be developing milestones to be on the website so parents can see where their child is in compliance with them. There's also a parental profile section where parents can do a self-survey. They can then present that at an IEP meeting and have a conversation about what needs to be done in the case of each specific student. It does require the state to adopt a specific language assessment tool. One tool, SKI-HI, has been in place for many years. Pam is familiar with it, language development skill (LDS).

Rep. Porter said we currently don't have a list of milestones that parents can use to check off where their child is in language development, right? Dr. Tellez agreed. Kristy said those milestones are based on general milestones and adapted for children that are deaf and hard of hearing. SKI-HI assessment includes expressive, receptive, and spoken language. The DRDP (Desired Results Developmental Profile) scale is for all children across the IFSP and IEP through age five whether they are deaf or hard of hearing. It is based on observations and not a formal assessment. Kristy can send everyone a copy. (She showed a chart of what happened from fall 2015 to spring 2016 in California.) She said SKI-HI requires a three or four-day workshop before one can use the tool. Kansas also has a bill. Their advisory committee wrote a 70-page report describing difficulties they've identified. Further discussion followed. Kristy will email slides as well as links to Kansas bill and DRDP summary.

4) Rep. Porter said the intent is to bring forth DCBR (Deaf Child's Bill of Rights) legislation as the first step towards putting in a LEAD-K bill next year. Some versions include an advisory committee and others have just a statement of rights. If we get that passed we can use it as a basis for LEAD-K. I have until December 3<sup>rd</sup> to get it in as an LSR; I'll only have ten days to sign off on it. Then it will become a bill and can get feedback. If you bring issues to me I can make an amendment while the bill is in committee. Brief discussion on when it was last brought up in NH. Kristy thinks the data from California could be included as supporting documentation.

Tommy said NJ passed DCBR and LEAD-K at the same time but it's not yet to the governor's desk. Maine already has DCBR. Rep. Porter liked the Maine version; I know Kristy was thinking she liked Massachusetts' better. If we ask for an advisory board then we'd need input from this group on who would be on that board. Please email me with any observations/suggestions. I want to be sure it includes the words "communication plan." The teachers of the deaf are very keen on making sure the DCBR includes that. Stephanie asked would the Department of Education support this. Mary didn't know. Rep. Porter has spoken with folks at DHHS; she hasn't heard back from them. Mary did update the commissioner. She said there's a bigger conversation between DoE and HHS about early learning and us all working together. This issue is definitely part of that conversation. We're trying to figure how we can put this all in order to benefit children. We are applying for grants. Clarification - this is not just for deaf and hard of hearing kids although there are concerns for that subpopulation.

5) Rep. Porter asked Mary for an update on new DOE guidelines. Mary said the Office of Special Education Programs in Washington, D.C. and Gallaudet University are releasing the guidelines in each state; hopefully we'll get a few copies. We're hoping there is some support/technical assistance from the Office of Special Education Programs that states can receive with regards to the guidelines; it'll depend on funding. Tommy thinks Gallaudet will continue to be involved and support this. Mary agreed they're a great part of the group. Tremendous!

Rep. Porter said we had talked about records kept on the number of children with autism in the state. Mary said there is a registry supported by a website and some resources. The goal is for parents, families, and schools to know where to get resources. Rep. Porter asked if there was legislation connected with it. Mary will get more information.

6) Rep. Porter said I'm sorry those two groups didn't get to meet: for the visor card and for the notification of requirement to provide interpreters and letting communities know that. I'd like to set up a meeting in January for those two groups. Decision was to wait until the beginning of January to schedule those.

7) Rep. Porter said according to our RSA 125-Q the Department of Education and the Department of Health & Human Services are supposed to share the cost of interpreters for these meetings. I know we brought it up before. Was there any discussion at DHHS? Dr. Tellez said no. This is the responsibility of all agencies to do and that's where we should push, getting everything fixed rather than just seeing if we can continue to make exceptions, whether it is DOE or DHHS that pays. I'd like to say I'm sure we can do that; I'd have to double-check with the commissioner. He may say why not just fix the whole thing. Rep. Porter asked Dee do you have a record of what the cost is to provide the interpreters for this meeting. Lynn thinks she can get cost information from the VR business office. Dr. Tellez said there needs to be recognition that every place of public accommodation needs to provide communication access. Rep. Porter said in order to have that happen need to have money allotted somewhere to pay interpreters and CART. Need to figure out amounts, possibly an overarching contract.

Stephanie said according to the ADA you can't use your lack of procedure as an excuse to not accommodate people with disabilities, to provide access. You need to accommodate them and then figure it out how to pay for it. It's not typically a valid excuse to deny people in an ongoing way their right to interpreters. Rep. Bove said we need something already existing to take responsibility. For here you would go to chief of staff. If people don't know who to go to, don't understand the cost of doing it, the first thing that pops into mind is who is going to pay for it. Rep. Porter will push forward with a bill to require interpreters be provided, given enough advance notice, when constituents want to speak with their representatives at the State House complex. Rep. Bove thinks this is exactly what needs to be done and this is the first place to be done, here at the legislature where they are supposed to understand and follow the law. If it gets done here first then maybe it will be pushed out to the agencies.

Kristy said NAD recommends and many states have a communication access fund that serves all state agencies to make sure communication access is provided. We could have a study committee addressing that, say include ADA coordinators from different agencies, get input from state agencies, and explore what the best approach is for NH. Rep. Porter said right now if you want to come to a hearing and you request interpreters they are provided. Where they are not provided is say if you want to come listen to a session of the full legislature or you want to have a conversation with me or some other legislator. Stephanie can take it back to staff at DRC. Maybe we can get an advisory letter put together from either or both of us to make it clear that it's not optional; you have to provide accommodations. Rep. Porter said the reaction from the chief of staff to my request for an interpreter to meet with a deaf constituent as if I was requesting a ridiculous thing - I was shocked; that shouldn't be the response. I asked the research department to see what other states did in similar situation. They got back to me that NH does what other states do: for a hearing if request is made enough ahead of time the access is provided, but if not in a timely enough manner, it is not.

Kristy said another way to address this might be when you have public announcements about meetings to list ADA coordinator who should be up to speed on how accommodations would happen. Dr. Tellez wondered do all agencies have an ADA coordinator. Rep. Bove suggested having Joyce Phinney present to legislators on what to

do when interpreter is needed; I don't remember getting any information about that in my orientation. Rep. Porter agreed it's not something people think about. Dee asked is there any training on how to deal with persons with disabilities. The Governor's Commission on Disability could do that. Rep. Porter noted that's never been a topic. Rep. Bove said that kind of thing is coordinated through chief of staff, the speaker of the house office, and the clerk's office. Dr. Tellez said not just constituents but staff or legislators; any categories of people are supposed to get accommodations. Joan Marcoux said if CART was always provided it could allow many to have access including oral deaf, late-deafened, hard of hearing, and some who are learning English as a second language.

8) Rep. Porter asked for ideas for a presenter for our next meeting (January). Tommy could present on services for deaf and hard of hearing senior citizens. He will make connections with people at his workplace about that. Dee said in February we might consider someone from VR to discuss Order of Selection. Dr. Tellez asked would folks here be interested in knowing why VR was required to go into Order of Selection. It seems like now they have to prioritize people. Dee said it was determined in May by the Department of Education: we have to serve people with the most significant disabilities first, then significantly disabled, and then less disabled. I think we have about 1,000 people on the waiting list now; we're working hard to move people off the list. The expectation is to be off OoS within two years. When people are successfully employed, then people move off the waiting list in brackets. It's first come first served. Also, we could bring in a Chamber of Commerce representative to talk about what's going on in business these days. We could also talk about access with them. Rickey read a couple articles in NH Business Review on job seekers with disabilities. You can read it online and might want to invite one of the authors of those articles.

9) Dr. Tellez noted she had sent an announcement to members about the state plan on aging listening sessions that have already started and there's also an online survey. Joan said the listening sessions are a great opportunity for deaf and hard of hearing to attend and advocate for what they miss out on in terms of services they may not get – to really educate the department, the bureau, this is what is going to be needed. Dr. Tellez said people can also complete Survey Monkey. Joan said it's not limited to those 70 and over, can go if you are 50 or over. Dr. Tellez clarified it's the State Plan on Aging that's being written.

Rep. Porter asked about upcoming events, other than Thanksgiving. Stephanie said the DRC will have its 40<sup>th</sup> anniversary party on November 29<sup>th</sup> from 5:30-8:00 p.m. at the Grappone Center in Concord. Please RSVP.

10) Regarding the interpreter tuition legislation, RSA200-M previously discussed, it's still on the books although Section 4 was repealed with a catch all bill in 2018 relative to dedicated funds with no activity in the financial system for at least the most recent fiscal year. It also changed the name from Department of Education Division of Higher Education to Division of Program Support and Higher Education.

Angela said on the breakdown assistance DoT has on highways 93 and 95, as you know you can't text but can only call the number. Adding 911 on the signs could cause so many calls that 911 would have a meltdown. We can add the information on the DoT website or come up with a brochure that would explain the service and indicate if they do have a breakdown on the highway to text 911. Brochures could be placed at rest areas and also have a link on websites of different organizations/agencies that work with deaf and hard of hearing such as NHAD, NDHHS, etc. Dr. Tellez said maybe do a video, too. Pam suggested a V-Log, a video blog, have it in sign and also have captioning. Angela could use some help with that. Discussion followed.

Meeting adjourned 3:28

**Commission on Deafness and Hearing Loss**  
**January 14, 2019**

**Present:** Rep. Marjorie Porter, Angela Linke, Tommy Minch, H. Dee Clanton, Kristy Stellato, Dr. Trini Tellez, Joan Marcoux, Jeff Ladieu, Rickey Persons, Chuck Saia, Madeline Olio-Ruano, Jennifer Jones, Susan Wolf-Downes, Ashley Woods, Megan Yapple Stephanie Patrick, Dawn Pappas, Victoria Randall Mary Lane, Pamela Lovejoy

**Guests:** Andrea Kaneb, Anela Kruscica, Chris Emerson, Lynn Littlefield, Kelly (interpreting student)

**Absent:** Jotham Otterson, Karen Prive, Lon Siel, Holly Rioux, Joyce Leeka (Corrections), John Marasco, Rachel Parkington,

**Interpreters:** Lianne Moccia, Maura Fay                      **CART:** Denise Gracia

1) Dee started the meeting as Rep. Porter was running a little late. Good afternoon all. The meeting was called to order at 1:35 p.m.

2) Members reviewed the minutes of November 19<sup>th</sup>. A motion to accept the minutes was made, seconded and approved with noted changes. Rep. Porter arrived.

3) Tommy Minch works as Outreach Coordinator at New England Home for the Deaf (NHED) in Danvers, Massachusetts. He showed a short video detailing the history and programs/services available. It was originally established in 1901 and was the first nursing home for the deaf in the US. NEHD is the only nursing home that specializes in services for only deaf, hard of hearing, and deaf-blind. It was first in Boston then moved to Alston and finally to the present location in Danvers. The new home opened in 2004 with 60 beds and in 2009 added 24 more increasing capacity to 81 residents. We see increasing demand and are looking at how to expand. We have three deaf senior citizen centers in Massachusetts which are funded by the Council on Aging: Quincy, Worcester, and Danvers. We're looking to set up a fourth center to serve western Massachusetts. Each center has its own schedule and coordinator that reports to me. I visit each center once a month. We have different presentations on a variety of topics such as Medicare, elder abuse, etc. We have a VP for each resident and also in common areas. We're always trying to upgrade technology to provide better services. The State of Massachusetts is encouraging more seniors to stay at their own homes and receive community services; however that can lead to isolation for deaf, hard of hearing, and deaf-blind. Massachusetts did a study for three years, and did find evidence that people who are deaf or hard of hearing or deaf-blind, especially as they age, are isolated when they live in the community. Their recommendation is that population should be and is more appropriately housed in a facility like NEHD rather than staying at home with home-based services.

