

**Georgia Commission for the Deaf or Hard of Hearing**  
**Quarterly Meeting**  
**Thursday, October 12, 2023**  
**12:00 p.m. - 3:00 p.m.**  
**Zoom meeting**

**Meeting Minutes**

**Members Present:** Mr. Ibrahim Dabo, Dr. Paula Harmon Dr. Amy Lederberg, Dr. Melanie Morris Ms. Anne McQuade, Dr. Alison Morrison, Ms. Ellen Rolader

**Members Absent:** Ms. Deshonda Washington, Ms. Jennifer Clark, Dr. Stacey Tucci,

**Guests:** Mr. Mark Rosica, consultant; Ms. Kelly Jenkins, consultant

**Interpreters:** Ms. Anne Zimmerman, Mr. Chip Penland

**Captioning:** GISN Services

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**Call to Order and Old Business**

Dr. Amy Lederberg called the meeting to order at 12:05 pm and reviewed the Commission's new procedures for working on Commission initiatives. After an initiative is approved by the commission, the lead will present a progress report at the quarterly meeting, as well as any proposed new goals for the commission to review. Six initiatives were on the agenda.

**Commission Initiatives**

**Hearing Healthcare Services for Medicaid recipients in the State of Georgia**

Project Lead Commissioner Allison Morrison informed the commission that the working group finalized a proposal that outlined proposed changes to procedures that GA Medicaid has in place that place barriers to timely and quality access to auditory input. The final draft was sent to the commissioners before the meeting. The working group submitted the report to DCH on August 4, 2023 and had a positive meeting with the Brian Dowd, Deputy Executive Director Policy Compliance and Operations Office for Medical Assistance Plans, as well as other staff. Dr. Morrison reported that, as a result of the report, the number of Auditory Brain Reponse assessments per infant will increase from one to 3 times per year effective with the January 1, 2024 policy manual update. Mr. Dowd will continue to review the recommendations contained in the report. Dr. Morrison proposed a new goal for this initiative "The Commission will make a formal request to the Department of Community Health to make changes to Medicaid scheduling and Current Procedural Terminology code requirements that regulate adult hearing health care services in 2024." Currently, hearing evaluations are not covered for adults and Dr. Morrison proposed we explore how to change that. Anne McQuade seconded the motion. The seven commissioners in attendance approved the motion.

### **Hearing Loops in Public Places**

Project Lead Commissioner Ibrahim Dabo reported on progress toward putting hearing loops at the Georgia Capitol. He and Dr. Lederberg met with Secretary of the Senate David Cook who was very interested in installing hearing loops in the Senate Chambers. Cook wears hearing aids and attested that he had difficulty hearing well in the Senate chamber. His next step will be to meet with an installer to see what it would entail. Mr. Dabo then talked about what other public places the working group will approach. The first expansion may be for Delta at the Atlanta airport. Dr. Morrison, a member of the working group, wrote a letter about hearing loops to a Delta pilot who was related to someone in her class. She noted there was the disability advisory board at Delta that might be a good place to approach. Mr. Mark Rosica noted that he knew the head of human resources at Delta and would be happy to introduce the working group to her. The working group also has expanded to include an advocate for hearing loops who lives in Athens who Dr. Morrison knows (Tim Penning). Dabo reported that at the last working group meeting, Juliëtte Sterkens suggested we also reach out to Aging and Disability Resource Connection who might be interested in hearing loops because of their dedication to older adults. Ms. Rolader said in her experience ADRC is a wonderful organization but fragmented and the important thing would be to find the right person at the top. Mr. Dabo proposed a new goal for this initiative. "Encourage installation of hearing loops at the Hartsfield-Jackson Airport and at the Aging and Disability Resource Connection (ADRC)." The commission approved the motion unanimously.

