

Relay Missouri Advisory Council Meeting

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LINDA BAKER: Good morning! Welcome to the Relay Missouri Advisory Committee meeting. Let's just go -- I am going to change the agenda a little bit. If there is something that needs to be added to the agenda, let me know. But the first order of business, we have got some new faces here. So -- and it happens to be -- if you don't know who I am, I am Linda Baker, the current chair, and it is also my last meeting since I cannot serve anymore. I have done my time. So anyway and we have -- that's another thing we need to discuss, maybe under "Open Discussion" about who is interested in being the Chair of the Advisory Council. We do have some missing members. We will discuss that later. So we will start with you, Michelle, if you would introduce yourself and who you represent.

MICHELLE VICINO: Hi. Michelle Vicino, Account Manager for Relay Missouri.

CHRIS SMITH: Chris Smith, and I am the executive for Sprint Relay.

STACY BRADY: Stacy Brady with Missouri Assistive Technology.

PARTICIPANT: David Baker, Director of Missouri Assistive Technology.

DANA PARISH: Dana Parish, PSC staff.

STEPHANIE LOGAN: Hi. Stephanie Logan, Executive Director of LEAD Institute. 2

OPEOLUWA SOTONWA: And I am Opeoluwa Sotonwa, and I am Executive Director for the Missouri Commission for the Deaf and Hard of Hearing.

JOHN VAN ESCHEN: John Van Eschen, I am with the Missouri PSC staff.

LINDA BAKER: And I have already said my name, Linda.

ROB HONAN: Hello. My name is Rob Honan. I am the Director of the Center for Independent Living, St. Joseph, MERIL, and I am also here as an advocate.

HAMPTON WILLIAMS: Hampton Williams, I am the Acting Director of the Office Of Public Counsel.

LINDA BAKER: Oh, thank you. It mentioned \* that representative mike Kelly is going to speak \* about HB903, and he is not here yet. So hopefully he will let us know when he is coming because he is in session.

We will just move on to equipment program update.

STACY BRADY: Good morning, everyone. You can hear me okay?

INTERPRETER: Yes.

STACY BRADY: Just kind of some updates what is going on with Missouri Assistive Technology, what we have been up to. The FCC, as you may be aware, has a Disability Accessibility Committee. It is in its second term. First term was consisted of two years that ended December 31st, and a number of the

staff changed out and new committee members were put on to this. What their goal is to do under the subcommittees is various topics to report to the FCC things -- um, recommendations and ideas to better improve a variety of topics, in this case, there are some things going on with IPCTS and video relay service.

They have a first meeting on March 21st in Washington, D.C. I was selected by the Telecommunications Equipment Distribution Program Association, a national program, to represent TEDPA on this committee. That has been exciting to be a part of that.

Additionally the TAP For Telephone, we have added new equipment on the program. That's been interesting in that one of the key items we added into updating is a new signaling device we will talk about later today.

We just concluded our Power-Up 2017 which was held in Columbia; that was held on April 3 and 4. We had 517 attendees, and sessions that were of particular interest were hearing loss, speech loss, and deaf/blind, planning to age in place, which had a focus specifically not on just staying in the home but people with vision impairments and hearing impairments.

Also, Android accessibility. A lot of individuals are not aware of Android having accessibility. In most cases that line between Apple and Android is disappearing. This made a huge improvement for accessibility to individuals with a variety of

disability access issues.

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Let's communicate, experiences of people who are deaf-blind. It was a panel discussion, what they have been using in order to do a variety of things through the national deaf-blind distribution program, also \* known as I can connect. The different ways telecommunications are accessed through themselves.

And the last one was, you have got hearing loss and we have got gizmos, made up of manufacturers who did a panel discussion and discussed a variety of equipment needs that would fit any person with hearing loss in the home, anywhere from things like neck loops, to alarm clocks, to just things like emergency technology. So that was a nice way to have a lot of individuals speak on behalf of a variety of topics and educate not only Centers for Independent Living, teachers, but just the general population as well.

So I mentioned a little bit earlier a new device. It is \* called "sonic alert HomeAware," and in this case I have it down telecommunications equipment device. It is slightly different from the one you will find in the catalog. It has been modified for state equipment distribution programs. The great thing is this phone will not -- excuse me -- the signaler will notify you not only of a telephone call, but if you have the bridge unit, cellular calls, it can connect to your video phone and TTY. So individuals instead of having to have multiple

signalers now have one device. This is really big. It also does a lot of other things.

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However, the doorbell, in order to meet the needs of state programs, the doorbell has been removed and the cell phone signaler was put into place. The doorbell was removed because if states in many cases tried to purchase it, it did not fit their equipment distribution program. Under the state legislature, it could not have been provided. The company worked with telecommunications and Harris Communications, to get it so the state distribution programs could purchase this. Now this particular unit can only be purchased by state EDPs.

LINDA BAKER: Question: The doorbell and the cell phone, it functions just like a doorbell signaler that is installed separately?

STACY BRADY: Okay. The doorbell signaler is a doorbell signaler. It has been removed because state programs can't offer that. And in place of the doorbell are the cell phone signaler was put into place because so many people are dependent on their cell phones now to ring instead of a traditional phone.

So if you -- let me try this -- if you purchased a doorbell signaler separate, an individual can purchase it for \$35, there is a transmitter, and they put the doorbell signaler on that side of their home. It flashes and that device will light up.

LINDA BAKER: I guess I didn't know that cell phones had a

doorbell signaler.

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STACY BRADY: No. They are two different transmitters.

LINDA BAKER: Oh! Okay.

STEPHANIE LOGAN: EDP, what's that mean?

STACY BRADY: Equipment distribution program.

STEPHANIE LOGAN: Oh, gotcha!

STACY BRADY: No problem. So one of the things that I mentioned, this phone -- this signaler does everything under the sun. Remember, we removed the doorbell and put the cell phone signaler. It also has an emergency weather. Again the doorbell, smoke detector, fire alert, carbon monoxide alert, those require additional transmitters. That's where the consumer would have to purchase those. They are running from \$35 to \$110 depending on the transmitters.

Here is the great thing. Individuals can apply to Missouri Assistive Technology through the telecommunications program, either the telephone or the wireless, obtain the master unit. That's this particular device up here. We will provide that as long as they are using it with their telephone, and then they can buy the additional pieces themselves.

This particular piece retails at \$230. We are getting a huge cost savings on this. Again, they are working with the EDPs and brought the cost down substantially so our cost is \$129 with the changes.

Any questions about the HomeAware? Homeaware. The

equipment program distributes the basic unit, and that's provided at no charge to people.

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STACY BRADY: Yes. To the consumer if they meet eligibility, yes.

JOHN VAN ESCHEN: If they wanted to have that signaler work with the doorbell or smoke alarm, they would have to buy additional --

STACY BRADY: The transmitters for that, yes. So in most cases that's really good because if they were to have to purchase that themselves, you are easily up to \$500 for different transmitters and expansion units.

JOHN VAN ESCHEN: I can see how it would be beneficial to people. But I guess, in your point of view, distributing the extra stuff with that is not permitted?

STACY BRADY: It doesn't fall under telecommunications because they are separate pieces.

JOHN VAN ESCHEN: Okay.

STACY BRADY: That's the kind of key that we have always had to play under based on the statutes. So this is one way of getting them a device that will allow them to hear their phones. There are just some responsibility to get the other pieces.

DAVID BAKER: Just to add to your question, John, that has been a long standing issue, those alerting devices and finding the needs to provide them to folks with disabilities. Your

question is timely. I got a call from another Assistive Technology Project and a group of states are going to go in for a FEMA grant to hopefully be able to address some of those other alerting devices for folks. So it has been something that's -- it would be nice if there were some options for some of those other things that are helpful. Maybe some day we will put all the pieces together.

STACY BRADY: Any other questions about the first part? Move on to relay and captioning.

JOHN VAN ESCHEN: How does the bed shaker work?

STACY BRADY: So the bed shaker is a piece that is connected to the back of the alerting device. You put it either under your pillow, depending on your sensitivity level, you can put it between your mattress and bed spring. And when the alerting goes off, for whatever reason, not only does the last piece -- where the digital display is, it will tell you if it is an emergency alert, if it is the phone, VRS, TTY, or cell. It will scroll that. But the alarm under the pillow will just shake and alert you to wake up and take a look to see what is scrolling across the screen.