We are a non-profit organization and depend on donations, grant funding, private sponsorship, etc. On our board of trustees we currently have three deaf members and hope to recruit more. They are very active and raising a lot of money for the home. Last year received \$300,000 grant from the Cummings Foundation that guarantees \$30,000 a year for ten years. We know that will ensure the stability of the deaf-blind program. We're always looking for grants. We are a Medicare Plan A and B provider. We can bill through some insurance plans and there's a whole lot that goes along with that. We provide a comprehensive system of care. We're also working on building collaborative relationships with other local providers – nursing homes and senior centers. Sometimes individuals need short-term rehab; they can be placed at our facility short-term where they have communication access. We have full-time staff interpreters and part-time deaf interpreters. We also work closely with Maine deaf senior centers. They've asked me to come provide expertise and consultation because people born and raised in Maine don't necessarily want to come to a senior center in Massachusetts away from their connections and family supports. Our collaborative relationships with neighboring states are really important. Thinking of our aging deaf community here in NH we're investigating whether there's an existing facility that could be interested in having a wing for deaf, hard of hearing, and deaf-blind who want to stay in NH. Can we make adjustments to our current services and add to them to accommodate needs? We'd like to have more deaf and hard of hearing senior centers throughout New England, see more collaboration, and see referrals happen among different places. We have many resources and need to figure how to disseminate that information better, increase awareness. We're considering setting up our own interpreter referral service. We contract with local hospitals for our residents when they need to have inpatient care and sometimes going through MCDHH makes the whole referral process more complicated. We were thinking about ways to streamline the need to provide interpreters for our residents who are outsourced to other places. Six months ago we set up a hard of hearing research group. Certainly we focus on deaf and deaf-blind individuals and realize there are many needs we need to address. We'll do a needs assessment to find out where are gaps, how to improve things; we'd like to do that by working across a broad spectrum of communication.



We were listed in US News and World Report's survey for nursing homes; that exposure created more referrals for us in the past several weeks. We have a five-star rating from Medicare and for many years our ratings have been at the top of the scale for nursing home services. We're very proud of that stellar record. Thirteen percent (13%) of our staff are deaf or hard of hearing and that number is growing. All our CNAs and LNAs are required to know ASL, to be fluent. They're required to attend classes once a week. Nurses and nurse managers also need to know ASL, and we require that people go to ASL class twice a week. They get evaluations after a six-month period; if they still need improvement they take classes again for another six weeks. Our nurses and nurse managers are all fluent signers. We have ASL teachers make sure we are up to speed on communication. We have a partnership with Gallaudet so interpreter interns work during the summer for an internship experience in a medical facility. We recently started a partnership at the University of Rochester Medical Center. They have specialty medical students who come for the summer and mentor with our doctors and nurses in the home and get that experience. We're trying to increase awareness all through the deaf schools around New England and talk to students about opportunities they may see in their future if they pursue a career as a healthcare professional. NH has a high percentage of deaf and hard of hearing senior citizens and also deaf-blind that have the added need of tactile interpreters and specialized skills to participate in daily life. My next project is to work with two nursing homes in NH: one through Genesis which has system-wide facilities and the other through Portsmouth Hospital. Dealing with their outpatient departments to make them aware of what the needs are and to let them know they can refer people to our facility for short-term rehab if necessary. I'd like to spread that more in NH. We've seen our numbers going up in the past couple of years so we feel that's a trend in the right direction.

With our very rich and long history we've made a great impact on our community. I flew all over the country last year spreading the word about NEHD, doing outreach, and consulting with interested groups. Our independent living section, Thompson House, has 26 one-bedroom apartments funded by HUD. We have an extremely long waiting list for that facility. There's a lot of focus now on how can we expand our number of independent partners. Perhaps we could find a developer and some property where we might be able to expand. We have short-term rehab and OT/PT services right at the home. People don't have to go out for doctor visits other than surgery or serious medical interventions. They then come back to the home and can have all the rest of their post-surgical treatment here which saves a lot wear and tear on them. In our rest home's first floor 82% are two-bedroom units, and a small percent are singles for deaf-blind because it's important for a deaf-blind person to have space over which they have control and knowledge. We have two aides who work with our deaf-blind residents daily on their routines. Respite care services helps support the home. So if someone is taking care of parents and needs a break, the person being cared for can come and stay for three or four days or a week while the family is away. We have very, very high demand for these services. The second floor is for skilled nursing where we provide a very comprehensive array of services – feeding services, swallowing therapy, PT, OT, all kinds of nursing care. We have 24/7 nursing staff 365 days. We have three shifts and are required to have at least two signing staff members on each shift; we always surpass that. There are often four or five different staff members on each shift that can sign. We have served 482 senior citizens in Massachusetts through our deaf centers, and that number has been growing. We're looking to see how we can expand services in the centers. So that's a pretty good picture of who we are at the New England Home for the Deaf. Questions?

Rep. Porter said one of the things we struggle with in the Hillsborough Nursing Home is attracting and keeping qualified staff. Is your pay scale significantly higher so you are able to keep your good people? Is it about average and people stay because they love the work? Tommy said high turnover in all nursing facilities is very common. We pay a little bit more because of the services we provide. We were able to bill insurance and Medicare and people who pay us more because we provide specialized services. I think our retention rate is 72-73%. Because we have three shifts it allows us to have more staff than required; I think that helps with the work load being divided among more people. We also have weekend staff and the weekend shifts rotate so people feel like they also share the burden of working during the weekend.

Dee asked about the partnership with the University of Rochester for people studying nursing and other internship opportunities. Do they learn sign language before? Tommy said yes, and one student coming is deaf.

Rep. Porter said Belknap County Nursing Home has a difficult time finding qualified people. They now have a program where if a staff member wants to continue their education and become a nurse or CNA, they'll put them through school. Once they get their certificate I believe they have to stay at the home for a couple years. Tommy said we do offer some incentive for people to go to school; we pay a small percentage. We are a non-profit organization so there's a limit on the budget. We certainly want to encourage people to advance their education and skills. I think it helps because people stay and develop their skills; they are also developing a relationship with the home and the residents. They seem to be motivated - have more investment and energy for the job.

? on future plans for partnerships with NH based universities: nursing program at UNH or interpreting program at UNH. Tommy will add it to his list; clearly that's a great idea.

? on the idea of setting up centers or wing in existing facility in each state where loved one could be near their families. Tommy said we talk about NEHD serving all of New England. To establish a nursing home in each state would require a significant amount of funding and energy. I think it more cost-effective and wise to think about adding to what we have rather than dividing our resources among all six New England states. We've looked into that and understand the cost would be prohibitive, and also would detract from the facility and the numbers we have. We're looking more at expanding and improving services we have.

? on individuals being denied admission to NEHD. Tommy said we have admissions criteria that we have to follow from the Massachusetts Department of Mental Health and the Department of Health and Human Services. There are many variables in every situation and decisions will be complicated.

? on waiting list and is so much promotion out of state preventing NEHD from accepting more from New England. Tommy said we had the home for many, many years and New England became a dry market for us. People would say, I'm not ready to go there, it's not my time. We talked about how we can maintain services and we needed to go outside of New England. Speaking of Medicare and Medicaid, that is certainly an issue. If someone applies and they move here, they have to give up their residence wherever they are originally from and become a resident of the State of Massachusetts so Massachusetts will pay for them. Some people are unwilling to give up their residency so it will force them to be private pay. There are different issues we have to work through. The Medicaid and Medicare systems are very complicated.

? on people being encouraged to stay in their own homes. There's a need to train home health aides on how to serve people that are hard of hearing – assistive technology, maintaining hearing aids, closed captioning on the TV. Tommy said we do work with Elderly Services in the State of Massachusetts - trying to develop some type of program or training program for home health aides to take classes and courses so they are better equipped to work with people in their homes. Dealing with state government bureaucracy is not as easy as we may hope plus a lot of budget cuts which affect everything. We are always trying to stretch the services we have as wide as possible.

? on people being referred and if they were declined, frequently the system itself is a barrier. It mimics the mental health system here in NH. People may be denied for services because they are not willing to give things up or are not able to comply with requirements put in place so that public support can step in. Sometimes they are great candidates and it would be the perfect place for them, but those concepts and the things are really hard, especially in that vulnerable time for those people. NEHD is a great place. If we can get more NH people to see it, to experience the environment then I'd hope they'd be inclined to encourage a center or a wing here in NH.

Comments: If the person is having either a difficult time navigating through the Medicaid system or is ineligible for long-term services - that's for any nursing home. It's not a deaf and hard of hearing isolated issue. It's an issue for people that are hearing as well.

Rep. Porter thanked Tommy for the presentation. Tommy passed out New England Home for the Deaf brochures.

4) Rep. Porter reviewed the list of LSRs (Legislative Service Requests) included with the agenda and minutes. An LSR is the very first draft of a bill that gets worked up with Legislative Services. It is given a number. Only the sponsor knows what the language is until it gets a bill number. Four are bills that Rep. Porter filed as a result of work we have done here. Number 494 to clarify non-taxability of certain telecommunications devices and equipment. I hope Susan Wolf-Downes can share on this when she comes. Number 508 to set up a registry of deaf and hard of hearing kids would be the same as what we already have for autistic kids; it mimics the autism registry language exactly except it's for deaf and hard of hearing. It's a relatively inexpensive way to keep track of kids who are deaf and hard of hearing even if that's not their main IEP code. Number 509 is specifically about the State House and is as a result of me not being able to have an interpreter to meet with Kristy there last year. We might need to have it amended because it says to make the request for an interpreter to the Speaker of the House or the President of the Senate. Kristy asked was it for just on campus. Rep. Porter said yes, the state won't pay for you to meet with me at my house. Number 569 was a result of when Laurie Shaffer presented to the commission regarding the interpreter and CART loan forgiveness program. It was in a group of bills that were never funded that the Ways and Means Committee eliminated last year. I'm still waiting to find out if there is an interest in the state to reestablish some loan forgiveness programs to encourage young people to stay in NH. I want to make sure our critical need gets considered. You come here, get your education, and after so many years a certain percentage of the loan is forgiven and. You have to promise to be in the state for a certain period of time to get the 100%. Dee learned there used to be a CART training program in NH in the 80's and in Massachusetts. Those are no longer but there are programs in Pennsylvania and New York. Rep. Porter said the chances of getting it passed are slim but we need people to be aware of the need. Number 725 is the Deaf Children's Bill of Rights our subcommittee worked on. It will have a hearing; it can be amended. I used the Massachusetts model as a guide for who should be on that advisory council. Let me know of any changes you'd like.

5) Visor Card Group. Jeff Ladieu reported the group met this morning and will meet again next month. The group working on the notification of the requirement to provide interpreters will be in touch via email.

6) Presenters for future meetings. Dee invited two individuals from the Concord Chamber of Commerce to come in February and speak on accessibility to business events, festivals, community-focused events, etc. sponsored by the chamber. Susan Wolf-Downes said NDHHS has been a member for a number of years. We did education with them a long time ago and they do provide interpreting services. Dee said we're hoping they'll come up with a standardized system.

7) Other old and new business. Rep. Porter said Megan Yapple has a new position so will be leaving the group. Also, I have been appointed Assistant Democratic Floor Leader and so this will be my last meeting here as chair. I will come to the next meeting as a bridge. I haven't given up the fight but there will be just so much more work and responsibility that I can't continue as chair. I've learned so much from this group.

Tommy moved, Dee seconded, and members approved the motion to adjourn the meeting at 3:10 p.m..