### **ASL Videos for GACDHH Website**

Project Lead Commissioner Ellen Rolader reported that All Hands On is willing to make a make a ASL video of the GaCDHH website. Once the website is finished, the working group will meet with Aaron Shoemaker to discuss the process for creating the ASL videos. Mr. Mark Rosica wanted to know if we were going to create ASL videos of all the information on the website. Several members of the working group said Mr. Shoemaker would create videos with all the information on the website. He works with a team that includes deaf individuals who would make sure the information was understandable to deaf consumers.

### **Text to 911**

Project Lead Commissioner Anne McQuade reported that she plans to contact the Public Service Commission to solicit their support for increasing the availability of Text-to-911 in Georgia

### **Support Service Provider (SSP) Program**

Project Lead Commissioner Anne McQuade reported that the Deaf/Blind Coalition is creating a video that features DeafBlind individuals about the benefits of SSPs. They will use this to show legislators the importance of SSPs.

### **Other initiatives**

Commissioner Lederberg noted that three approved initiatives, Community Engagement Panel, Interpreter Licensure, and support for a Commission for the Blind and Visually Impaired, are tabled for now. The group that was behind the push to create a Commission have decided not to

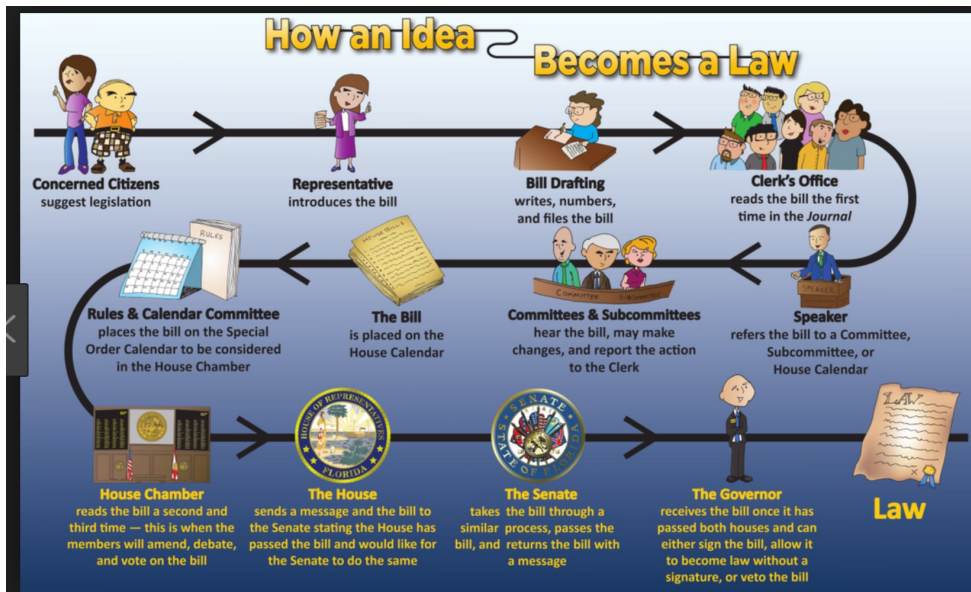
present it this year to the legislature. The project leads of the other two initiatives have asked for them to be tabled.

## 2023 Annual Report

Commission Melanie Morris presented a project she is spearheading that was included in this year’s annual report, called the *Newborn Hearing Screening Birthing Facility Compliance Enhancement Project*. She provided a quote that is the basis for the project, “Systematically high referral and LTFU rates reduce the effectiveness of Newborn Hearing Screening programs, as more infants with normal hearing are referred and fewer infants with Hearing Loss are detected”. The dashboard reported in the annual report shows that Georgia has a consistently high newborn hearing screening rate but low on time diagnostic rate at 3 months. This may be because some babies are being referred for diagnostic screening that should not be. The average national referral rate is 4% but Georgia’s is 5.35%. Different health districts have different referral rates. Albany is almost 12%. Almost all districts that had high referral rates (over 8%) were in rural districts. At her new position in the Department of Public Health, Dr. Morris is spearheading a new initiative that will provide training to rural hospitals on newborn screening, to monitor hospital referral rates, and to develop training materials. DPH is in the process of hiring a Child Health Audiologist and working with an epidemiologist and program managers to ensure there are accurate data about hospital referral rates for 2024 so they can target training to hospitals that are overreferring. Even though this is not a commission project, it is included in the annual report because it is central to improving outcomes in the state.