MICHELLE SANGSTER: It's -- people ask me all the time about the bed shaker and I say it is horrible! It gets me out of bed so fast! I mean it is powerful. And, yeah, so it is -- it does its job, for sure.

[LAUGHTER]

STACY BRADY: Better than the bed shakers that bounced your bed across the room though; right?

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[LAUGHTER]

So a little glimmer of hope.

Relay captioning. So TAP For Telephone moved away from the traditional 840 and 840 I. The 840 as you may recall is an analog system and the I is the Internet-based system. Missouri Assistive Technology along with other state EDPs have an option of doing what is called an 840 Plus. And this is important in that most cases, individuals when they get a captioned telephone for their home, it has to be set up either for Internet or analog. But what happens if that person goes into -- breaks a hip, goes to the hospital, ends up at rehab facility for 8 to 12 weeks? They don't have a phone they can use at the facility. The 840 Plus starts off as an analog device. If the phone line converts because of the advanced communications rules or if they change residence, for whatever the case may be, the phone can be put into IP mode or taken out of IP mode. So that is a really big benefit that they can be in their home, something happens, they go to the hospital, they go to rehab, they had Internet in the home but the rehab facility they are in is analog, that phone can go with them to the rehab instead of having to try to figure out another way to get a different device, which has been complicated and confusing, because then red flags go off at the FCC when they

see multiple devices under someone's name.

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We as a state program are able to do the 840 Plus, and it has been beneficial to a lot of our consumers. And again, we are able to do it because it is an analog device.

JOHN VAN ESCHEN: Just so I am clear with that piece of equipment, the 840 Plus, if it is on analog, that is something -- and they make an intrastate call, that would be paid through the intrastate Relay Missouri program?

STACY BRADY: Correct.

JOHN VAN ESCHEN: IP mode, it is paid by the federal fund?

STACY BRADY: Yes. It goes through the same registration process as the regular CapTel versions, it is just a nice way of being able to move the device as the phone lines change, especially with the advanced communication ruling. We are seeing a lot of folks whose phone lines are automatically shut down from analog and going to IP, and they don't have IP. They were not aware they had to get another new phone.

Breaking down some numbers if there are no other questions? From July 1 of last year into March 31st, we have assisted 954 consumers. Hearing loss is by far our largest group with 580, vision at 270, physical mobility 31, multiple and others 1, and speech 6, learning and cognitive is 3, and combined hearing and vision is 63. We are going to continue seeing that number go up and a lot of the technology is really taking into consideration the hearing vision combined loss with our

seniors, especially as they have already lost their hearing and now they are getting macular degeneration. 11

When it comes to traditional style TTYs, hearing carryover and voice carryover, the numbers are substantially different. From July 1 of last year until March 31 of this year, non-internet based CapTel, which is 840 and 840+, is 31. And Internet-based, the 840 I and 2400 I is 21. We have done two VCOs that are non-CapTel and one speech user, who uses hearing carryover.

Let's talk about why the numbers look so different. We have noticed a significant decrease in text based phones partially because wireless services are available. Changes in the phone service compatibility. So Internet. We talked about advanced communications, the phone lines are changing from analog to digital or to IP. That is hurting a lot of folks. There are other ways they are getting equipment. So there has been heavy marketing for IPCTS, Internet Protocol Captioned Telephone Services. And audiologists are reporting that they are not aware of amplified phone programs, so we are trying to figure out ways to better market to audiologists. They are not aware CapTel is available through Missouri Assistive Technology, and consumers state, I can actually use an amplified phone or cell phone accessory in order to achieve my call.

LINDA BAKER: Can I interject here?

In regard to the audiologists, there is a group called

Midwest Audiologists Society. Are you aware of that?

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STACY BRADY: I didn't know about the society one. I knew about the audiology group.

LINDA BAKER: They are doing Looping the Lou, which is one of their projects. In fact, they had just had a trivia night a couple of weeks ago to raise money. That might be a group that you want to -- that is supposed to represent Missouri. With the name "Midwest," I am assuming there are other states involved. But, anyway, I know a lot of the Missouri ones belong to that one.

STACY BRADY: That's good to know. I know that Illinois has also just recently started airing commercials that some St. Louis cities are picking up. Theirs is for their wireless program. I use that term very loosely because they can't offer cell phones but they offer cell phone accessories. So there has been commercial marketing done that benefited Missouri from the Illinois side. That's a unique side that we have seen a few calls garnered from when those commercials air.

LINDA BAKER: And don't forget at some point the Walk4Hearing in St. Louis. I want to say it is in September. I forgot the date. But we do have vendors. So that may be a place that you want to promote it. There is a lot of families with children that have cochlear implants that come.

STACY BRADY: Good to know. That's a good reminder. So they are on the telephone, TAP For Telephone program. There is no

age restriction. Some states have age restrictions. Missouri 13  
just says you have to be able to use the telephone. So just  
kind of a reminder for everyone in the room.

Some disappointing news that has come down in March. The  
Q90 TTY/HCO/VCO device was discontinued by the manufacturer.  
This is disappointing because this was the go-to TTY we did for  
speech impaired. Now you notice I didn't say anything about  
hearing impaired because what we have found is TTYs, of course,  
like many technology has gone by the wayside. The speech  
community is still benefiting from this device. We can put  
speakers on it. Put a headphone on it. They can have a  
private conversation. They can type their response back. So  
this again was really disappointing that the manufacturer  
discontinued this particular device because it was the only TTY  
that allowed speakers or a headset.

LINDA BAKER: There is no substitute?

STACY BRADY: Your substitute at this point now, unless you  
want to pick up a handset every time, is IP relay.

LINDA BAKER: They didn't come up with anything new?

STACY BRADY: No. You are not -- TTYs are going to be gone  
by the wayside probably in the next ten years anyway.

LINDA BAKER: I hear that and I am thinking about what you  
just said about the speech-impaired community. What  
technologies are invented for them?

STACY BRADY: I actually had a call yesterday from an

individual up in -- by the Iowa state line. The wife called because he lost his vocal box. That's where most of our people are. They lost their vocal and trached, and they lost it because of cancer. He was no different. When I found out that they had a digital phone line, because I made her do homework, and I said you need to tell me what type of phone line you have, and my only option was IP relay. That's where we were with that gentleman. But again, I am really disappointed this device was discontinued, and they gave us no notice before they discontinued it.

MICHELLE VICINO: Clarify. Usually when Relay Missouri comes across people with a speech disability we have them use 711, Relay Missouri, speech services because those operators are specially trained to work with a speech disability. How does this product actually work rather than them using their cell phone and calling --

STACY BRADY: Most of the people in this situation have lost their voice totally, no voice. That was something we -- as we were training, reminding people about speech-to-speech relay, a lot of our individuals do not understand what that is. You and I probably need to talk about that a little more. But I did remind them that speech-to-speech is a great way -- you don't have to get a device. You may be able to use your own device. I think that's something we need to market a little bit better, Sprint and Missouri Assistive Technology. I mentioned it to

Kim McCRAY, the other day who stopped in my office.

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MICHELLE VICINO: Oh, you met her?

STACY BRADY: What do you do when it is gone? With the loss of the Q90, we still offer the Uniphone 1140, which is a keyboard with handset on top. I hate that device. It is very small. For most gentlemen, they have difficulty touching the keys, small keys and close together.

And then there is the 4425 which looks like your traditional TTY. You put the handset from your phone down on to the cups and you make your call that way.

More referrals are being made for IP relay, which is, of course, through your computer. That only works if the individual user has Internet, high speed Internet. We know a lot of rural Missouri that doesn't have Internet.

Any questions about TAP for Telephone side before I switch to wireless?

So again, using July 1, 2016, beginning of the state year to March 31st, we provided 152 wireless -- consumers wireless equipment.

Unlike the TAP For Telephone program, vision is the number one group that is receiving equipment through TAP for Wireless. Substantial differences even. 102 with vision loss, 40 with hearing, one with speech, 6 is mobility physical, and one other, and two with vision and hearing loss that do not qualify for the deaf-blind program.