Next meeting February 11, 2019

**Commission on Deafness and Hearing Loss**  
**February 11, 2019**

**Present:** Rep. Mark Pearson, Angela Linke, H. Dee Clanton, Kristy Stellato, Lon Siel, Dr. Trinidad Tellez, Joan Marcoux, Rickey Persons, Madeline Olio-Ruano, Susan Wolf-Downes, Stephanie Patrick, Dawn Pappas, Mary Lane, Pamela Lovejoy

**Guests:** Anela Kruscica, Chris Emerson, Ryan Donolley (GSIL), Lynn Littlefield, Cara (interpreting student)

**Absent:** Victoria Randall, Ashley Woods, Jennifer Jones, Chuck Saia, Jeff Ladieu, Tommy Minch, Jotham Otterson, Karen Prive, Holly Rioux, Joyce Leeka (Corrections), John Marasco, Rachel Parkington,

**Interpreters:** Lianne Moccia, Maura Fay

**CART:** Denise Gracia

- 1) Dee started the meeting thanking all for coming. He introduced new legislative representative Rep. Mark Pearson. He has a wealth of experience. Our other new representative who is not able to come today is Rep. Casey Conley. The meeting was called to order at 1:35 p.m.
- 2) Dee noted that the chair of the commission must be one of the representatives from the legislature and Rep. Pearson has agreed to accept that responsibility after discussing with Rep. Conley. Members approved him as the new chair.
- 3) Rep. Pearson explained I represent a floterial district in southern Rockingham County including Atkinson, Plaistow, Kingston, and Hampstead. My great grandmother was very deaf so as a very little boy I had to learn to speak slowly, crisply, and face her head-on. I've been an Episcopal Priest for 44 ½ years and currently pastor a church in Kingston. We were designing a new building several years ago and I called around to get input on what to do as we had several elderly deaf people in the church and a then nine-year old deaf child. We designed our building to be then state-of-the-art including a built-in telecoil system and various headsets. We don't yet have anybody to sign but hope to soon. I also now use hearing devices myself after discovering that I had a far worse hearing problem than I thought, but not as bad as my wife told me.
- 4) Rep. Pearson reviewed the bills his committee will be hearing week: #631 – Deaf Children's Bill of Rights and #487 – a registry for deaf, hard of hearing, and deaf-blind. Also, #488 is going to legislative administration requiring interpreters for deaf and hard of hearing who want to meet with their representative. I know you will do a good job testifying before the committees. Once the hearings are over we do a lot of internal discussion before we vote on the bills in committee. Then it goes to the House and next to the Senate. I would like to be as up to speed as possible to advocate in my committee and on the House floor.
- 5) Registry of deaf and hard of hearing #487 is a result of discussions in the commission on not being able to get reliable statistics on children who are deaf and hard of hearing. If deafness isn't the primary disability it doesn't show up in their coding in school. Federal law requires a count of blind kids but nothing is required for the deaf. This will give us information we can use for various programs we can use in the future and legislation. Members added that the EHDI program and IEP do a count but the feeling is the number is much lower than would be expected. Without an accurate count it's very difficult to plan for services to those children when they move from newborn (ESS) to the public school system. A registry is mandated for blind children and those with autism and we can see how that has benefitted those children, their families, and service providers. Also, sometimes the number you give to a federal agency can allow for more funding to come into the state. Much discussion followed including possibly looking at laws we already have such as 521-A, and perhaps amend, and/or add to them to make them more useful. Also, how to better connect deaf and hard of hearing citizens with the E-911 system. Deaf and hard of hearing people can voluntarily register with E-911 so their information will come up on the E-911 screen when they call 911. Rep. Pearson sees some good educational opportunities here that could educate the general public as well as communities such as you can call/contact your local police or fire and say, for example: when you come to my house and my teenager isn't paying attention, it's not just because she's a teenager, she is deaf.
- 6) Deaf Children's Bill of Rights HB 631 includes an advisory council on the education of deaf children. IDEA covers broad a broad definition and various categories of disability. The DCBR wants to make it more specific and expansive around rights for deaf and hard of hearing children and their families. It's important that children who are deaf have access to the communication style that best meets their needs, and for parents to have access to information on choices they have and how the child's education can be designed. When a child transitions, between 2 ½ to 3 from ESS to IEP sometimes a teacher of the deaf is involved and sometimes not; that's a concern that teachers of the deaf aren't always involved with the IEP. Sometimes it's a case of not enough teachers of the deaf or local resistance. It is trying to be addressed both at the state level and then the district level, but that doesn't mean that we can't constantly look at how do we improve your individualized education

program which must be designed to instruct a child in all aspects of life, with regard to universal access to communication. That's a huge endeavor. The DCBR gives fundamental rights and expectations, and you can look to expect those as the school develops your individualized plan. If a student moves from one town to another, if we had a registry we could get information ahead of time which would be really helpful. The Association of SPED Directors has released and published a deaf education guideline; NH has been part of that. Now that we have the guidelines, what can the Office of Special Programs in Washington, D.C. help us with training and implementing this? There's a huge concern around critical shortages of teachers of the deaf, there's a teacher crisis in general. The Department of Education is hoping to get some technical assistance from the Office of Special Programs in Washington to help us with the deaf guidelines. It will look at personnel, early identification, what does your environment need to look like, what the transition will look like. They are specific topics that can be transformed into training modules. But alongside, we need a family component so families understand the issues at the same time.

7) HB 488 requires interpreters for the deaf and hard of hearing on the state house campus. Part of the problem has to do with staff not certain of process and how to go about it. If people want to attend any hearing or meet with a legislator, staff need to be educated on how to get an interpreter or arrange for CART. It was written into the legislation for this commission that DOE and HHS cover the cost but it's a work-around, an exception, and it shouldn't be at all. It should be that any meeting, whether individual or public council or commission meeting has it done through a mechanism that is particular to this building. The issue is more for individual who wants to meet with their representative, and who has to pay. That's the number one problem that we faced last year. There must be a reason the funding was set up that way for DOE and HHS to be co-responsible. When this was set up in 2007 Dee's office was asked to pay because he was always attending. If this bill passes so that communication access is the responsibility of the state, potentially we may need to consider an amendment to the law establishing the commission because it does state how the funding stream works to cover communication access if we do hope to make that the job of the state overall. Rep. Pearson said it does have a fiscal note as anything that involves spending money must have one. After policy committee it goes to finance committee. There are three divisions to finance and division three will deal with health issues. They can kill a bill by saying "...there is no money." I have found that it's good to show them why it's a very wise, important, and fiscally responsible thing to do. Rep. Pearson suggested that as we follow these bills through the first steps, think about the second and third steps; think about legislation for next year. Already the HHS committee has had several bills come before us that were very sincere, very well meant, and responding to true need, but they were terribly written, not adequately researched. Some of the bills just died because of all that. We want to have good bills filed next year we need to start working on them now, do research, have conversations, who has knowledge, who has clout with other representatives so when the bill is testified for in committee we have people across the political spectrum who are respected by different subgroups, they come in and talk, and people will listen. Thinking about what we need to do next year; email me, start a conversation. These bills are wonderful but only have two sponsors; I'd like to have seen the m have the maximum number of House sponsors which is 10, and would like to have seen people of both parties on board. To request interpreter or CART Rep. Pearson said to contact Paul Smith, Clerk of the House, or Terry Pfaff the former chief of staff to the speaker; he is now facilities manager. Notice needs to be provided and understandable, publicly posted so people know how to access communication access. Rep. Pearson will speak to Terry Pfaff because he should know.

Meeting adjourned at 3:10 p.m..

Next meeting March 11, 2019

**Commission on Deafness and Hearing Loss**  
**March 11, 2019**

**Present:** Rep. Mark Pearson, Rep. Casey Conley, Angela Linke, H. Dee Clanton, Kristy Stellato, Lon Siel, Jennifer Jones, Dr. Trinidad Tellez, Joan Marcoux, Susan Wolf-Downes, Stephanie Patrick, Dawn Pappas, Jeff Ladieu, Mary Lane, Pamela Lovejoy

**Guests:** Andrea Kaneb, Anela Kruscica, Chris Emerson, Vanessa Urango, Lynn Littlefield, two other guests (interpreting students?), Eliza Evans???

**Absent:** Victoria Randall, Rickey Persons Ashley Woods, Chuck Saia, Tommy Minch, Madeline Olio-Ruano, Jotham Otterson, Karen Prive, Holly Rioux, Joyce Leeka (Corrections), John Marasco, Rachel Parkington,

**Interpreters:** Laurie Moccia, Maura Fay **CART:** Denise Gracia

Rep. Pearson said since we just received the minutes, please hold until the next meeting.

Rep. Conley introduced himself. I'm from Dover, serving my second term in the House, and very happy to be on this commission. The issue is very important to my family as my dad's brother who had CP and was also deaf lived in our home. I can see how people with effective advocates and supports can live very full, rich lives; and he did. I'm happy to be part of this group and hope to be one of the advocates.

Rep. Pearson requested that members please get agenda items to him about a week ahead of the next meeting as he has to give notice to the scheduling clerk a week in advance and also an agenda. If we don't have an agenda Wednesday before the meeting I won't ask you to drive all the way here for a ten minute meeting; we don't have to meet every month.

**HB 487.** Rep. Pearson introduced audiologist Eliza Evans. Eliza said I'm in my 40<sup>th</sup> year of doing audiology. I'm working with ear, nose, and throat doctors in the Concord area. Rachel Parkington asked me to come in her place. The Academy of Audiology wants to know more about the purpose of the registry (HB 487). What are you trying to achieve? They're worried that adding in hard of hearing is going to be cumbersome to say the least.

Rep. Pearson noted the best bills are those where a lot of work goes in before the bill is actually written. Bills considered in the legislature are often major policy and not about details. Details are done by the rules by the department and can be changed more easily. He passed around two versions listing Academy of Audiology concerns. I don't know if they were addressed to the bill sponsors last summer. If it passes the Senate and becomes law and is passed over to state agency, they will make the rules, in regular, serious, in depth contact with the Academy of Audiology and others. Eliza thinks adding hard of hearing to the bill could be complex. Biggest problem is getting people with actual hearing loss to want to be counted. Many don't get tested; they say there's nothing wrong. Rep. Pearson said the committee thought there are probably people who need services who are not getting them, including students in the schools. We wanted to have each person reported with enough identifiers that over reporting would not be an issue, and to find best way of protecting anonymity as much as possible while getting a count. The bill now goes to the Senate so talk to your senator, make your case. If Senate bill is passed that narrows the scope, then have two versions. It'd go to Committee of Conference; they work on it and come up with one version that would then go back to House and Senate for passage.

Dr. Tellez said within DHHS we have EHDI which has a comprehensive registry for newborns; it allows tracking of individuals. This proposed bill is modeled on Autism registry and the language doesn't allow tracking of individuals. A few years ago we did a survey of agencies to get handle on population of deaf adults. I know this group is very interested in youth; I don't know if have as much clarity above age 3 in the education system and beyond. Dee said the purpose was to have an idea of the size and needs of this population so resources can be identified as available or lacking - to count population and then judge whether their needs are being met.

Rep. Pearson said that's how we heard the bill in committee and many felt it was a good idea. We understand data would be an approximation; some may not be willing to check a box, but at least we'll have a ballpark idea. HHS Committee will address these questions.

Kristy hopes stakeholders will have input when it does get to the rulemaking process. Rep. Conley said concerns reached in this commission and whenever Senate holds public hearing can be addressed to the senators at that time before they take action.

**Interpreter Contact for State House.** Rep. Pearson said some of you here came with interpreters to the hearings at the House. Dee said Rep. Porter made sure to have interpreter requests for those hearings. Not sure who on the Senate side would be responsible for that. Rep. Pearson will speak to the chair of the Senate HHS committee. I will find out who is the actual go-to person and make sure that gets on the website.

**Visor Card and E-911.** Jeff Ladieu explained about the prototype driver visor card to help with communication for first responders on our roadways throughout the state. He showed the sample developed by the subcommittee. Previous discussion looked at options to apply to license, license plates, and visor card. We determined that driver visor card was the quickest and simplest way to make something available. We're waiting for endorsement authorization and means of distribution. It needs to go before the Troopers' Association, Sheriffs' Association, and Chiefs of Police to put their endorsement on this. If I can continue to pursue these various options through some of the associations, the funding avenue may fall into place. We are moving at a conservative speed to get this done correctly and put out there.