## Legislation Overview

Ms. Kelly Jenkins who has had a number of legislative successes in the past presented an overview of the process for passing legislation. She presented the following graphic of how an idea becomes a law:



Legislation starts with an idea. The first step is to flesh out that idea. Jenkins suggested you (1) Document your general idea in writing with bullets. (2) Why is it important? Who does it benefit and what are the consequences of it not being passed? (3) Is this the biggest priority for you right now given the basic DHH human rights? (4) Will it cost money? Will it save money? – Calculate exact amounts for each. (5) How will it be implemented – Many laws exist that are not always being complied with. Who will be the watchdog to make sure the law is followed. The second step is to research if a bill like this already exist. Go to [www.legis.ga.gov](http://www.legis.ga.gov) > Legislation & Laws. You should also research other states. You can use NASADHH Basecamp which this Commission is a member. Although the Commission does not have funding for lobbyist per se, but if there is an organization within the Georgia Academy of Audiology or another big organization, that has a lobbyist it would be great to get on their agenda. As you write your bill, you want to secure a House and Senate sponsor. You can identify people on appropriate committee heads. You should build a coalition of interested parties. Bills can take multiple sessions before approval. Start grass routes organizing. You can have people sign petitions that collect emails. Don't use change.org. Email databases can be used for further campaigning. You also need to be prepared to lobby legislators. Jenkins spend days talking to everyone in the Senate and House.

There were several questions that Ms. Jenkins addressed. She noted that bills can be changed throughout the process. A lobbyist cost between \$20,00 to \$50,000/month. Georgia Audiology has a full time lobbyist. We do need to educate legislators. The commission may think of having an event at the capital, rather than being there everyday.

## **2023 Annual Report Year 5**

The annual report is based on an analysis of data that is shared between the Department of Public Health, the Department of Education and the Department of Early Care and Learning. Ms. Kelly reported the following highlights from the report (1) Georgia's nationwide on-time diagnostic ranking has improved by 5 points since 2019 moving from #41 to #36. (2) Percentage of Children Diagnosed Before 3 Months of Age Among those Identified with Hearing Loss has Increased from 54% in 2019 to 67% in 2022 (3) Percent of babies with permanent hearing loss enrolled in early intervention by 6 months of age has increased from 22% in 2019 to 26% in 2022. (4) Number of infants served by teleaudiology has doubled from 2021 to 2022. (5) Continued increase in cross agency collaboration: The Georgia DPH and the GaDOE began monthly meetings after the publication of the Year 3 Annual Report. These meetings have continued and have greatly improved communication, synergy, program improvement, and most importantly, child and family outcomes.

**GaCDHH website has been revised.** There was an extensive discussion of whether to use person first language (individuals who are deaf or hard of hearing vs. deaf and hard-of-hearing people). There is not a consensus on which is better, some organizations do one, others do another. Because using initials before nouns (DHH individuals) make the information on the website more concise and perhaps understandable, we will keep it this way unless the community objects. The second issue is whether deaf should be capitalized. The consensus was it should not be –to be consistent with hard of hearing and to not restrict it to those who are culturally deaf.

**Airport accessibility.** Commissioner Dabo mentioned that he was approached by two co-founders and co-CEOs of Sign1News on online news program for deaf people. They shared that they were traveling through the airport and there were two occasions when there were emergencies that some deaf reporters had no idea what was happening because the information was only expressed through speech on the airport train. It is important to allow access through such technology as closed captioning. Ms. McQuade said she had a great meeting with Russell Whitaker at the airport about special accommodations in the security lines for people who were deaf/blind and attending the event she was organizing. This seems like a new initiative and has to be taken on by someone as project lead. Maybe one of the new commissioners will do this.

Meeting was adjourned.