What consumers received. 152 individuals. 103 received an iPhone. We are finally starting to see people take on the Android smartphone. We have 3 of those. iPads are 18. Jitterbug flip which is your basic cell phone is 12. And amplifiers, 16. Neck loops, 1. Speech app, 1. And visual signalers, 11. 16

What we have our eye on, RAZ Mobility has introduced one new device and we are watching out for a device that is supposed to come out for individuals with vision loss, and it is called the Lucia, LUCIA. The device is supposed to be able to pick all menu selections and tell you who is calling, like voice announce. So this is something we are very interested in seeing. They have been finishing up their beta testing in Sweden -- no -- Switzerland, one of the European countries. Pardon me. And it is supposed to be in the United States in June. I am going to say with any luck we should have it by September. It is great if it is earlier, but by the time they get it manufactured and to the United States, it usually takes a little more time. Something we have our eye on because this could be very beneficial to a lot of our individuals who need a no frills phone.

And then the Sesame phone and tablet. This is a substantially different type of device. A lot of our individuals with quadriplegia have struggled to be able to use a smartphone, primarily because even though you can say, hey

Siri or, hey, Cortana, or Google is Google voice, they still don't allow you to do certain functions. So the Sesame phone is going to allow someone to -- with some basic head movement, and very sensitive at that, to use the device to do telecommunications on their own without somebody having to turn the phone on or off, without having to have someone push buttons for them. With a simple head movement, it will go through different functions for the individual user.

David, John has kind of played with that. Do you have anything to add about that? Anything on the Sesame?

DAVID BAKER: Not really other than it is a pretty exciting product and they came -- and they came to our office and did a demo. I will have to confess that our staff is pretty cynical about people coming in and showing off new products. We have seen a lot of great ideas and once they got in front of us it was not so great. But everybody walked out of the demonstration really, really impressed with how easy it was to use, and how well thought out it was. And they showed up at Power-Up earlier this month, and a lot of people had positive things to say, people that stopped at the booth and went through this phone. We are actually really excited about this product. It is one of the best -- one of the better things we have seen in recent years in terms of opening up technology to a population that we have struggled with finding good tools to enable people that have quadriplegia to be able to access

telephones. We are excited about this.

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Questions?

LINDA BAKER: Sesame phone, are they able to use head movement to text?

STACY BRADY: Yes.

DAVID BAKER: Yeah.

LINDA BAKER: Cool.

DAVID BAKER: All that head-based movement and eye-based types of technologies, there has been a lot of evolution to those in the last few years. It has become much smaller, better thought out. This one, the range that you are operating in, I mean we are talking centimeters as opposed to three or four years ago when people were using that technology and we were talking huge amounts of real estate they had to move on a device to move the cursor from one side to the other. Now we are talking in a little target area like that. They have all of their tools, and so it is a little less taxing, those types of things, for the users.

JOHN VAN ESCHEN: How does it work? Head movement?

STACY BRADY: So what they have done is they have taken an Android device, and they have installed their own operating system on top of it. So there is the Android side under the Google and their operating system that is working simultaneously. Through that operating system it is set up for the head movement, you look at the screen and you start with --

it recognizes where your face is, particularly your nose. And 19  
from there, the setup goes so smooth. You do just a few  
demonstration pieces so that it understands how your head is  
functioning, your movement is functioning so that it  
understands how little or how significant a movement you have  
to have in order to control the entire device through that. It  
is something else.

DAVID BAKER: A couple of years ago the learning curve on  
those types of devices, we were talking days for people to get  
those things down. Now we are talking minutes. Motivates  
people to want to use them if they are not feeling like they  
are struggling just figuring out how to get started with the  
device. If they can make something happen quick, then they  
will be more motivated to use it. That's a good thing.

LINDA BAKER: Someone who has spinal cord -- I am very  
familiar with spinal cord rehab and, you know, they go through  
a lot of things saying what do you want to learn how to use.  
That's where they learn what head movement they need to control  
certain things. They are taught, you know, even the eyes, a  
certain blink of the eye. I know for a small -- I don't know  
if they are using the joystick anymore. Just to let you know,  
spinal cord injury goes through rehab and figures out what kind  
of equipment they need to have to function every day.

DAVID BAKER: Quadriplegia and folks with ALS and MS, those  
folks would benefit from that type of technology as well.

LINDA BAKER: People with ALS.

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DAVID BAKER: Yeah.

STACY BRADY: We are working with the company to be able to get this -- this is available now. We are working with a company to be able to get it on to our program. There are just some steps that have to go through to make sure they are meeting the things that we have to have for the wireless program. So they are very excited to be able to have an opportunity to work with us. We will be not the only state but one of the few states who is looking at this particular device for a number of our individuals.

Switching gears to iCanConnect, which is also known as the Missouri deafblind distribution program. From July 1, 2016, state fiscal year, through March 31, so far the program has served 60 Missourians. That's not bad for a number of deafblind consumers we have in our state.

Last year the FCC announced that the iCanConnect would become a permanent program. So for the last five years it has been in a pilot mode and beginning July 1st, if I am correct, it is going to be a permanent program. They have been accepting applications from a variety of agencies across the country to administer for their specific states to be the administrators of the program. Missouri Assistive Technology has applied to be the continuing administrator of the iCanConnect program. And I believe we have garnered several

agencies' support as well to continue that administration.

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Correct?

DAVID BAKER: Yeah, several of you in this room actually wrote letters of support for that.

And just to add a couple of things to what Stacy was saying. I think this program is probably -- at least within our office, exceeded what we thought in terms of people we would find would benefit from this stuff. More individuals in the State of Missouri who are struggling with telecommunications access who are deafblind than we even realized, which is good because they are finding and connecting with the program in one thing or another.

And we submitted the application a couple of weeks ago after Power-Up. One of the things we always thought we were fortunate about with running this program in the State of Missouri was the fact that we had the Telecommunications Access Program to begin with. When we look at other states doing this program, they didn't have -- well, we are the only state that has the two tiers with the telephone and the Internet side and, I think that made all of the difference in our ability to take this program on and have success and find people that we might not otherwise have found because a lot of states struggle coming out of the chute to understand the program and the equipment and the connections and states need to find individuals that can benefit from it. We feel fortunate in

Missouri to have the foundation in place.

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STACY BRADY: Deafblind does not mean totally deaf and totally blind. There is a variation of degrees with the hearing loss and the vision loss. If you know someone who might benefit, please let them talk to Brenda Whitlock, the administrator of the program. She will determine through a variety of conversations and e-mails whatever works for them, if they meet the deafblind definition, or if they need to be referred to another in-house program. You saw this device before, the HomeAware kit. This is the deafblind kit. It is slightly different than the TED kit and is not available online just like the TED kit.

Again it will alert you to the telephone, cell phone, TTY, video relay. But this one actually comes with the doorbell. They left that in there. But they also added the smartphone transmitter which is what makes the cell phone and then a bridge unit transmitter. And the bridge unit transmitter is important because many individuals already have sonic alert pieces in their home. This will bridge those devices to the new master unit. Again, that's only specific for the deafblind kit. Any questions about that? That concludes my presentation. If there are any other questions? No? Linda, I hand it back to you. Thank you.

LINDA BAKER: Thank you. It is ten to 12:00, probably a good time to break for lunch.

DANA PARISH: That's fine.

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(Lunch break taken.)

LINDA BAKER: I guess we are ready for the Sprint report.

MICHELLE VICINO: Okay. Can you hear me? Am I speaking loud enough?

LINDA BAKER: I can understand.

MICHELLE VICINO: I am good. I will try both. If you can't hear me, I will have you guys take over the voice part. It is unfortunate we have to be inside with the nice weather. My presentation is short and sweet. I will get right to it.

First, I want to show you a snapshot of what Relay Missouri has been doing since last October, 2016. And I only have information up to February, and the reason is I am two months short is because the traffic report for the current -- okay, so the current last month's traffic report arrives on the 15th of the following month. So I have not received my traffic report for last month yet. So that's why I stopped gathering my information in February. That explains why it is a little short at this time.

Total TRS relay minutes, 85,948, since October last year. And total CapTel relayed minutes, this is for analog only, not including Internet-based CapTel, 98,233 minutes.

Then 153 outreach events. For that one, I actually got up until March because Al was able to send me the report for March as well. That is one month extra.

And then the total audience reached is 1,837. That's the audience reached that we promoted to since October. That's just a quick snapshot of what we have been doing.

This graph, I want to emphasize that I was nodding when Stacy gave the presentation. She said she is seeing a trend in the decline of CapTel. So this is exactly right. People are transitioning. For this, actually is the TRS call volume that people continue to transition to the Internet-based services. It has flattened out this year. You see the green right here? Over the years, it continues to decline. Exactly what Stacy mentioned in her presentation, people is transitioning over to Internet-based services, video phones, or Sprint IP relay. It is very common. This is proof of what she mentioned in the presentation. All of this is in the presentation I put in front of you if you want a closer look at the graph.