Dee explained about option for folks to have a profile with 911 so if emergency responders go to the home they would know from emergency call center that there is a deaf or hard of hearing person in the house. It would depend as not everyone puts in a profile. There was training specific to E-911 maybe 15 years ago; maybe we should update the deaf community on that opportunity to provide correct profile information. I think the visor card is really a great way to inform the officer when they pass it over indicating they have a hearing loss or whatever. Rep. Pearson said maybe there's a need to let people know through media outlets that there is a way to let our E-911 call centers know. Maybe that's another project going forward. The visor card is fantastic.

Kristy thinks you can also register with your local police station and inform them of your needs. Chris and I have been doing some community meetings in about 15 communities to help them learn about each other and get informed. Rep. Conley thinks the visor card looks phenomenal. At the Transportation Committee today we approved the medical condition autism spectrum to be put on license. What exists for deaf? Kristy said two side mirrors are required. Rep. Pearson said having something on person's license is helpful but interaction may begin before the license is gotten out. Dee said if you see on a license it requires two side mirrors you would get subtle message that driver is deaf. Dr. Tellez said question is how to get something good on the license that would meet needs of the community. Dee commented it should be optional and not mandated. Rep. Conley agreed, noting the autism spectrum designation is optional. Also, available space on the license is lacking so information needs to be fewer than 25 characters or a symbol. Chris thinks Kentucky passed legislation so a person can pick what they want on their license: deaf or hard of hearing. He will send it to Rep. Pearson.

Joan agreed it looked like it would take longer time to have something put on license so thought would be quicker to do visor card. I don't want a sticker on my car or door of house because I could be victimized if I broadcast that I have a hearing loss. Many other deaf and hard of hearing folks feel the same way. I chose to do the supplemental 911 form and in doing outreach educate and encourage people to complete that form so in the event of an emergency, first responders will know the person may have a hearing aid, a CI, can't hear, or may use ASL. Getting something added to the license could be the next step and it would be most helpful to have a specific identifier as noted on the supplemental 911 form.

Madeline said it looks like approvals being sought are not from stakeholders, people within the deaf community. Rep. Pearson said it's always good to talk to stakeholders, to get community input. Jeff said this is a draft, we're not complete yet with preliminary endorsements we are seeking. Our subgroup wanted to finalize card and hear back from the initial endorsement agencies. We'll let you know when will bring before other stakeholders.

**Future Legislation, Needs.** Rep. Conley noted this is a good time to work with legislative services and to bring drafts to this commission. Rep. Pearson asked where are the gaps for the deaf and hard of hearing community and what bills do we need to bring forward. I am hearing options are good but mandates are not. Kristy said we had a group looking at past and current legislative issues, what had been worked on, what may need updating, or fixing. In the last session had a bill to change wording in state laws from "hearing impaired" to "deaf and hard of hearing." Rep. Pearson would like to have legislative subcommittee with the two legislators and key members of this commission to work through the process. Say ideas come up during the summer this subcommittee could have some work done beforehand prior to bringing it to Legislative Services. Jennifer, Kristy, Stephanie, and Eliza expressed interest. They will do initial communication via email, gathering resources, and sharing before bringing to regular commission meetings.

Dee could be helpful through his work and contacts with other state directors. My office will probably have records on previous legislation. Kristy asked could we also call other members of the community to volunteer. Rep. Pearson said not as members of the group but as resources to share information on different issues. Jennifer noted there are recurring concerns over the years about service provision by DHHS and other state agencies to deaf individuals: are they adequate? Susan has spoken on the idea of more complex case management for deaf individuals which doesn't currently fall into one of the groups that DHHS provides case management for. Another issue is the education system as a whole and how it supports deaf children. (Rep. Pearson said or doesn't.) Jennifer said other recurring concerns are students in the schools, eldercare, and isolation. Rep. Pearson can ask legislative support staff what are other states doing that is similar to what we are working on

Stephanie said another thing is access to interpreters in a variety of settings – public meetings, conferences, movie theatres, etc. Rep. Pearson has spoken with the speaker about bills going forward. I was told the reason there are no sign language interpreters during the House session is nobody is there who needs one. I countered saying if you build it they will come; if you let people know we care and are welcoming, they will come. The speaker and I talked about how that may work; it sounds like a bill over the summer. Stephanie said often people in the audience could benefit from CART, too. Dr. Tellez commented on the need for education to make sure people understand what's in the law about what needs to be provided; those requirements exist already. Dawn said it's not just with legislators but with the court systems as well. She explained about situation with her daughter and court system. Rep. Pearson asked is there a list of interpreters. Dee said yes, we have a directory online. Susan said back to Jennifer's comments, we regularly get calls from senior citizens who are having difficulty finding opportunities; we don't have assisted living here. Sometimes a facility may have one deaf or hard of hearing person and then another one is isolated. We don't have a case manager, social worker, or someone who specializes in providing that needed support, advocacy, and counsel. I refer to other agencies to see if others can provide that support. It is unfortunately a crisis level.

Madeline added we need someone who can advocate on behalf of people who have experienced situations where they need to appear in court. I see individuals in court who don't have the advocacy they need and are not able to truly take advantage of the judicial process because they aren't able to take advantage of interpreting services or find their way through the system. Susan added if case manager can't communicate directly with an individual often having an interpreter there can impact their relationship. Having a fluent ASL user providing case management is radically different. Someone who understands the culture, is familiar with deaf community needs, has background, and wealth of knowledge can provide services that we know from research and experience that people who cannot sign and are not familiar with the community can't do. A deaf or hard of hearing person who has shared life experience can do it even better and we know this. I fully support what Madeline said.

Dee thinks there are many parallels with the mental health system where counseling doesn't do well when working through a third party. We could use a centralized clearing house of information on resources that are available for people new to the state, just moving, or parents whose children are going through the school system but don't know where the resources are. A big weakness is not getting the information to the people who need it. I don't know if there is a bill that can address that. Rep. Pearson said I just wrote on my pad about five minutes ago "work on a bill for information clearing house."

Susan announced NDHHS auction-community night on April 6<sup>th</sup>.

Meeting adjourned at 3:16 p.m...

Next meeting April 8, 2019



(list big topics with bullets what we want to bring forward)

Academy of Audiology concerns with HB 487 re: registry of deaf, hard of hearing, and deaf-blind. Especially concerned with including hard of hearing.

Driver visor card → communication with first responders

E-911 supplemental form → register with emergency call center, local police/law enforcement/first responders

Legislation Subcommittee → look at past and current issues, what was worked on, what may need updating, fixing so can have any proposed legislation well researched and prepared before submitting bills to Legislative Services in the fall (Rep. Pearson, Rep. Conley, Jennifer, Kristy, Stephanie, and Eliza)

Case management → right now not available through DHHS, NDHHS, or GSIL

Access to interpreters → in a variety of settings such as public meetings, conferences, movies, theatres, etc. (what is already required by law and how to put in process?)

Elder care → deaf and hard of hearing elderly can be isolated in nursing homes or assisted living

Advocacy → in many areas, including court system

Mental health → advantages of direct service provision by native ASL user rather than through third party interpreter

Centralized information clearing house → resources for deaf and hard of hearing new to the state, parents with children in the school system

Purpose was to have an idea of the size and needs of this population so resources can be identified as available or lacking. What are our resources and are they adequate to meet that need?

**Commission on Deafness and Hearing Loss**  
**April 8, 2019**

**Present:** Rep. Mark Pearson, Angela Linke, H. Dee Clanton, Kristy Stellato, Lon Siel, Madeline Olio-Ruano, Dr. Trinidad Tellez, Joan Marcoux, Chuck Saia, Stephanie Patrick, Mary Lane

**Guests:** Anela Kruscica, Chris Emerson, Lynn Littlefield, four other guests (interpreting students? Other reps or lobbyists?)

**Absent:** Rep. Casey Conley, Jennifer Jones, Susan Wolf-Downes, Victoria Randall, Dawn Pappas, Jeff Ladieu, Rickey Persons, Ashley Woods, Tommy Minch, Jotham Otterson, Karen Prive, Holly Rioux, Joyce Leeka (Corrections), John Marasco, Rachel Parkington, Pamela Lovejoy

**Interpreters:** Lianne Moccia, Maura Fay      **CART:** Denise Gracia

Rep. Pearson started the meeting noting his first sign language is class next week at the First Baptist Church in Haverhill, Massachusetts. He didn't receive any agenda items prior to this meeting; if we don't have agenda items we don't have a real reason to meet. If you have agenda items, a topic you'd like to present on, or someone you'd like to have present, please get that to me at least a week prior to the meeting date. If I don't have anything by then, we can cancel the meeting. Dr. Tellez felt a friendly reminder about a week and a half to two weeks prior to the meeting would be helpful.

Rep. Pearson explained a rule of the legislature is if a bill fails in the first year of the session you can't bring it back the second year. If you did, you'd have to make it really different. If a bill is passed by the house, then goes to the senate and they pass a different version, or vice versa, then the two versions of the bill go to a committee of conference which tries to work out the differences to get back to the original body to be voted up or down. If it looks like there will be a committee of conference, we won't have much time to say here's what this commission recommends. One hopeful thing on creating new bills is Dee has records of previous legislation. Some bills are passed but then nothing ever happens; that's where we have to hold people accountable. Second, researchers can find what other states have done on similar things maybe get in touch with similar commissions in those states to ask what you would have done differently if you had it to do over.

Driver visor card. Chris said we didn't have a subcommittee meeting today. Joan said we made additions and changes. We'll meet next month to look at changes and wording. Rep. Pearson would like the final subcommittee decision to be brought before the full commission so we can get behind it. The minutes indicate it needs to go before the troopers' association sheriffs' association, and the chiefs of police to get their endorsements.

Driver license code. Chris investigated with three states and emailed back and forth with Rep. Conley; I was hoping to discuss today. I had examples from two states which had passed legislation about a code: DHH. It would be privy to law enforcement officers but not to the public. I don't have that information with me but when we have it we could discuss on things for next year. Rep. Pearson said we'd need to talk with the Department of Safety. Sometimes state bureaucracy will tell us something is impossible so if I find examples of other states doing it, I can share that saying, it can be done. Do you know if there are people in the community who would prefer to not have something like DHH on their license? Dee knows there are some. Kristy said this would be voluntary, like organ donation. Dee said there are pros and cons. Sometimes deaf and hard of hearing have experienced police brutality because officers not understanding that person can't hear them and isn't being non-compliant. Also, when deaf person is signing it may look like anger and imply danger when it's just person trying to communicate. One reason for identifiers is so when police respond they have additional information about that person to help prevent them from making a mistake. We've discussed in the past but haven't pursued legislation. Stephanie suggested inviting someone from the Department of Safety; Rep. Pearson will do that. Thank you for an early agenda item. Angela knows who does ADA accommodations for licensing; Rep. Pearson asked that she forward that person's contact information to him. We discussed E-911 last time so when emergency responders go to a house they know there may be a communication issue so maybe we could update the deaf community on the opportunity to provide correct profile information to their local emergency responders. Dr. Tellez suggested having a presentation on that. Joan said Wanda Scott is responsible with the Department of Safety for the supplemental 911 form where person can indicate they have hearing loss, medical issue, are blind, use a wheelchair, etc. It's also helpful to note if you have a dog. You submit it to 911 they put it in the computer, and send you a certified letter so you'll know you are in the system. It used to be limited to only land line but now can do if you have both landline and cell phone. Dee thinks they were in process of establishing ability of E911 to be able to receive texts. It'd be good to get an update on that, too. Rep. Pearson will ask when he invites her.

Information clearing house. Angela said 211 is a really great resource on various services in NH such as social services. Do we just need to expand on that? Rep. Pearson asked would you be willing to call them and ask how

we can help. Madeline said you're talking about Service Link but it doesn't really do a good job representing services for deaf and hard of hearing. Chris said 211 is NH information only; they can base it regionally, say by county. I think lots of information they have is for people who are low income and need help locating supports; I don't think they have a lot of knowledge on areas related to deaf and hard of hearing. Maybe staff needs more education on services for deaf and hard of hearing. I had to locate a full phone number to call since 211 couldn't work directly with my video phone. Rep. Pearson said so not all deaf and hard of hearing can access because of communication issue. Chris agreed, and explained I can use my VP to call them via a different number. Then I may be met with a person who isn't familiar with talking with a deaf person through VP, and when they realize I am deaf they say they don't do interpreter referral. Madeline said there is a website showing how VP, VRS, and VRI work: [www.videorelayservice.com](http://www.videorelayservice.com). Dr. Tellez said VRS is provided by the FCC and is free for anyone who needs it. Hearing people need to become familiar that interpreter answers "I am interpreter #\_\_\_," etc. Joan said hard of hearing can use captioning services to call 211; I can use my captioned phone. She explained briefly how that works. Dr. Tellez said the 211 website is complicated. It might be worth having someone come explain and present to them concerns about their staff knowledge when fielding calls from the deaf community. I'll offer to take that off of your hands because I think it's more directly related to the department (HHS). Anela related an interaction with 211 folks researching how they would deal with a deaf person HHS might refer to them. We want to be sure they can assist all our clients, not only English-speaking clients.

Chris said when I finally got through to 211 – many of the service providers, organizations, and agencies they may refer people to are non-profit so no communication access once you find the appropriate service. They say we didn't budget for this, we can't serve you. Dee said like food stamps, Social Security – federal programs sometimes have video remote interpreting. They are bound by federal law. Private organizations or businesses are not bound to provide access for you. There is issue around who is responsible to pay for interpreter access. Anela said really 211 is like a white pages of helpful information for people. They provide a list of services in your zip code area you could access; then you as an individual can contact those services directly. Confusion comes when people talk about referral and it's not that. Rep. Pearson said we have some good work we can do. Sometimes people may try two or three different times and not succeed so give up. What percent of our deaf and hard of hearing population would be in that category? Madeline, in her independent living services coordinator position, has encountered many customers who have frustrations and have given up or feel like they want to give up. They're looking for certain information and/or services; 211 doesn't necessarily understand where they're coming from, what they need. I think it's a big barrier for many deaf people I see. Sometimes it's an education barrier/lack of knowledge on the part of staff receiving calls. A big percentage of people feel frustration trying to connect with services. Rep. Pearson would like to see what we could do to help 211 do better – education, improving budget, etc. I want to take people out of isolation.

Access. Stephanie doesn't think non-profit organizations, car dealers, or attorney offices can really tell you they won't provide an interpreter. It's up to the person who is deaf to decide how much am I going to fight for this. One thing to think about is to educate nonprofit organizations so they know in advance that's part of the obligation as an organization serving the public – it's an accommodation you are obligated to provide. Maybe we can think through how to get that information to places most likely to need it so it's clearer. We spend a lot of time telling organizations and businesses you can't do that, you can't say it's too expensive, I don't know how to find interpreters, you have to bring your kid in to interpret for you, etc. I do think this commission has potential to start reaching out to these groups saying you have to do this; it's better to figure out a plan. Rep. Pearson asked if any commission members had experience talking to their town welfare office. Chris related how he made an appointment with the office in Rochester and they said they couldn't provide an interpreter for him. Madeline said often a person calls in to make an appointment and asks for an interpreter then they never get a call back. They may have to call in a number of times. This is a frequent complaint from clients I work with. Kristy said related to how 211 gives resources to people, it's often important to deaf and hard of hearing to feel more connected to person they are getting information from. We've talked about the need for case management services for someone who is deaf or hard of hearing because of the extra difficulties in navigating the system, and the need for someone who is familiar with their needs and can help them.

Dee noted how rare it is to have open captioned movies available on weekends when most people tend to go to the movies. Red River has them but only on Tuesday nights and he is usually the only person there.

Rep. Pearson wondered could it also be there are not enough interpreters. Stephanie said they can find them. Madeline said say you want to go to the Social Security office to discuss your retirement benefits, you make an appointment two months ahead of time requesting an interpreter, Social Security says sure we'll provide you an interpreter, you show up, and no interpreter. This is in more than one office, not uncommon. Rep. Pearson asked does DRC get involved. Stephanie said when DRC is involved and the organization gets a letter from the attorney saying you have an obligation to provide an interpreter, they do. When the deaf person is willing to go through

that to be able to get an interpreter for a meeting, then we can get that for them; it can take a long time. I don't think we get enough calls to be able to identify trends. Rep. Pearson said several small towns in my area – southern Rockingham County - some welfare offices do really well, they try, although they don't always pull it off. Others don't do well at all. I think with some of the good-hearted ones it's helping them know more of what's available. For others I may say if you don't have money in the budget to provide the service do you have money in the budget for a law suit?

Tracking concerns. Kristy feels lots of deaf and hard of hearing don't want to go through all that paperwork. Maybe a simple way, a reporting tool for people to register when they have issues getting communication access without thinking they're going through a full lawsuit - a tracking system collecting data, doing research, looking for patterns. Stephanie isn't sure it should go through the DRC due to their confidentiality restrictions. Rep. Pearson said a simple form people could fill out when services are being denied. Dr. Tellez said it sounds like a registry of complaints or concerns which is not a DHHS thing. The commission is a good place to discuss it. My view is most places don't have complete understanding of the ADA and, think they are ineligible because they think there's a federal funding requirement. At any place of public accommodation communication access is required. Hospitals know it (eight of them were sued). I think an educational approach –some of us can put our heads together to create informational material, all of us (not the DRC or DHHS) spreading that information. A subcommittee was formed to work on that and report back to the full group: Dr. Tellez, Stephanie, and Susan.

Lon said on the GCD website, box on top right for quick links - it says "need disability help." If you click the link it goes to a two-page form to report denial of rights under the ADA. In this case I believe would be under 521-A. Chuck said I'm executive director of GCD. It's not really a complaint form; it was put together a few years ago in conjunction with the AG's office. Individual fills out form, files it with our office. Following the conversation here with Stephanie and Trini, I think this all circles around education. One top call we get is service animals and we are on a campaign to educate about them. The next top call has to do with accessible parking. We've had calls over the years from individuals who are deaf and had requested accommodation of an interpreter during the application process for the job interview but access didn't happen. Then with a phone call from the GCD we were able to rectify. I suggest at the lowest possible level to educate. Calls re: interpreters are not one of our top calls. It could be individuals are rectifying themselves or are giving up. Rep. Pearson said could person who needs an interpreter not understand that you are a place to go. Chuck said it could be. We do the best we can to get the message out, heavy on social media. Dee is on our commission. Getting information out is critical. Rep. Pearson said if people are going to 211 and having difficulty, wouldn't it be easier if they went to the GCD. Chuck said it's not ADA complaints but ADA assistance; they overlap.

Dr. Tellez clarified I am responsible for anything dealing with communication access for DHHS along with Anela and Joan. We're also responsible to see that it's met through our contractors. If you are having issues with any part of DHHS or our contractors I want to know; I am recourse for that. We spend a lot of time working on quality improvement of our internal systems. Rep. Pearson suggested developing a form that could work like a menu for an automated answering system that says if you're looking for ... press 1, if you're looking for --- press 2. A one-page form, widely disseminated, with options like if your need is ... call 211, if your need is --- contact GCD. If this is your need this is where you go. Kristy thinks a deaf and hard of hearing person may not think to contact GCD or other agency is because they tend to contact NDHHS since they know it's a place where they can go that understands the community and the language. But NDHHS doesn't have the capacity to respond to all of those complaints. So we come back to the need for case management services.

Legislation. HB 487, registry of deaf, hard of hearing, and deaf-blind. Kristy said Eliza and another person testified on their concerns but they had an old copy of the bill without the amendments. The concerns had already been addressed and remedied in a later version. Chris said HB 488 about providing communication access on the State House campus went through the Senate committee and was recommended ought to pass. Chuck said it's on the consent calendar for April 11<sup>th</sup>; HB 487 had a hearing on April 3<sup>rd</sup>, no update; HB 631 is the Deaf Child's Bill of Rights with an Advisory Council was introduced in the Senate. No other updates. Dee said now HB 487 is in the Senate. Is there much communication? Rep. Pearson said with 1,100 bills I am lucky if I can keep track of those I am the sponsor of; it's overwhelming right now. I know Rep. Marjorie Porter is more engaged with the Senate on issues pertaining to us. I am getting better but she is still the rock star.

Dee said at the HB 487 hearing there was someone from HHS was saying they were neutral - that kind of bothered me. I think there is opposition, as we have heard from audiologists. I want to make sure senators understand we are asking for an opportunity to collect data to be able to provide better services and resources and why it's important. We are trying to collect better data to get a big picture to be able to provide better resources to people by knowing more about the population. Many people who are not ASL users lose their hearing as they age and don't know about resources that exist. It's about more than hearing aid technology but what do people need so

they can have good quality of life. Rep. Pearson commented when people from different state agencies come and say we are not taking a position it kind of bothers us. I'd like to hear two sides rather than no side. Kristy said people may say they are neutral but their statements are influential. They can say programs have such and such numbers or don't have numbers. Audiologists and speech and language pathologists have opinions from within their disciplines. They are not educators but they have a lot of influence with parents and teachers. That professional information is very, very powerful when heard by young families with kids.

Next meeting. Rep. Pearson said I'll be talking to my researchers about license codes and 911 that will accept texts. I'll call Wanda Scott. Any of you who have your homework assignment you volunteered for - thank you. Pull together a list of concerns, you need this, you have been denied that, you don't know what to do about the other thing, or where do you go. Maybe we can do some pondering before next month and start towards building that web page to educate the community where do you go? How do you do it? This would include what happens if I try to call and they can't take my call - where do I go next? I don't want people living in silence and giving up. The more education we can do the better for all of us. Please give me a heads up so we at least have one presenter and don't end up with six presenters.

Announcements. Stephanie announced on April 25<sup>th</sup> the DRC and Governor's Council on Diversity and Inclusion is having a Community Forum for the Deaf specifically to hear about issues we need to hear about in terms of legal issues and for the Governor's Advisory Council to hear about other issues. We will provide pizza. She passed around flyers noting it's also on the DRC's website.

Sgt 9

NEW BILLS

Commission on Deafness and Hearing Loss  
May 13, 2019

Send a list for RCP  
Mark →

**Present:** Rep. Mark Pearson, Rep. Casey Conley, H. Dee Clanton, Kristy Stellato Jeff Ladieu, Madeline Olio-Ruano, Dr. Trinidad Tellez, Joan Marcoux, Tommy Minch, Chuck Saia, Stephanie Patrick, Mary Lane, Dawn Pappas, Brianna Cameron (for Susan Wolf-Downes)

**Guests:** William Joseph, Mark Doyle, Wanda Scott, Vanesa Urango, Anela Kruscica, Chris Emerson, Lynn Littlefield

**Absent:** Lon Siel, Angela Linke, Jennifer Jones, Susan Wolf-Downes, Victoria Randall, Dawn Pappas, Rickey Persons, Ashley Woods, Jotham Otterson, Karen Prive, Holly Rioux, Joyce Leeka (Corrections), John Marasco, Rachel Parkinson, Pamela Lovejoy, Victoria Randall

**Interpreters:** Lianne Moccia, Maura Fay

**CART:** Denise Gracia

mtg → July 14

Rep. Pearson started the meeting and welcomed Wanda Scott and the people who came with her. Jeff Ladieu introduced Mark Doyle as Director of Emergency Services at the Division of Emergency Communications, and Wanda Scott is our Informational Representative.