And then for CapTel, this is analog only for CapTel. Again, there is a decline again in the analog based CapTel services. Now this again, they are transitioning over to the Internet-based CapTel services. And again, common in all the states that we see this decline.

Any questions on the graph before I move forward?

JOHN VAN ESCHEN: This is consistent with other states' usage?

MICHELLE VICINO: Yes. Other states, we see the same thing, yeah. Many people -- I mean maybe it is not just they are

transitioning over to Internet-based, but I am hearing a lot of 25  
phone lines themselves are -- there is -- it is not true analog  
phone line anymore. Phone lines are becoming cable which are  
not CapTel, with a CapTel analog phone or TTYs. They are not  
compatible anymore so people are transitioning over. So  
Internet-based CapTel service is not going to show up on a  
traffic report because it is not funded by the state.

Now for the outreach report, I actually printed it out for  
you too. You will see Al has been very busy since October. So  
we do a lot of same events like Deaf, Incorporated. We  
sponsored the teen camp Stephanie has. Between the events, he  
does a lot of business to business. He visits audiologists'  
offices. He started to go to major hospital networks like  
DePaul in St. Louis. He goes to assistive living centers, and  
he is really trying to get the word out there about Relay  
Missouri. And we will see a list he has. He is really busy  
visiting the businesses.

LINDA BAKER: Who is doing the outreach?

MICHELLE VICINO: Al Alvord. You met him last year, my  
contractor, the same person. You met him last April. He is  
very eager. He is out there. He actually found quite a few  
new events I am just learning about. There is the volunteer --  
hold on. The National Volunteer Caregiver Network in  
Kansas City, that was the first time last year. We will go  
again next year. There is the Missouri Alliance Of In-home

Services; that is new to me. He is finding a lot of new events 26  
that we will go to going forward.

LINDA BAKER: Michelle, when you are done with the outreach report, I want to know how the celebration went in December because I have not heard anything.

MICHELLE VICINO: Yeah, I was going to save that for the end, but actually I can tell you right now. So if you remember last year we had the conversation about hosting the 25th anniversary celebration. So the original plan was last year we were going to host the event in October in Columbia. So we set it up, had everything going, got the invites out. However, we only heard back -- we budgeted for up to 250 people. We only heard back from 20 RSVP, yes. From 20. So we debated it and talked about it. Regardless of when it happened, that money could not be refunded. We had to use it or we would have lost money. We decided -- we had the option to push it back up to 60 days from the original day.

So that meant October. There were only two days available. It was November, the Saturday before Thanksgiving or December, one or two weeks before Christmas. We picked December hoping it would give us more time to invite people and get the word out and invite people to come.

At that point I think right before the event we got -- I think almost 50 RSVPs, yes. Comes the day of the event or the day before, do you remember that huge ice storm that happened

in December? That was the day before the event happened? I actually left St. Louis before it hit. So I just got to Columbia in the nick of time. Right when I pull into the hotel, my car starts sliding. It was really bad! But I arrived. My contractor arrived. And the next morning I got a text -- a message from Chris with MCDHH and Opeoluwa Sotonwa. We said, what should we do because the weather was so awful. At this point if you cancel, you lose the money. But I was there, and we had 35 people that did not change their RSVP. So I wanted to assume that they were already in the hotel. So I said, let's go ahead and do it. Let's go ahead and host the event. I am here, contractor is here, let's go.

Including the interpreters and including two vendors, 16 people showed up. 16 people showed up. We made the most of it. We had a good time I think. We chatted. People learned a lot. But 16 people showed up.

So those that didn't change their RSVP, they didn't show up but I didn't want to assume they were not going to be there. I mean if you can imagine, you drove all the way there and then it was cancelled. I didn't want to upset the customers so we went ahead and held it.

LINDA BAKER: I was curious because I was one of the ones that did cancel, and unfortunately an acquaintance of mine got killed --

INTERPRETER: Can you say it again.

LINDA BAKER: I cancelled to go to the celebration because of the ice storm, and unfortunately one of my acquaintances got killed. So I knew I didn't want to be on the road. 28

MICHELLE VICINO: Yeah. The roads were horrible. I was lucky enough that I arrived there right when it got bad. But the hotels were booked. People were actually pulling over and staying overnight. You were lucky if you could get a room in the hotel. All of the hotels were just booked.

LINDA BAKER: What did you learn from the event? Was there anything that you walked away with that you -- other than the weather that you can't control. Anything you walked away with? I don't mean gifts.

INTERPRETER: You don't mean what?

LINDA BAKER: Like, did you learn -- did you meet new people or get new information? Something you could walk away with.

MICHELLE VICINO: Actually, during the other presentations I was actually out running, working with the hotel, trying to get things ready for the food and all of that. But I did meet some new interpreters. And I learned that they didn't know about our services, some of the interpreters. So that was good, good feedback to get.

But other than that -- but, yes, I definitely learned I couldn't control the weather. I would be a millionaire if I could but I can't.

LINDA BAKER: Or you would be God.

MICHELLE VICINO: So you will see that Al has been really busy.

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This one, this time does not include what MoTAP has been doing. I didn't have time to include that in my report. This is just Relay Missouri, Al's work.

I added this slide last night. I didn't have time to add it to the PowerPoint itself. But the Sprint accessibility team has expanded recently. We have some new head count. I wanted to share some of these new positions because some of them are in the Kansas City area.

So we do have Claudia Gordon, our government and compliance manager, who is actually in DC. She used to work with the Obama administration. She is a lawyer. She will be close -- working closely with the FCC and compliance stuff. She is nice to have on our team. That's Claudia.

Then Karl Ewan, EWAN. Do all of you remember meeting my former supervisor, Mark Seeger, who was here a few years ago? He is another branch manager of customer relationship.

The next two people that are based in Kansas City, that's Emmanuel McKeever, MCKEEVER. For them being in Kansas City, they can potentially support Relay Missouri and help promote Relay Missouri since they are in the state. And their focus is on -- so Emmanuel is focused on trade shows, and Kim McCRAY is focused on audiologists. So if they need something in Missouri, they can spread the word about Relay Missouri.

Then we have Alana Beale. Are you familiar with remote captioning? It is like CART. It is like what we have here except you have a video conference and the captioner is in a remote location for the caption to pop-up on the screens. She is focused on that service. She is based in -- Chris, help me. Alana is based where? Virginia?

CHRIS SMITH: Yeah, yeah.

MICHELLE VICINO: Virginia. And then last we have Joe Karp, and he is doing the digital marketing manager. He is focused on Internet CapTel also. And I am hoping he can teach me a few things and maybe I can apply it to Relay Missouri, and that's an additional marketing manager. That's the new team we have added for accessibility.

So the other updates I have was I already discussed the 25th anniversary. And the only other update, the Missouri RFP was released two days ago just to let you all know. Not a discussion about that. But it was really -- so we are working on that one right now. That's it for me. Any questions?

JOHN VAN ESCHEN: Is there anything going on at the federal level that we should be aware of?

MICHELLE VICINO: I looked into that and, no, there is not. I don't have any updates. I asked the manager before I came here if there was anything to share with you. I don't have any updates.

CHRIS SMITH: I will be able to update you probably Friday.

I think there is going to be some updates coming Friday.

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JOHN VAN ESCHEN: Oh, really?

LINDA BAKER: Regarding?

CHRIS SMITH: I am not sure. I reached out to some of my colleagues to see if there would be something I could share today and they said, Friday.

JOHN VAN ESCHEN: Okay.

CHRIS SMITH: Nothing to tell you about.

MICHELLE VICINO: Anything else?

LINDA BAKER: Any questions? Thank you, Michelle.

PSC staff report.

DANA PARISH: I passed around papers while you were eating.

The first item is the federal fund balance update. This is the item we will look at, this graph here. This topic came up last meeting, reducing the fund balance. It was also e-mailed out to the relay members asking for feedback. Since then the fund has been reduced from 6 cents to 4 cents. It was effective April 1st. The last fund balance -- recent fund balance was from March, 2017, which was 4.5 million. Typically what we try to have in reserve is I believe five to nine months worth of expenses. And when we look at this projection, we should hit our goal by December of 2020 which would be 1.2 million at that time.