Enhanced 911. Mark Doyle thanked everyone for inviting us to speak about Enhanced 911. I served 32 years as an officer in Merrimack. I then retired but wanted to bring my skills to Emergency Services. What happens when you call 911? Why do we ask the questions we do? Most people in the US and Canada call 911 for emergency help. If you are traveling outside North America you may want to learn what the emergency number is for the country or region you're visiting. E911 works for: cell phones, landline phones, and VOIP. Landlines are one of the most reliable when calling 911. The problem with VOIP numbers is they are portable and tied to your home contact information so if you move, the challenge is to remember to change that address information. Sometimes a call comes in from VOIP phone when person has moved out of state. Landline address is fixed. The entire State of NH has about 680,000 address points to be able to contact people in an emergency. Cell phones are great in many ways but can also be a distraction. When you dial 911 in NH it goes to our PSAP (Public Safety Answering Point) in Concord (we have a secondary one in Laconia). The system is designed to determine who is longest idle call assistant is and sends the call to that contact. We have 67 communication centers around the state – police departments, dispatch centers, county sheriffs, and private locations networked through our 911 center. ANI (Automatic Number Identification) ← where you call from. ALI (Automatic Location Information) ← if it is a fixed phone line – landline or VOIP. If call is from cell – ANI works – name of individual and automatic determination where call is coming from – longitude and latitude but not a specific address. Then cross reference with the 680,000 points of location. Phase 1 - information from call gives number of cell phone, number of sector where cell phone call is coming from. When you have a cell and detail from it – phone already has location information on it. You can't disable location information when making a 911 call. Phase 1 you get large ring area for location; phase 2 is based on longitude and latitude which narrows it down. All can vary depending on carrier, age of phone, and software on phone. Educate children to only use in emergencies. Don't hang up if you dial it by mistake. Best to give as much detail of location information; mentally note where you are, street names, mile markers, landmarks, event, building – whatever you can pass on to help them find your location. Hiking trail markers are in the system. If you are in an apartment, office, or motel say floor and room number. Emergency medical dispatch will ask you a lot of questions and you may be required to help the person in need. We use Language Line which can work with 171 different languages. We work closely with Poison Control, Marine Patrol, Coast Guard, and FBI. Supplemental ALI database is private, confidential, and secure – only for 911 – and is currently being updated. It includes permanent medical conditions and hazardous materials – such as physical disability, wheel chair, hearing, visual, autism, oxygen tank, etc. Emergency responders should be made aware of such things before they arrive. We also track AEDs. Keep your explanations very brief. The 911 system is completely funded by surcharges on all kinds of phones – landlines, cell phones (including burner and contract phones), and VOIP. The number of landline calls is decreasing; 75% of calls are coming from cell phones. It's been able to handle text since January 2015. Pictures and video are coming in the future. That information will be able to go to our PSAP. The internet of things – things connected to the internet continues to grow – in cars, refrigerators, cameras, TV. Some media centers can connect to 911 if you set it up that way. Call if you can; text if you can't. Give exact location, use simple words, and don't use abbreviations. You can use personal assistant to call 911 as well → Alexa, Siri, etc. Sometimes people have used social media when they can't call 911. We offer opportunities for tours. We love to show off and answer questions you might have.

Madeline said I have a work cell phone in NH, I have a personal cell phone, and I live in Massachusetts. How will my emergency be located and identified if I have both phones with me? Detective Doyle said any cell phone will ping off the nearest cell tower. However, cell phones are interesting. Signal can travel 1-3 miles. Call could

be routed to Vermont until they determine your exact location information and then transfer to 911 center in NH. Dee said talking about list of impairments in the system. What kind of information is in place to determine what kind of access needs to be provided? Detective Doyle said PSAP will transfer to local dispatch center to determine what kind of assistance is needed. We have reference list of interpreters that we can share with them. Tommy always lets people know that if they are moving anywhere in the state to always inform Emergency Services of their new address. Detective Doyle said we're putting out an RFP for enhanced ALI system that will be able to refresh information every year. Dr. Tellez asked about a sample of the supplemental ALI form. Wanda Scott said it's an online editable PDF with space for different phone numbers. It needs to be filled out by the subscriber and does require a real signature. We are working on an RFP to get it done electronically which will allow for regular updating. Subscriber name, address, name of person that medical information refers to. You can do multiple listings in one home. The bottom has a check box: deaf or hard of hearing, Alzheimer's, pacemaker, heart condition, wheelchair, vision, Autism, Developmental Disability or Cognitive Disability, O2, speech impairment, epilepsy, diabetic, hazardous materials, and two lines for Other.

Rep. Pearson asked what if I loan my phone to a deaf person. Detective Doyle said just type like any text message to 911. There will be an RFP going out on improving texting system – will be integrated into the call taking system. Rep. Pearson asked how soon. Detective Doyle said the goal is to get roll out by mid-summer. Need to send that message out far and wide. Print out the supplemental ALI form, fill it out, sign it, and mail it.

Chuck thanked them for the presentation. Some individuals on landline or VOIP have call blocking. Do they need to dial \*82 first? Detective Doyle said that's not necessary with 911 calls. When a landline is calling, every phone number that comes in has been tied to a location that we can put in our database. Joan encourages people she works with to write on the form if they have a dog because a person's dog can sometimes be protective.

Mary Lane said with the Department of Education ASL is considered a world language. Could that be considered under your drop down choice? Detective Doyle said absolutely, you will find that in the new system when it gets rolled out. The second most frequently requested language to Spanish is language from Congo.

Dee said if first responders arrive and find a deaf person who needs an ASL interpreter, how do they know who to contact to get those services on site. Detective Doyle said they'll need to call agency and see what interpreter is available. We have lots of individuals we can put out a request to. Rep. Pearson asked what if it is a real emergency and interpreter can't arrive until two hours later. Can your department come up with a card that could be used to express basic things for needs? Jeff showed the driver visor card to give a possible example.

Dr. Tellez said when rolling out new test system and supplemental ALI system, you can reach out to this group to help spread the word. Detective Doyle said we want to be able to leverage everyone's strengths. When we start putting out message on how important something is then media will contact us for story. Dr. Tellez said center gets call and communication access is needed. Detective Doyle said most of the time the local emergency services provider will contact us and say I need an interpreter for "x" language. Sometimes we can do over the phone line if it's a spoken language.

Driver visor card & driver license. Jeff introduced Deputy Director of DMV Bill Joseph to speak on HB 368 and option of 25 characters on the back of the driver's license. Bill thanked the commission for inviting him. HB368 is on adding Autism or ADM (Autism Spectrum Disorder) as a medically recognized medical disorder on driver license. It was OTP and can be very helpful. Law enforcement is trained to look at both sides of a license. We have automated driver licensing system – in place since 2010. We are adding eight languages to include ASL. Applicants will have ability to request that. Should be available sometime this summer – not a guarantee but it is on the way. Rep. Conley noted this bill came through the Transportation Committee. DMV Director Bielecki said there has to be an individual bill for each thing to be added on the license. Bill Joseph said we could put it in for next session. Rep. Conley brought copies of HB 368. It has a very simple framework for how to add medically approved terminology. Rep. Pearson said so we can work on terminology.

Dee asked was ASL driver license test developed someplace else or in NH. Bill Joseph said it came from a vendor who is in multiple states. Madeline said so computerized test isn't written – you are seeing someone signing? Bill Joseph said yes, can select by touch screen. Can likely be requested at the counter and set up at their test station. Dee said for the road test I have heard that interpreter wasn't allowed to sit in the back seat. This is a concern because say during the road test how could test person communicate to the deaf person what they want them to do. Bill Joseph said that is correct. I believe they have signals they can use. Dee thinks it would be really important to have communication available to the deaf person during the test. There's opportunity for teaching feedback that's being missed. Madeline does some instruction for people preparing for their driver test. Most have written piece fine. For the road test I think it is very challenging for deaf driver. How can information be conveyed during the road test? Bill hasn't had that kind of feedback from the driver licensing bureau.

Jeff thanked Chris, Joan, and Vanesa for their help in designing the visor card. He passed around samples. I think there are still changes that could be made. I believe we are at final stages. He described the card and some of the processes, different symbols. Members briefly discussed developing a separate card for foreign language. Dr. Tellez can share it with folks in her agency. Joan said we have people who come from other countries who are deaf and hard of hearing but don't know ASL or English. Rep. Pearson asked for feedback within a week; we can tweak it. Chris Emerson would like to recommend considering this document as is. If it's not enough for immigrants or other languages we could develop a second card. Suggested changes and feedback can be sent to [Jeffrey.Ladieu@doe.nh.gov](mailto:Jeffrey.Ladieu@doe.nh.gov). Rep. Pearson asked Jeff to send us the card and letter as soon as you can. We will get back with our considered thoughts. Jeff thanked everyone for their feedback.

Rep. Pearson said on adding something on the back of the driver's license. A number of states have simple acronym or something to indicate deafness or hard of hearing. People have expressed interest in having that available in NH. It can be done. Bill Joseph said yes. It can be a phrase if that is preferred, but the least you can put on it the better. Maximum is 25 characters but prefer to keep as short as possible. Joan asked is 25 for everything (all conditions together) or per condition. Bill thinks it's per condition. Can have multiple conditions but they have to be related to what happens on the road that would affect law enforcement or EMS responders.

Rep. Pearson asked is something on the back of the license necessary if already have visor card. Kristy said if it's on the license then means it's in the computer system. Officer could pull that up. Rep. Conley said on 368 it was our understanding that it needs to be done for each condition that could be on the back of a driver's license. Rep. Pearson asked would the commission be comfortable with D/HH. It could be more expansive in the database. Dr. Tellez thinks could have separate for deaf or hard of hearing. Rep. Conley wants it to be an option, not a requirement, and be something people are comfortable with. Rep. Pearson said so please email him with your choices: deaf, deafness, hearing loss, hard of hearing, whatever you prefer: [casey.conley@leg.state.nh.us](mailto:casey.conley@leg.state.nh.us). Bill asked does everything on the license card show up for computer display on the road. Jeff said no. Madeline asked is it possible to have more of the communication needs of that person that could come up on computer screen – person needs or doesn't need interpreter. Bill said we haven't thought about putting that in the system. I am not familiar with when they look someone up what comes up on the screen. Jeff said what we use is State Police Online Documentation System (SPOTS). Some of the real estate on the license does come through. Anela said sometimes information may be listed under miscellaneous tab but it should be by the name by design.

Rep. Conley made a motion to adjourn, Joan seconded. Approved. Meeting adjourned 3:24 p.m.



**Commission on Deafness and Hearing Loss**  
**June 10, 2019**

**Present:** Rep. Mark Pearson, H. Dee Clanton, Lon Siel, Kristy Stellato Jeff Ladieu, Madeline Olio-Ruano, Dr. Trinidad Tellez, Joan Marcoux, Jennifer Jones, Rickey Persons, Stephanie Patrick, Susan Wolf-Downes, Ashley Woods, Mary Lane

**Guests:** Anela Kruscica, Chris Emerson, Lynn Littlefield

**Absent:** Rep. Casey Conley, Angela Linke, Tommy Minch, Chuck Saia, Victoria Randall, Dawn Pappas, Jotham Otterson, Karen Prive, Holly Rioux, Joyce Leeka (Corrections), John Marasco, Rachel Parkington, Pamela Lovejoy, Victoria Randall

**Interpreters:** Laurie Meyer, Maura Fay **CART:** Denise Gracia

Rep. Pearson started the meeting noting Rep. Conley and a number of other people are not able to be here today. Last week we had a continuing education session for representatives and part of it covered how commissions should and should not function. Dee and I will be coming up with a list on who is on the commission and who is welcome to be here if not an appointed member. A number of people are appointed by different agencies and I need to know who is appointed by whom. Also, good to see who was appointed but hasn't been here for a while. If they can't attend then we will reach out to your organization and ask your boss to appoint you. Don't ask people to come speak at this meeting; it has to come through me. I want to be sure people scheduled get to speak. Most of the time I will say yes, but I might say wait until another meeting. Don't go to the fourth floor to get things copied – that is restricted access. Copy yourself or get your agency to copy. If you are stuck, get it to me by Thursday before the meeting and sometimes I can copy it for you. Over the summer I'd like to have meetings of the subcommittee on legislation. Some bills didn't make it this time. You can't bring back bill from the first year of session to the second year; you need to wait or change it enough to be considered. I've gotten lists from a couple people on things they are interested in.

Status of bills: HB488 has been signed into law by the governor re: requiring interpreters for deaf and hard of hearing on the state house campus. HB487 establishing a registry of deaf, hard of hearing, and deaf-blind has been retained in the Senate. HHS worries they don't have money to do this. Also, testimony that scope of the registry was a concern so want to make it only up to age 21. Rep. Porter will be working with the Senate committee to address the issues to see if when that bill is acted upon late in the fall we can get some action on it. HB631 (DCBR) and establishing an advisory council passed the House and Senate and is waiting for the Governor's signature; he is planning to sign it. HB730 (CART and interpreter student tuition reimbursement) also passed the House and Senate, now waiting for Governor's signature. Our political/legislative subcommittee group falls under the House rules for the House of Representatives which means it must be noticed, i.e., we have to publish a notice ahead of time when that meeting will be. Meetings might be here, at the Department of Education, or the Department of Health & Human Services. If you want to come, it's a work group; I can't promise you will be able to speak.

No full commission meetings in July or August. Next meeting is September 9<sup>th</sup> at 1:30. Most important thing will be any bills the subcommittee wishes to recommend to the whole group. There's a window in which legislation can be filed in the fall but there is a deadline so doing it according to schedule will give us a month to tidy up what we want to propose and turn them into legitimate bills, get sponsors, etc. People can attend subcommittee meetings but can't have 50% or more of the full commission members attend because that would be a violation of the open meeting law.

If you are appointed to the commission by statutory authority – HHS, DoE, State Police – you must have filled out and turned in a financial disclosure form. If you haven't, you can go to your supervisor and ask how to do it. Jennifer explained it only pertains to public employees. Rep. Pearson said I have chaired non-profits and boards of directors and other groups. It works well when people can cheer each other on. Please don't become an obstructionist; we shouldn't be seen as each other's enemy. For example, you don't have to take a visor card if you don't want to have one. It's similar to choosing whether or not to have a CI or whether or not to learn sign language. You may not want to but others may find it helpful.

Susan asked who will be providing interpreters for the advisory group for HB631. Rep. Pearson will check. Dee wondered would HB488 cover it. Rep. Pearson said it talks about a deaf person who wishes to meet with their representative or senator on the State House campus so very limited in focus. It doesn't talk about speeches from the floor of the House or anything. I will flag that in my notes to chase down. Stephanie asked if we have a date for the signing of these bills. Rep. Pearson will email everyone on when it will happen. Dr. Tellez said there is already a requirement for communication access to be provided. Jennifer said in 521-A:2 –I think it's already

required. The question is who will arrange for and pay for it. Rep. Pearson will speak to the Speaker of the House about it, along with some other things. Kristy asked when will people be appointed to the advisory committee for HB487. Rep. Pearson said once the bill is signed into law then appointing authority or authorities mentioned (someone from DHHS or members of the House of Representatives appointed by the Speaker) in the bill will start appointing usually a couple of months after the bill is signed. The first mentioned House or Senate member, depending on the bill's origin, will call the first meeting, an organizational meeting, that's usually in September.

Visor Card. Jeff said I am very excited to present this to you today. I believe with the feedback in the last commission meeting we have everything that's needed. He passed around samples of the visor card. The approval is there with endorsement from NDHHS, law enforcement and public safety at the state, local, and county levels. I'm currently awaiting quotes back from professional vendors regarding a unit price to get us started. Rep. Pearson asked who is taking points on funding. Jeff said the State Troopers organization. We're making sure we have copyright permission to use all the images. Once we get approval from this commission that this is the latest version, thumbs up, we can move forward. For the support, encouragement, and endorsement from the Chiefs of Police Association, Sheriffs Association, Troopers Association, and NDHHS - Thank you very much. Once we finalize this version then I can get back to the vendor so they can produce these. I believe we had discussions on how to present this to the public once it is finalized. I'm very and grateful for all of the support from everyone on this commission and members of the subcommittee. Historically I think it's a great step in the right direction.

Rep. Pearson asked for a reasonable estimate on when it could become available to the public. Jeff would like to see this come out this summer. Rep. Pearson said as I see them, the next four steps are: getting final permissions for copyrights, pulling together the funding, printing, and distribution. It would be wonderful if it could be done by the end of the summer. Your thoughts on how could individual get one of these. Jeff said the DMV, Town police stations, town halls. I'd like to see these in every officer's hands. Madeline thought it would be wonderful to have a copy stay in each officer's car so it wouldn't matter who is on duty. Jeff said this is something we can promote in the law enforcement realm – another great way to raise awareness. Rep. Pearson thanked Madeline for her recommendation. Kristy added other ways to distribute and promote the cards such as: NHAD, NDHHS, GSIL, Deaf Grass Roots, and VLOG. Rep. Pearson said we're looking forward to having a big media roll out. Jeff said we are looking at an initial printing of 5,000.

Rep. Pearson would like to have endorsement from this group. Jennifer moved and Susan seconded. Approved.

DRC Open Forum. Stephanie said a couple months ago the DRC, along with the Governor's Commission on Diversity and Inclusion, hosted a forum in Manchester for people who are deaf. We had a great turnout and people brought up a wide range of issues, many of them legal which DRC can look into. One issue was complaints about access to interpreters, particularly DHHS but also other state agencies. A number of people expressed concerns with interpreters not coming, appointments being cancelled without much notice, etc. DHHS has a contract with Ascentria to provide interpreters for people who need sign language and also for people who don't speak English. It was just renewed and extended for two years by the Executive Council. DHHS staff survey showed they thought they were able to serve individuals with communication needs in that 85% of the responses reported satisfaction. I was concerned it didn't seem to fit well with stories we heard at the forum, although that wasn't an extensive survey but the people who were there expressing their concerns about the process. I asked if we could discuss this today about the contract, how the performance of the contract is measured, and the process for individuals if they can't access appropriate interpreter services how to make a complaint. So when this contract is reviewed or comes up for renewal again, everyone will understand how to make sure DHHS knows if Ascentria is doing a good job or not.

Rep. Pearson serves as part-time CEO of medical and counseling center in Kingston. Sometimes complaints are made and issues can be remediated. First part is sorting out what is legitimate complaint. If issue is with personnel could do training or make some changes to the system. If issue concerns something that should have been provided that wasn't, we want to weigh it, investigate it and fix it if possible. This contract is supervised by DHHS. Jennifer said as many on the commission know, I am with the Office of Ombudsman at the department; I work on resolving issues. Our job is to work collaboratively with all stakeholders. Dr. Tellez is operational side of making things happen; if there is a problem then I get to deal with it. The process is someone needs to reach out to my office, but that doesn't always happen. Jennifer shared a couple of handouts: a summary of the way the processes work, what the requirements are of us and how we try to fulfill them, and then what people should do if there are problems. When viewing on the website, if you click on the very bottom where it says "non-discrimination policy" you are brought to a page where it is explained fully that includes a direct link to my mailbox so you can write an email directly to my office. You can also click on "Office of the Ombudsman" where it describes the role of that office. It now has hyperlink to my office. It could be complaint about communication

access, something wrong with food stamps, complaint about DCYF, etc. It's a way to direct a complaint to my office. It went live last week so can link to form to make complaint that goes to communication access mailbox. Anela (Communication Access Coordinator) also has access. We will address those complaints as needed. Language Bank also updated their website for people to be able to report concerns directly to them. They have a deaf services page and people can report concerns there. They have expanded their deaf services page to include profiles of their interpreters with pictures of interpreters which should better allow someone to match their needs to an individual interpreter. It's known we have a shortage within the interpreter and CART community, CART in particular. We strive to meet everybody's needs. I do understand some people prefer services provided by NDHHS; I believe many interpreters work with both agencies. My only caveat is people need to keep in mind that our sphere of influence is within DHHS. If a person has difficulty with communication access at any of our offices, we need to know about it.

Rep. Pearson asked is there something like this for other places, such as the courts. Is there a central Deaf and Hard of Hearing hub that then pulls in from schools, courts, various others? Rickey said when I have had difficulties and can't get any satisfaction I know I can go to the DRC. Rep. Pearson thinks there should be a central place. Jennifer suggested the Governor's Office of Constituent Services may be a way to at least get pointed in the right direction. They have good interactive website. Dr. Tellez said all the agencies are independent. DHHS is the largest. We have 10,000 encounters per year. When there is interest I do talk to people from other agencies. As the state moves towards becoming more unified, the Department of Administrative Services is trying to get things more cohesive. Something to cover all agencies is a bit down the road. For now we are focusing on this and are very happy to help other agencies and we provide coaching to organizations – principles of communication access for cultural competence and other types of things that are in our toolbox.

Kristy said the funding for this is specific for people who are getting HHS services so people whose frustration is around communication access don't know who is accountable or where to go to complain ... it's confusing. Jennifer said if a complaint reached us that wasn't ours, we would make sure it went to the right agency. If you go to the nh.gov website and click on government and then Christopher Sununu, one of the links there is to the Office of Constituent Services. The full website is: <https://www.governor.nh.gov/contact/index.htm>.

Susan said each state agency has their own contracting process and puts out their own RFPs. To file a complaint you need to go to the appropriate agency. People frequently contact us and I refer them to Anela; I try always to channel concerns to the right direction. Many deaf people may not know what "nondiscrimination policy" at the very bottom of the website means. They'll call my office on videophone, spell it, and I'll sign it so then they understand. I try very hard to never have a complaint fall through the cracks. I try to find the right person and accountable agency. I hope there will be opportunity for another community forum to understand the process, especially for people in the community who are older and may not be very computer savvy. We do everything within our power to meet the needs of the requests we receive under the contracts we hold. Sometimes even the Language Bank has called us for help and we've been able to cover a request for them. Again, the complaint process is a little onerous and not as accessible to deaf people.\*\*\*

Jennifer thinks having an additional educational roll out would be great. If you could think of a forum that'd be good for that we'd be willing to present. I know the web of services and who provides what services is daunting even for those of us who work within the system. If you have a person and you don't know where to point them you can check with me and I will do everything I can to get them in the right place. Anela is operational side; I am the complaint side. Stephanie said thank you for putting this all together. Once an individual makes it to your office - fills out form or contacts your office. What is the next step? Jennifer explained I have two associate ombudsmen who would make contact with the client - we strive for 24 hours - and get details of the complaint. What was the agency? Was it a DHHS issue? If it's a DHHS issue we'd bring in Anela and Language Bank to investigate to find out the specifics of the issue. If it was something that was a systemic issue on our end, we would work to resolve so that it wouldn't happen again. If it's not a DHHS issue, say the local housing authority, we would ask client if they want us to reach out on their behalf. If not we'd provide them with the contact information so they could do it themselves. When we're able to solve a problem we do; when it's not something we are able to solve we provide sources.

Stephanie is glad to learn that the expectation is to hear back within a couple of days. Dr. Tellez said now that we have a clearer process that is trackable we can work closely on anything that comes up, not only investigating but also fixing systemic problems. Jennifer said most of our contact comes in through phone calls. For the deaf community that is TDD or email. My goal is to have first contact with person within 24 hours. This is a new process and we may need some time to say how quickly we are going to act on those. Dr. Tellez said so can expect a response within certain amount of time – say two or three days. A resolution will take longer. Stephanie said actual expectation of contract renewal – it said Ascentria met the standards of 100% compliance and the last one is 85%. How are the numbers figured out? Do you have a process to ask the deaf people you serve if they are

satisfied Jennifer said after every encounter, deaf or foreign language, individual is given a form to fill it out while they are there. There's automatically generated email to staff member involved in the encounter. We get the perspective of staff member and client. Anela said it's is voluntary; we ask the interpreter to interpret for the client to know what will happen but the interpreter isn't present when form is completed. Jennifer noted it's important to not have the interpreter present when the form is completed so if the client was going to say negative about the interpreter they wouldn't feel any type of pressure. .