LINDA BAKER: So it will be reduced from 4.15 million to 1.2 million.

DANA PARISH: That's the projected fund balance roughly reducing it from the 6 cents to 4 cents. John, do you have anything to add?

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JOHN VAN ESCHEN: Projected fund balances, it is subjective. It depends on various assumptions on whether certain trends will continue. It assumes various assumptions. And reducing the surcharge from 6 cents to 4 cents, the Missouri Commission has always strived to have a fund balance that is anywhere from five months to nine months worth of expenses. For better, for worse, that's sort of been the target goal for the Missouri Commissioners have provided to the staff and in terms of we like the fund balance to be able to cover anywhere from five months to nine months worth of expenses. They feel that if you get more than that in the fund balance, then there is a perception that you are stockpiling too much money. We need to reduce the surcharge because ultimately consumers have to pay for this, and we want to try to be responsible in setting the surcharge and make it as small as possible but still be able to fund and adequate enough to cover expenses. And so that's sort of what went into the decision to reduce the Relay Missouri surcharge from 6 cents to 4 cents. And we are expecting, you know, this will reduce the fund balance down below \$2 million in the next couple of years. And it is not going to bring it down immediately, but it is going to be a gradual decline. And if it goes down too fast, there is, you know, the prospect of

increasing the surcharge. Or if it is not coming down fast enough, it could be reduced some more. But that five to nine months threshold is what we also use for the Missouri Universal Service fund. And that's another fund that is overseen by the Missouri Public Service Commission.

HAMPTON WILLIAMS: Looking back on the fund balances for '13, '14 and '15, would it be your opinion that the fund -- that it was overfunded which necessitates reducing the balance?

JOHN VAN ESCHEN: Right. Overfunded, yeah. There is the feeling that there is just too much money there. And there is also a concern about -- the legislature may try and take a portion of the funding and use it in some other manner, which --

HAMPTON WILLIAMS: I would certainly acknowledge that. I know that other funds that the PSC has held, the Manufactured Housing Fund and things like that have kind of been subject to some consideration by the legislature, particularly in a tight budget. So, you know, given the five to nine month projection, was the accumulated \$6 million balance, was that because, you know, ten years ago, five years ago we were seeing more use of the resources from the fund, and as we have seen either declining usage, we are seeing the costs go down? Is that what you are thinking of here?

JOHN VAN ESCHEN: I think it is declining usage, but I think it is also -- I know for the equipment program which was -- the

fund provides support for, there is this internal debate -- you 34  
guys have your budget, you know, what we -- we expect to spend  
this amount of money and -- but that turns out to be less than  
what you actually spend. And that's a big driver as well in  
terms of, you know, you generally look at the budget and things  
change. You want to make sure that -- well, you planned to  
spend more in this coming year; you want to be sure there is  
enough money in the fund. And I think over the years we have  
seen actual expenditures of the equipment program be less than  
what the budget was, and that's caused the fund balance to be  
maybe more than what we had anticipated.

HAMPTON WILLIAMS: Uh-huh.

JOHN VAN ESCHEN: But declining usage too for relay service  
is another factor that has an impact on the fund balance.

HAMPTON WILLIAMS: Thank you.

OPEOLUWA SOTONWA: I have a question. I know that some of  
you already know about HB 903, and that is to set about a  
hearing aid program for --

INTERPRETER: I am sorry. You are back lit.

LINDA BAKER: Explain what that 903 is.

OPEOLUWA SOTONWA: So that's why the representative was  
supposed to be here today, to talk about HB 103 and to file for  
that particular bill, but that has been --

INTERPRETER: I am sorry.

OPEOLUWA SOTONWA: That bill is in regards to a hearing aid

bill, and so we were supposed to be talking about that particular issue. But with this we -- just recently I got a text saying Mike Kelley is unable to come today because he is stuck in session. He wanted to kind of share with you what's going on in the legislature; that that is being discussed. Maybe we will have that number reduced possibly, and hopefully we will be able to get some more funding. But just we wanted to see what your opinion was, where you guys stood on that particular thought as far as filing that bill. As for myself, we didn't really agree with some of the wording in the bill. I mean the concept is actually a really good idea. But as far as support of the bill, we were wanting to use some of the funding that was left to benefit the Deaf and hard of hearing community in the State of Missouri. And so I actually have a copy of the bill with me that I can disseminate if you guys would like to look at it and discuss it and talk about it and get your opinion. That's one of the reasons I wanted to be here today. I wanted a feel on how you felt on the surcharge and how the money that was left over and how to utilize it. You know, and that surcharge is mostly for the phone line, the actual landline. That's something that is actually in decline is the usage of landline. So with that decline in usage, we don't want that money to actually be sent back. We are curious what your opinion is on that because we don't want to lose that money that we are still receiving for landline funding.

LINDA BAKER: I guess my question is: Okay, there is a decline in analog landline and I know that. Is there enough money regarding the new wireless program with Missouri Assistive Technology, where is -- do you see there is more need and demand when you got money or -- where are you as far as providing services to the population you serve, David?

DAVID BAKER: Well, I guess it is kind of two ways this can be viewed from our angle. The first one is, sure, we can envision more people accessing those programs as time goes on. You want to match people up with adaptive telecommunications devices in the State of Missouri. But we have data that has kind of shown the consistency of the programs and the dollars and type of thing over a number of years. And you guys obviously looked at that when you did your projections, and we understand where you are going. But I think there is more of an optics kind of issue in some respects and that is, you do have to monitor that fund so that it continues to do what it was set up for but doesn't become a target for something else down the road, especially in these interesting political times.

So we can envision the day where more people will be accessing it. We do some thinking down the road and see that scenario. But we obviously -- what we are working with right now and the projections are things we are comfortable with to assure we will be able to do what we are currently doing.

LINDA BAKER: Okay. Any comment? I don't see any Commission

members. Stephanie, do you have any comment? Any comment on this bill?

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STEPHANIE LOGAN: No.

JOHN VAN ESCHEN: I have got a question. Just so that -- the bill is intended to provide hearing aids to --

OPEOLUWA SOTONWA: To low-income --

(Both talking at the same time.)

JOHN VAN ESCHEN: What?

OPEOLUWA SOTONWA: Low-income families that have a hearing loss.

JOHN VAN ESCHEN: What's the status of the bill so far?

OPEOLUWA SOTONWA: Well, I do believe that it has already been filed and it is being referred to a second committee for review currently. And that committee will go ahead and review it, but they have not voted on it yet. So it seems like the bill itself has a lot of backing for it, and so they are going to go ahead and file it for the Deaf and hard of hearing community. That's something, like I said, I brought. I want to share it with you guys and get your perspective. You can read it and give us your feedback.

LINDA BAKER: So we don't know about the bill -- right now.

INTERPRETER: Sorry. Hold up. Stephanie asked a question, but I missed what the question is. Ope is responding to it.

OPEOLUWA SOTONWA: This bill actually is going to be after they kind of discuss it. We would like to make amendments to

this bill, but there is still a few weeks left in the legislation session. So we don't know exactly what's going to happen with it currently. And so I was able to contact them yesterday and talk with the Chairperson, and right now it is not moving forward. There is something wrong with it. But I don't know exactly what is going on with it. So we will -- you know, some people are saying some things; some are saying the other. So I don't know what is going to happen with the bill exactly. There are a lot of legislatures that are in favor of this bill, and it is a great opportunity for us to think about people who have hearing loss.

STEPHANIE LOGAN: Yeah, exactly. And right now with the current situation people that are below a certain federal poverty level, they would qualify for this particular device, funding. This is something that can happen over and over again.

OPEOLUWA SOTONWA: Yeah, with the Relay Missouri surcharge, we don't want to see that funding being cut. But because there is not enough usage of it, that's a possibility. So we are wanting to possibly amend this bill to go ahead and utilize that funding that is left so that the program can continue. We will have that assistive technology that we can utilize and that's kind of where it is.

STEPHANIE LOGAN: Suppose it happens. Then who is going to administer the program?

OPEOLUWA SOTONWA: The Missouri Assistive Technology will do that. But some of our concern was -- would you like to -- I don't know if you want to address that, David. 39

DAVID BAKER: Okay. I will. Ope and I have spoken on several occasions, and I felt like Missouri Assistive Technology is between a rock and hard place on this. Obviously, we are interested in finding a means to address the number of people who need hearing aids in the state. The unfortunate side from our perspective is that doing it through the telecommunications relay fund is giving me heartburn at night for a variety of reasons. One of them being -- well, the primarily one being because the surcharge has been calculated now to go into the future and sort of be at a maintenance level in terms of its two primary functions that were outlined in the legislation. That's already a done thing in terms of it being brought down to 4 cents. The projections are there. We are comfortable with continuing our program based on those projections. To add something on top of that pretty much blows those projections kind of out of the water, and I would hate to be in a position where we have to come back a few years later and ask to increase the relay surcharge.

The second thing that gives me consternation about this is the fact that it -- if we are the administrator of the program, Missouri Assistive Technology, I can't imagine that it wouldn't involve us accruing costs that we are not in a position to do

right now related to staff. How do we set the program up? We don't know how we would do that at this point in time. I mean, so again, like I said over and over again, we would love to find a way to address this. We understand that this is a big issue. We have done some stuff in the past to help address this issue. I just don't think this is the vehicle using the telecommunications relay dollars as proposed in this bill. I don't think that's the vehicle to do it at this point in time. I would much rather see a whole bunch of us get around a table and look at all of the options that are out there to address for everybody the lack of funding for hearing aids. So I mean this is something I had to express continuously, that obviously we support hearing aids. But we just don't think this is the vehicle to do it, especially with the things that have happened with the relay surcharge being reduced here to keep everything sort of in a balanced operation.

LINDA BAKER: I am trying to get my head around this. Do you see an independent agency -- what would happen if this bill -- first of all, we don't even know if this bill is on the calendar for committee. Is that correct?

OPEOLUWA SOTONWA: Not yet, no.

LINDA BAKER: Like you say, there is about a month left, less than a month for the session to be over with. So the probability it may not get anywhere. But let's just pretend that it is going to come up again. Are you proposing -- I got

two questions.

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Are you proposing an independent agency outside of Missouri Assistive Technology to administer that? And my second question: What does that do with the money that we have now to provide the existing programs? I mean what is going to happen? I know you don't have a crystal ball. Is that feasible that we could ask for an increase in the surcharge if we are out of money? I am just trying to -- any comments from David? John?

OPEOLUWA SOTONWA: Well, there are two issues, first of all, that are involved in this. First one is when we started this bill, we weren't asked -- we were not asked about like the Missouri Assistive Technology. We were asking -- they were asking MCDHH to do that, and so the House and legislature themselves went ahead with the process of doing this. And Missouri Assistive Technology already had kind of -- they were a separate entity in that situation. And so the bill, because it regarded hearing aids, that's an assistive technology. So that was the reason it kind of got amended to the bill, and we were looking at Missouri Assistive Technology. But then like they were saying, they were feeling stuck because the bill was already filed and we didn't know anything about it. It was kind of like they rolled with it. So someone started that conversation and so we felt like, oh, surprise. Look, all of a sudden we are in it. It has already been in and referred to committee and it is on its way. So it was kind of -- we had to

act as quickly as we could, but we knew it was not perfect.

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And so with that bill, obviously, sometimes it takes a few years to get it really rolling and passing. Maybe next year or in a few years it could happen. But it is important that the legislature keep in mind and are aware the seriousness of the issue and it does need to be fixed, and it affects low-income people and their inability to get hearing aids.

So it would -- we are really trying to get some people rallied around this and get it going. But right now the plan is if it is not successful, if nothing goes anywhere with this, then if you guys would be willing to maybe establish some type of committee, something that we can make some recommendations or some ideas, or a team that we can take back to the committee and they can be responsible for that and maybe run with it. We need more people that are in support of it and more than people in the community. And we are -- it is an issue we have been aware of for a long time. Linda, you know. This is something that has been a struggle out in our community.

DAVID BAKER: Just a couple of other things that I would suggest here or that I have thought. One of them is that there are more -- Ope, you know this as well as I, there are a lot more Missourians that need hearing aids than just the number of low-income individuals. When I see something like that, I think, let's look much bigger as opposed to just kind of a we-got-to-start-somewhere. I get that. But I would like to

dream a little bit bigger on solving that problem for everyone  
in the state.

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The other thing is -- well, I guess that's pretty much what I would like to do. One technical thing is I believe the Federal Communications Commission views hearing aids as a medical device rather than communication device, which says how does it fit under the legislation established, the telecommunications relay program. I am pretty sure they look at hearing aids as -- not as a telecommunications device. So we are starting to creep away from the intent of the law and the program which gives me some concern as well. We would like to try to stay true to the intent and not get into services and devices that aren't related to increasing telecommunications access for people.

LINDA BAKER: Thank you for clarifying that, David. And I see, Michelle, you wanted to say something.

MICHELLE VICINO: Yes, I would.

LINDA BAKER: That's why I wonder if other states have administered it, hearing aids to low-income residents. I mean I am only aware that in St. Louis we have St. Louis Speech and Hearing Center, and they work with Medicaid clients and through their private donation they help with hearing aids. But that is the only thing like that in the state. So I was for the support of the bill if we could find a program that was willing to administer it. Maybe it is -- and I was concerned if you

are going to reduce the surcharge, is that going to be -- is there going to be enough for Missouri Assistive Technology as well as administering the hearing aids.

DAVID BAKER: I tried to project some of this stuff out and I can't come up with what I would -- I can't make it work and there is tons of variables as of right now if we had to take this on. Variables make me nervous when they involve money for one thing.

LINDA BAKER: Okay. Michelle.

MICHELLE VICINO: I am not shooting the idea of your bill down because I have actually been struggling with this for 30 years myself. I have a response to all three of you.

First of all, I don't understand how a hearing aid relates to relay. I understand it is medical. And I find the irony of you saying the FCC considers it medical because insurance considers it cosmetic.

DAVID BAKER: You are right.

MICHELLE VICINO: I thought -- that offends me, really, because I rely on my hearing aid. I consider it a prosthetic, the same as an amputee needs their arm.

DAVID BAKER: Right.

MICHELLE VICINO: It brings me back to our discussion last year. I thought we were discussing pushing back to the insurance company that I think they should pay for hearing aids the same as they do the arm.

Now it is assistive technology, yes. But it is not really related to relay is where I am like -- I want them to have their hearing aids because even to this day, I struggle to afford a hearing aid. It is crazy expensive.

Which brings me to Linda. Connecticut has a state program that is Connecticut -- their Commission is now called BRS, and they distribute hearing aids to those who have a hard time affording it. So the State of Connecticut has it, but it is not the EDP program. It is the commission program distributes the hearing aids. That's my opinion on it.

LINDA BAKER: Thank you for sharing that. Did you want to add something else?

MICHELLE VICINO: No, I am good. I didn't mean to cut you off.

LINDA BAKER: Yeah, I think if you want a subcommittee, this is my last session. But I don't necessarily -- if you have -- I am not going to say anything about it myself because I don't know what the future holds. It is very interesting about -- I just want to say Medicaid and Medicare does not pay for hearing aids.

DAVID BAKER: Right.

LINDA BAKER: And being a Medicare recipient because I am a retired state employee and I tapped into my secondary plan as my insurance, in September I will be getting a new hearing aid. And what she told me is Medicare is not going to pay for it

which I knew already. But because of my good state insurance plan, they will pay a percentage. And even then she is going to juggle the figures because I have -- six years ago this was the cream of the crop hearing aid that I wear. Now because I am on a limited income I am not necessarily going to get the cream of the crop hearing aid this time which worries me because I wonder how well I am going to communicate.

Anyway, a lot of people don't have the insurance to pay a percentage. I agree with Michelle that hearing aids should be paid by -- I think we need to focus on classifying -- let me just clear this up -- classifying hearing aids as a durable medical equipment because wheelchairs, for example, are paid for by Medicaid and Medicare. You can't get one every year. At least when I was working, it was every five years you can ask for, request for a new one. It can be the same standard of practice, every five years, every six years, if you need a new hearing aid, we will look into it. Because it is interesting, the cochlear implants are paid for by insurance companies. And I think it was you, Michelle, or somebody saying -- yes. Because my friends in St. Louis have insurance pay for it. And so that's -- there is more of us that wear hearing aids that we have to take it out of our pockets. So I think -- I don't know what is the variable that we need to work on, who do -- we need to look at the Medicare and Medicaid changing the classification of hearing aids to be paid for low-income

Missourians just like they do wheelchairs. It used to make me mad that my friends that could get wheelchairs paid for and I couldn't.