Kristy suggested change by putting the "submit" button at the bottom of the form instead of at the top. Susan said so we get complaints about interpreters at DHHS – interpreter was late, whatever. When it happens with us we get in touch with the interpreter to make sure why they were late. Sometimes the interpreter is a no-show. We follow up. When there is an issue with the hospital and interpreters, we communicate directly with the deaf person, clear the air, and make sure there is resolution as we move on. We communicate directly with both agencies. When you said you don't want the interpreter there for the feedback. How can someone fill out a survey without understanding the language? You can't get effective feedback without communication access. Plus interpreters have ethical responsibility to go with whatever is being said about them; they won't add something that's not what the deaf person has said. So particularly with special needs deaf people we need to be sensitive, and to present them something in English this way is not going to invite them to provide input.

Jennifer understands the ethics of interpreters and respects that; I've found that the people we work with are of the highest caliber. We have interpreter interpret the form and then leave; from the client's perspective they may not understand the ethics the interpreter is bound by. Is the client going to feel pressure to say something in one way or the other with that individual being there? We have it interpreted for them and allow them the privacy to fill it out honestly; that's better data for us. Anela explained said there are only two questions, with graphic of a frown face if you are unhappy or unsatisfied, and a happy, smiling face for yes, happy or satisfied. The first question is something like "during the overall visit did you understand the services or the interpreter?" The second question goes deeply into that. We specifically keep it very short and brief so people can really express their satisfaction with the interpreter in the encounter. We'll follow up on those responses.

Rep. Pearson said we will bring this discussion to a close – simply because it could go on forever. I'm of the belief this wonderful new roll-out you have planned in the first generation and a good thing will improve down the road. I'm wondering if Jennifer and Stephanie can have lunch together at some point and whoever has the richer agency can pick up the tab. This kind of conversation is always good. Last item is legislation subcommittee during the summer. Susan gave three potential topics for legislation to me. If you have a topic you don't hear let me know. 1) Deaf clients with developmental disabilities. I do a fair amount of work with the two area agencies that overlap my flatorial district in southern Rockingham County. Susan says some deaf people being served in area agencies throughout the state are getting language access and appropriate services. Some only get access to an interpreter once a year at meetings, and some get no access at all. Is there a DHHS staff person specifically focused on this? This bill would propose legislation to have a full inventory of the DHHS/DD with significant hearing loss, and that they be evaluated to ensure their placements allow effective language access. In my Health and Human Services Committee we have found there are people with multiple concerns, and often the first one listed gets the attention and the others sometimes get left by the wayside. 2) Nursing home/assisted living options for senior deaf and hard of hearing citizens. We know that deaf people are isolated in nursing homes across the state, often with little or no access to signing staff or interpreters. When they can a number of deaf people have left the state to find viable programs. This bill would establish that the DHHS work in collaboration with a study committee of subject matter experts and representatives of the deaf and hard of hearing community to create a plan of action to be implemented by DHHS. I'm on the subcommittee for the Rockingham County nursing home and had an initial conversation with the director asking what you do when you have a deaf resident. How can we help? It's the beginning of the conversation and I will follow up over the summer. 3) Mandatory T-coil education. Many hearing aid users are purchasing hearing aids but don't know about benefits of or availability of T-coils for hearing aids; they may have it but don't realize it or how to use it. Lack of T-coil severely limits access to assistive technology. There are a number of states with this legislation in place. We have staff pool of researchers who can look up regulations in other states that could be useful in NH. Those are Susan's three points to make. You can elaborate on any of them or bring forward something else. Please send to my own email: [canonpearson@yahoo.com](mailto:canonpearson@yahoo.com).

Ashley asked if you could add to the legislative committee reviewing the interpreter licensure law this summer. NHRID would like to look into expanding conversation. Dr. Tellez asked if she could join the legislation subcommittee; Rep. Pearson will get back to her. The phone for the Governor's Office of Constituent Services is 800-852-3456. Can contact Governor Sununu or request assistance which generates an automatic email to constituent services. Meeting adjourned at 3:30 p.m.

**Commission on Deafness and Hearing Loss**  
**September 9, 2019**

**Present:** Rep. Mark Pearson, H. Dee Clanton, Holly Rioux, Kristy Stellato Jeff Ladieu, Sarah Melasecca (for Madeline Olio-Ruano), Rachel Parkington, Dawn Pappas, Angela Linke, Chuck Saia, Dr. Trinidad Tellez, Joan Marcoux, Rickey Persons, Stephanie Patrick, Susan Wolf-Downes, Mary Lane

**Guests:** Anela Kruscica, Chris Emerson, Lynn Littlefield

**Absent:** Rep. Casey Conley, Lon Siel, Jennifer Jones, Ashley Woods, Tommy Minch, Victoria Randall, Jotham Otterson, Karen Prive, Joyce Leeka (Corrections), John Marasco, Pamela Lovejoy, Victoria Randall

**Interpreters:** Lianne Moccia, Maura Fay

**CART:** Denise Gracia

Rep. Pearson started the meeting and confirmed the dates for the October and November meetings would be on the third Monday of the month rather than the usual second Monday. The commission will not meet in December. Three bills have been signed into law: HB631 Deaf Child's Bill of Rights with an advisory council on the education of deaf children; HB 488 Interpreters for the Deaf and Hard of Hearing on the State House campus; and HB730 Tuition Reimbursement for Interpreters and CART. Rep. Marjorie Porter and I have been speaking to the governor's office on having a wonderful ceremonial signing of those even though they've been already signed. He says right now the budget is keeping him busy until it's either resolved or there's another continuing resolution. I'm hoping we'll be informed soon with enough time to get interpreters. HB487 is still being worked on by a committee.

Rep. Pearson continued our ad hoc subcommittee on legislation met four times this summer. We talked about a number of items. Some we all came to agreement on

- 1) Name change for this group. Thanks to Kristy Stellato who did a survey on what people want; I checked with other states. So will change to NH Commission for the Deaf and Hard of Hearing.
- 2) Driver's license – there has been a bill signed into law that recognizes medical disorders to be added on the back of driver licenses – originally to be able to add Autism. Space is short so that line “b. deaf or hh can be added.” It's if you wish; it is not required. It is not a restriction. It can only be used to help. The Director of the DMV wrote it. I'll also take this to legislative services.
- 3) Third was to establish a commission to look at deaf and hard of hearing services in nursing homes and how those services might be improved. Some concern over deaf and hard of hearing are in nursing homes or assisted living facilities not getting the care they need in terms of communication. I am from Rockingham County; there are 88 representatives from that county. I supervise that nursing home and chatted with the director; he's always open to improvement. I called another nursing home and they asked how to figure that out. No one is trying to be bad; they just don't know. Recently opened a 100-bed assisted living facility in Kingston. I talked with them and they agreed there is always need for improvement. Let's carry a bunch of carrots and only have a stick if we have to. Spent a lot of time looking at who might be on this commission. Wanted as many as possible representing deaf and hard of hearing; we can still tweak it. Have until deadline of September 20<sup>th</sup>. Extensive listing of potential members, then list of duties. Will cease to exist in November 2021. Rachel Parkington wondered is there an audiologist. Rep. Pearson said we can appoint one. Kristy agreed it could be good to have an audiologist. If someone has mental health symptoms such as withdrawal, that could be because of not having working hearing aid, etc. Holly said when it comes to having an audiologist involved I think risk is that focus on people coming in rather than those who experience hearing loss while they are there. Feel should be primarily beneficial to those who are signing deaf or progressive hard of hearing getting worse. We are mental health professionals. I advocate for social work experienced person – focus on overall needs of the individual. Dee said we do see different needs of senior citizens – people who are already deaf and become senior citizens and senior citizens who become hard of hearing. I see two very distinct needs for the different groups. Most important is communication access. Rep. Pearson said the commission could bring in people to testify. Also interface between hearing difficulties and mental health issues – or hearing loss and Alzheimer's. A paper I read inferred that if a person can't communicate they might withdraw and could have change in their brain. Holly said could have someone from Greater Nashua Mental Health Center or someone who is a case manager or social worker Rep. Pearson prefers to not designate a specific agency. Holly said we are under HHS. Dr. Tellez said they serve the whole deaf population of the whole state; they're not just a community mental health center. Rep. Pearson said so representative appointed by the coordinator of deaf services at GNMHC. Kristy said don't think we need to narrow to only signing deaf. Susan suggested someone visit the New England Home for the Deaf. I have a board member there for 20 years. I think Rep. Pearson should visit to better understand. People who are users of ASL can have such a difficult time. That group needs help the most. People who

experience hearing loss later in life at least can still talk and don't have the same kind of difficulty. Rep. Pearson said now to the duties of the commission – six things. Holly thinks objectives are very clear - quite well laid out. Rep. Pearson will bring to legislative services. If you have other thoughts, email me.

- 4) We talked about the possibility of mandating audiologists to teach every client about the t-coil. We looked at that, state of technologies, and what's coming. This bill would likely go before the Health and Human Services Committee who resists legislature telling professionals how to do their job. Rachel said any good practitioner who sells hearing technology lets their patients know about available technology. Rickey thinks should emphasize t-coil use to auditoriums and theatres. Rep. Pearson said is in the name of this committee writing very politely encouraging NHAA – is that something you would like me to do? Yes, members agreed. Dee said I notice announcements in newspaper about different churches and wondering wouldn't it be nice if they could advertise – interpreted services, ALDs, loop. I think people who look at that in the newspaper would appreciate knowing that. Also sometimes technology is provided in theatres. Rep. Pearson said we do in our area; could write a letter to NH Council of Churches to suggest that they do that. Holly said should also consider informing about Blue Tooth and let them know things are not limited to analog. Rachel said NHAA is on board with t-coil and trying to loop more facilities. Good to remind people that it's a fairly simple technology. Rep. Pearson said as this evolves it would be wonderful to look at possibility of when public building is being built or remodeled to encourage to put in this technology. Could talk about it later in the fall.

Jodi Lefort passed around the NHRID proposal. NHRID had appointed a subcommittee and voted on asking the commission if it was Ok to open 326-I. We copied the law and put changes right in the law – adding language Deaf to Deaf, Deaf-Blind, and Hard of Hearing. Rep. Pearson said so one concern. Jodi said the next part is the waiver. A deaf person gives up their rights so that there is some consequence if some egregious error is made – some interpreter actions could hurt deaf person. Want to bring interpreters working under the waiver to also be under the Interpreter Licensure Board. We want to be able to impose a fine on unlicensed interpreters. Dr. Tellez asked are there people who are not licensed who go out and get paid and they are not on the list. Jodi said yes. Rosemary said this includes VRI interpreters as well; many companies don't have licenses for their interpreters. Dr. Tellez is just wondering how that can be done. Rosemary explained in May the board sent out a letter to VRI companies that NH is now requiring those interpreters to be licensed. Dee explained that NH now has 66 licensed VRI interpreters. Mary had a question around the exemption around K-12 setting. Jodi said when licensure law was passed it was concurrent process with EIPA becoming required within the school system. License law only applies to free-lance interpreters. For EIPA interpreters the intent is for the K-12 student, not other meetings that may happen such as parent-teacher conferences which is not appropriate unless the interpreter also has RID, NAD, NHICS, or MCDHH. Holly said sometimes opening up a law opens up a can of worms. Rep. Pearson said let's get what we can get at this time. We can come back in a year and do more in depth, come back and polish it up. In the meantime, remind folks in schools of what they should be doing.

Rep. Pearson said you will hear about when will be “pretend” bill signing. See you the third Monday of October.

Meeting adjourned at 3:30 p.m.