DAVID BAKER: What both of you said goes to why I would like something to address this on a global scale. There is a huge systems change effort that needs to happen here. While a bill like this might help some people, we are still going to have the vast majority of people that are going to be in this hearing aid conundrum or it is not covered by Medicaid or private insurance. It is not covered by Medicare. And that's -- I would much rather take on systems change and work to have something that is long lasting than to use some dollars out of an already existing fund because there is a perception that these dollars are endless, and I know there is a few people around this table who are understand systems change.

LINDA BAKER: That's a conversation I think you need to make with Representative Mike Kelley because apparently he has a hearing loss himself. You need to have a conversation with him, possibly after the session is over, because I have a hunch that this is not going to go anywhere only based on my experience. I could be proven wrong.

DAVID BAKER: His story is powerful and I think it could help a lot.

LINDA BAKER: And so, yeah, and because he is a state legislator, they are going to listen to him. If it doesn't get

passed, we need to have this conversation in the summer, in the 48  
fall, and I am not sure where I would commit myself to right  
now, but we need to have a conversation. Like David said, we  
need to change the system. Yes, Rob?

ROB HONAN: I have a question for Michelle. You mentioned  
Connecticut had some kind of a program, and it was administered  
by a non-equipment distribution program. Do you know how the  
program was funded? Who was actually the agency? Not a big  
deal. I am curious.

MICHELLE VICINO: I am not sure where they get the funds.  
But the Commission is now -- their new name is BRS, Bureau of  
Rehabilitative Services, and they get their money from  
somewhere. It is --

ROB HONAN: VR agency?

MICHELLE VICINO: Similar, yeah. But I am not sure how it is  
funded, no.

OPEOLUWA SOTONWA: I have something. I know of a few state  
agencies that do provide hearing aids, like State Committee,  
Commissions for the Deaf and Hard Of Hearing. As far as that  
surcharge, that's something that they have tapped into. I  
think it was two years ago, I do believe, we did try to work  
with the insurance companies and the insurance companies -- we  
tried to lobby and they were -- actually they lobbied against  
it. So that particular bill requested that they, you know, pay  
for it, but the legislatures wouldn't back that particular

bill. And they were receiving, you know, donations at that time, things like that. So it became a very sticky issue.

Then we attempted another time and again the legislatures, they said, oh, that's going to raise taxes too much. We won't go ahead with it. And so the program -- this particular program has been established for such a long time. And they have that flexibility -- that was one of the reasons they were wanting to tap into it and that's where this bill kind of came from and it has received more support. But, you know, I don't agree with it. So that's why we are kind of in the position that we are in right now. And if we go back again next year, possibly we could have -- MCDHH, I am hopeful, it can be established under MCDHH so we would be able to -- we have the skills. We know who needs them. We know who to get the hearing aids to. And so I am hoping that if it passes that it will -- the bill will include that funding in there and we would be the ones possibly to administer. But like I said, it has been a kind of sticky issue. And I think that if we continue this conversation about it, then there is some way we could figure out that it will work for everybody.

As far as like the medical diagnosis explanation, you know, that, like I said, that is sticky as well because at the federal level the bill says, you know, you are allowed to sell hearing aids over the counter which means that would be cheaper than, you know, actually going through a company. And some

people -- for instance, let's talk about glasses. You know, people need glasses. If you compared the two, you know, hearing aid and glasses. And audiologist, a doctor, the medical community, they are all actually against this bill. They are strongly against this bill because they feel like that's taking that away from them. And hearing aids, like glasses, don't -- there is not one that fits all. It has to be customized to fit the individual.

LINDA BAKER: That's a whole ball of wax about -- those are amplification devices that Walgreen's can sell. That's a whole different thing. We are going all over the map. I think mainly if we are looking at people and those details have to be worked out, how much will the program pay for, what type of devices are hearing aids are paid for, where do they get it from, those are the details.

My concern is that it is not going to change until we look at how hearing aids are classified because again my friends who have cochlear implants in St. Louis, actually one in Florida, one in Florida who had it all paid for 100%, by their insurance company because it was deemed as medically necessary. A hearing aid is not deemed as medically necessary. That's another classification.

The other is, in my opinion, it should be classified as a durable medical equipment. Once we get that, then we can figure out who is going to raise -- where is this money going

to come from and who will administer the program.

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The amplification devices that the audiologists are up in arms about, they are not customized. They are just like -- when you go to Walgreen's, you can get yourself a pair of reading glasses. That's where those amplification devices are coming in. And I know that at least in St. Louis, audiologists are just furious at the Hearing Loss Association of America endorsing that. And so we are losing some allies in our Association. So that's a separate issue, devices, or hearing aids, or whatever you want to call it. I think we need to have a conversation with the Representative who best could serve on this -- I don't know if it is a task force needed in the summer or the fall to discuss this before the session begins in 2018.

OPEOLUWA SOTONWA: MCDHH would be happy to take the lead on that kind of task force. That's what we are here for.

HAMPTON WILLIAMS: I would just note on HB903 itself, the -- this doesn't refer to addressing the fund. So what this act does would identify that the Commission or the advisory committee could, you know, implement something that would assist people in obtaining hearing aids. However, the section that addresses what the fund can be used for is still going to be limited to telecommunications equipment and that's defined under a different section. I don't know if the way this bill is drafted even if it were passed would actually be able to provide the funding because the fund section is going to be in

a little different portion, a different subsection of the statutes.

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With respect to the use of a task force, and I can tell you generally, as the Office Of Public Counsel, my constituency are rate payers. I am interested in making sure that people aren't being overcharged or accumulations like what has occurred in this account in the past, that money that doesn't need to be charged to people isn't accumulated. And I am certainly for, you know, maintaining the funding as long as we have got enough rolling funds to keep the programs operational. I am all for that.

But to the extent that we can actually ensure that people aren't being overcharged for something, that is in my interest. With that said, using this fund as a funding mechanism for a program that does not actually have a direct relationship with the telecommunications or relay service is something that I don't think I would support. If we do work towards putting a task force together, I think that we should try to reach out to either the Department of Health and Human Services, other state agencies, particularly when we are talking about targeting low-income individuals. They already have that data over there. I think that an interagency kind of conversation could be initiated over the summer and certainly if we have a legislator like Representative Kelley kind of leading the charge, that's going to encourage a lot of other people to kind

of get around the table so they know that there's -- that something will be fruitful from the conversations.

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LINDA BAKER: Thank you. Since we don't have enough Commission members, we don't have to make a motion to approve it and all of that -- do we? -- like we do in Robert's Rules of Order.

JOHN VAN ESCHEN: What are you wanting to do?

INTERPRETER: I am sorry. I am having a problem hearing you.

LINDA BAKER: I think we need to table this.

WHITNEY PAYNE: I don't think there was any intention of resolving anything today. I don't think that was like that to my understanding.

LINDA BAKER: Okay. I heard Ope say he was willing to take the lead in a task force.

OPEOLUWA SOTONWA: I am willing to and to coordinate with Representative Kelley, and we can coordinate whatever we need to. I am willing to help out with that.

LINDA BAKER: Okay.

JOHN VAN ESCHEN: Just so I am clear. This is something that I was not aware of. Insurance does not pay for any hearing aids?

LINDA BAKER: Typically insurance, typically now the State Plan -- I have united medical. They generally say they will pay a certain percentage for the hearing aids but not 100%. But typically outside of our State Plan, insurance companies do

not pay for hearing aids. But they will pay for cochlear implants which are thousands -- so are hearing aids, but you are paying for the doctor to do surgery on the head. So it is a lot more expensive to put cochlear implants in which you also have to get the processer changed. I mean I hear them talk about it all the time. So it is an on-going thing. Once I am fitted for my hearing aid, I go about once a year. And she checks it and cleans it and, okay, it is good to go. So hearing aids in the long run are a lot less expensive.

JOHN VAN ESCHEN: But you have to pay for that totally out of --

LINDA BAKER: Yes, 100%. This one I paid \$5,000 for.

MICHELLE VICINO: I have Aetna. To answer part of your question, my insurance will pay for repairing the hearing aid in which I couldn't afford to begin with. So they won't help me buy the actual hearing aid, but they will repair it. They will cover the repairs.

JOHN VAN ESCHEN: Huh!

LINDA BAKER: Mine won't pay for repairs. The State Plan, I have united medical. And united medical will pay a percentage of the new hearing aid, but once I got it, if it needs to be repaired, unless it is under warranty, if it is under warranty which is usually three years -- by the way, most hearing aids are -- what's the word I want to say -- manufactured or designed in Denmark, not manufactured here in the USA. So if

any -- I have the cream of the crop, Washington University in St. Louis. Fortunately, because I take care of my hearing aid, blah, blah, I have not had any repairs and that's in six years. I take care of my hearing aid. Others, children, or athletes, or if you are rough on your hearing aid, you have issues. Basically, hearing aids are not paid for by the typical private insurance company. Like I said, united medical will pay a percentage or maybe it goes out to a bidding process under the Missouri consolidated health plan. And I think it is because it was 1,000 state employees that could benefit from this.

I don't want to take all day on this. So any more comments? Ope, you can run with it.

OPEOLUWA SOTONWA: Just I wanted to comment that the reason why some insurance companies pay for hearing aids and others won't is because of the federal law. (Clarification.) ARISA, ERISA, so -- (Clarification).

INTERPRETER: Hold on a second.

OPEOLUWA SOTONWA: Some insurance companies will pay for them, but some -- some have the funding for that and some do not. If they have -- so if they are not under that particular program, then they will not be able to cover that particular hearing aid. And so that's the federal law. And so there has been a fight at the state level though because the state -- it was a state insurance, they don't want to pay for it. So the insurance companies themselves, you know, if you do some

research on it, the number of people who have a hearing loss, who need -- like maybe a cochlear implant, it is less than like 2%. And so they are willing to go ahead and pay for the cochlear implant because it is such a few number compared to those who need an actual hearing aid; that's like an 80% and above. So technically, you know, the cochlear implant, yes, it is expensive, it is over \$1,000, but it is still cheaper for them in the long run to be able to pay for that because there are fewer people who actually want to get that. It is kind of a business strategy because people don't want to go ahead with that serious surgery, and it is expensive. They would prefer to get a hearing aid but, no, we won't do that. Does that make sense? On the surface level, you know, it makes sense because they know what is going to happen. They know if they open that can of worms what will happen and they don't want to be able to pay for that. Convincing them to pay for that has been a real fight and struggle to be able to keep that particular program running. We want to be able to change that at the state level. That's where it becomes a little bit more sticky. It is like the legislators themselves, they have them in their pocket as far as the lobbying and everything goes. So there you go.

JOHN VAN ESCHEN: Has there been a fiscal note or any financial projections on how much something like this could cost? How much money are we talking about?

LINDA BAKER: That was a question that I asked.

OPEOLUWA SOTONWA: Are you talking about the bill in particular?

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JOHN VAN ESCHEN: Yeah, a bill like this. Or you are all talking about the issue of providing financial assistance either through insurance companies so that they cover hearing aids or a bill like this that, you know, helps low-income people purchase hearing aids. I mean, how much money is needed?

OPEOLUWA SOTONWA: I remember two years ago that Representative Jenkins proposed a bill to have -- do an actuarial study and they wanted to determine how many people needed hearing aids in the State of Missouri and how much that would cost. But that bill never was passed. And the reason why was the Senate was Democrat and the House was Republican. It never left the House.

So -- (clarification) and Mike Kelley himself is a Republican, and so he has a little bit more with this bill.

DAVID BAKER: John, to answer your question, there is a fiscal note. If you go in and look it up, there is a fiscal note associated which is a fairly high number.

JOHN VAN ESCHEN: Okay.

LINDA BAKER: I remember a month ago I was in a workshop for the National Hearing Loss Association people talking about just St. Louis. She came to St. Louis and she was talking about the region of St. Louis had about half a million people with

hearing loss. And she got that statistic from the U.S. Bureau 58  
Census. So even at 10% of half a million, that's how many  
people that need hearing aids? Whatever 10% of half a million  
just in St. Louis, and then we figure out what the state  
population is, that's how she got her numbers.

And I would say the average hearing aid costs about \$2,500  
to \$3,000. So just do the calculations. That's just an  
estimated figure. And like Dave said earlier, there is  
probably people who are in denial of a hearing loss or because  
they don't want to pay for it because they don't have the money  
for various reasons why people may or may not have hearing  
loss.

OPEOLUWA SOTONWA: And the state already has specific data.  
If you go to [www.datamo.gov](http://www.datamo.gov), and look for the number of people  
with hearing loss in the State of Missouri, and you can see it  
counted by county, city. There is 600,000 people in the State  
of Missouri with a hearing loss.

LINDA BAKER: That's interesting. Never mind. Let's move on  
and talk about the status of committee vacancy.

DANA PARISH: We handed out a list of committee members.

On here you will also see a few -- some, I guess, upcoming  
vacancies or I guess term limits -- they are not limits --  
expirations coming up that you can look at. A few of them  
being Ernest, Claire's, and also Stephanie Logan's. And  
Stephanie also expressed a possibility of wanting to extend her

term so we need to discuss that as well. Stephanie.

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Also, to point out today is Linda's last day which we mentioned earlier. And, Linda, we will miss you. In addition we will need to elect a chair today. Also, I passed around an order. We added to our group Rob. Welcome, Rob. We extended Scott Dollar's term and also April's term, who is not with us today.

LINDA BAKER: Can we -- do -- do we have enough people to elect a chair?

WHITNEY PAYNE: As long as we have more than seven; so we have enough today.

LINDA BAKER: They don't have to be Commission members. It can be you --

WHITNEY PAYNE: No, I don't count but he does.

[LAUGHTER]

I am the mystery member.

[LAUGHTER]

LINDA BAKER: Okay.

WHITNEY PAYNE: But I did the math. We have enough --

LINDA BAKER: We are missing April and who else? Scott Dollar.

STEPHANIE LOGAN: Ernest.

LINDA BAKER: What about Diane?

DANA PARISH: Diane.

LINDA BAKER: So can we elect someone who is not here?

WHITNEY PAYNE: I mean --

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STEPHANIE LOGAN: We can table it and do it next time.

WHITNEY PAYNE: I am fine with that. I think if we want to nominate someone when they are not here, that's one thing. But we probably should not approve that when they are not here. Isn't that called VOLUNTOLD.

LINDA BAKER: I would like to nominate April Mason. And my next question: Can the remaining Commission members do their voting by e-mail so that the person could be appointed by the fall?

WHITNEY PAYNE: Yes. Reading the by-laws and the actual statute that organizes us, there is no face-to-face meeting required. What does need to be required is minutes. So we can vote by e-mail and draft up minutes stating it was an e-mail meeting and we voted to approve this person. So I see no reason why that would violate anything.

LINDA BAKER: Anyone else want to have another nomination? Otherwise, I nominate April.

STEPHANIE LOGAN: I second that.

LINDA BAKER: Is that it for vacancies?

DANA PARISH: And then extending Stephanie's term.

LINDA BAKER: Oh. Do we need to vote on that?

WHITNEY PAYNE: Yeah, we can vote on it.

LINDA BAKER: I make a motion to extend Stephanie's term.

HAMPTON WILLIAMS: Second.

WHITNEY PAYNE: Anyone opposed? I say it passes.

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LINDA BAKER: Okay. What is Relay Missouri RFP update?

DANA PARISH: Michelle kind of mentioned that. We can't really discuss that too much other than that the Relay Missouri RFP was released. The due date is May 18 for the RFP to be returned.

JOHN VAN ESCHEN: The contract with Sprint expires July 31st. So it can be extended. So the contract is out for bid right now. That's where things stand.

LINDA BAKER: Open discussion? We have to set a date for the next meeting.

STEPHANIE LOGAN: October?

LINDA BAKER: Yeah, October. I am not going to be here. Look at your calendar. Typically, we have it on the second Wednesday of October or third Wednesday of October.

WHITNEY PAYNE: 11th or the 18th it looks like.

MICHELLE VICINO: 18th.

WHITNEY PAYNE: October 18th?

DANA PARISH: October 18th?

HAMPTON WILLIAMS: Works for me.

MICHELLE VICINO: I am good.

ROB HONAN: I am okay.

STEPHANIE LOGAN: Good.

LINDA BAKER: So October 18th has it.

DANA PARISH: I will send something out.

STEPHANIE LOGAN: It will be 11:00 in the morning again?

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DANA PARISH: Yes.

LINDA BAKER: 11:00 to 3:00. Okay. It has been a pleasure in sharing this meeting. Thank you for your support. Adios!