MINUTES

# MONTANA HOUSE OF REPRESENTATIVES
## 51st LEGISLATURE - REGULAR SESSION

## COMMITTEE ON HUMAN SERVICES AND AGING

Call to Order: By Stella Jean Hansen, on February 13, 1989, at 3:00 p.m.

### ROLL CALL

Members Present: All, except

Members Excused: None

Members Absent: Rep. Nelson

Staff Present: Mary McCue, Legislative Council

Announcements/Discussion: None

### HEARING ON HB 541

Presentation and Opening Statement by Sponsor:

Rep. Gould stated that this bill was an act to generally revise the law relating to vocational rehabilitation programs for persons with employment handicaps and for persons with blindness or low vision.

Testifying Proponents and Who They Represent:

Peggy Wilson, Montana Department of Social and Rehabilitation Services.

Proponent Testimony:

Peggy Wilson stated that there were amendments proposed for this bill. These amendments conform the language in both sections of the law, the vocational rehabilitation section and the visual section to the necessary federal intent and language; they conform the language in both sections of the law to each other because they are each a state statute authorizing the state to administer vocational rehabilitation programs, that is, they each operate under the authority of the same federal law, one is exclusively for the vocational rehabilitation of the blind and one is for all other people with physical and mental disabilities.

Testifying Opponents and Who They Represent:

None

Opponent Testimony:

None

Questions From Committee Members: None

Closing by Sponsor: Rep. Gould closed on the bill.

HEARING ON HB 631

Presentation and Opening Statement by Sponsor:

Rep. Gervais stated that this bill was an act to allow an adopted native American person to inherit from the natural parents.

Testifying Proponents and Who They Represent:

Rep. Angela Russell

Proponent Testimony:

Rep. Russell stated that she supported this bill.

Testifying Opponents and Who They Represent:

None

Opponent Testimony:

None

Questions From Committee Members: Rep. Good asked Rep. Gervais if non American Indian children are in the same position or is this going to be something that is going to be special for native Americans and could Rep. Gervais explain why there is a difference. Rep. Gervais stated that non Indians do inherit on the reservations which would apply to them. If there is a will or if they are in any way related to an Indian they can inherit Indian land.

Rep. Boharski asked Rep. Gervais about subsection 3. A native American person is a child of the adoptive parent and the natural parent. Rep. Boharski then questioned parent/child relationships, every other adoptive person is the child of the adopting parent and not of the natural parents. Is that the intent. Is a native American person included in the relationship of an adopted person to his parents? Rep. Gervais stated that the intent of the bill is to make him inherit from his natural parents. Since tribal law does relate to estates, Montana Codes are used.

Rep. Simon asked Rep. Gervais if it was common for an adoptive child to know who their natural parents would be in an adoptive situation? Rep. Gervais stated that Indian tribes are regulated and pedigreed. There is a list of the Indians name, where they are adopted and this list is contained by the Bureau of Indian Affairs. There is special legislation on adopting Indian children. Rep. Simon then asked that if the child has natural parents that have right to Indian lands, they can inherit those lands as well as having inherited land from their adoptive parents. If a non Indian natural parents had some valuable land of their own, why so exclusive about the native American. Rep. Gervais stated that special legislation was needed for everything that concerns the Indian population. A native American that is adopted outside of his tribe by non Indians does not inherit any Indian land which should be rightfully his.

Closing By Sponsor: Rep. Gervais closes on the bill.

## HEARING ON HB 579

Presentation and Opening Statement by Sponsor:

Rep. Stickney stated that this bill was an act revising the definition of "practice of medicine" to include management of pregnancy or parturition.

Testifying Proponents and Who They Represent:

Valarie Knudsen, M.D.
Patricia England, Attorney at Law
Mark Estavold
Jerry Loendorf, Montana Medical Association
Donna Small, R.N.
Keith Boone, Montana Nurses Association

Proponent Testimony:

Valarie Knudsen, M.D. stated that as a gynecologist in Missoula she stated that lay midwives will solve the problem of obstetrical crisis in Montana and that licensing lay midwives are allowing them to practice medicine in the home will not solve the problem of obstetrical care lacking in rural areas it will in turn lead to inadequate and poor health care being delivered in rural areas. If direct entry midwives are truly interested in practicing obstetrics to go to nursing school and become a lay midwife. The best shot in having a good healthy baby are the first few minutes of life.

Patricia England supplied written testimony from Ginny Winters, R.D. Marks, M.D., Robert A. Spierling, M.D., Valarie Knudsen, M.D., T.G. Baumgartner, M.D. Ms.

England also stated that this bill was a clarification of the existing law and not a revision. Exhibit 1.

Mark Estavold read a letter which was written Ginny Winters which he asked to be put into the record.

Jerry Loendorf stated that in the health care area, the law is not for the protection of doctors, nurses or hospitals, it is for the protection of the public. Mr. Loendorf also stated that this bill would insure we would have that protection in the area of obstetrics, it would help eliminate from that area, people who are not only not licensed but have not met any training or educational standards, who are not subject to any governmental authority that would remove them from the practice should they become negligent and dangerous that they treat.

Donna Small stated that she supports this bill and speaks from two perspectives. As a registered nurse who had worked for fifteen years in labor and delivery and speaks from the aspect of a consumer.

Keith Boone stated his support of this bill.

Testifying Opponents and Who They Represent:

Mona Jamison, Montana Midwifery Association
Brant Good
Pamela Shore, R.N. and Attorney at Law
Carla Court, R.N.
Dolly Browder, Midwife
Michael Fellers
Michelle Neal, Midwife
Kathleen Smith
Barbara Ferguson
Margaret Vance

Opponent Testimony:

Mona Jamison stated that the fact of or the existence of a hospital with an M.D. does not mean "no problem." The reason we have the medical malpractice disregarding the cost of the insurance itself which is a different issue is because there are people who have said that with a doctor in a hospital there have been problems. In fact the intervention itself causes the problem. A hospital birth is not only not a guarantee but many times problems result from those particular that go on there. The practice of medicine in this bill is expanded to include the management of pregnancy or parturition. The outcome in births was no different between midwives and physician attended births. Ms. Jamison stated that she was not here suggesting that hospitals should be outlawed because of the higher intervention and problems that result from that. There is a

place, obviously for hospitals for intervention when it is necessary. Hospitals do not buy you any greater insurance by the mere virtue that they are there and get involved in some of these procedures that may not always be mandated. This is a bill not about free choice but about the opposite, a bill to not allow a small percentage of people to have home births with midwives. Ms. Jamison also supplied an article from the Independent Record regarding c-sections, a letter from Bruce G. Hardy, M.D. and Patricia Hennessy, M.D. Exhibit 2.

Brant Goode, R.N. and stated that babies delivered by midwives out of the hospitals were less likely to be of low birth weight than babies in any other group or out of hospitals.

Pamela Shore stated that the undue influence or the use of power, authority or knowledge or friendship to convince one person to do something against their better judgment or perhaps not even their better judgment to convince someone to do something according to your standards and not according to what they choose; there is a standard of care that lay midwives use and practice under; to beseech this committee not to void the executive action taken during the previous meeting not to pass this overbroad law that will take away the rights of many to do what they are doing now safely.

Carla Cort stated that home births are a reality in Montana today. The issue is not home birth versus hospital birth, it is people giving birth at home with qualified care or no care at all. This is a dangerous reality that will only increase if this bill passes.

Dolly Browder is a direct entry midwife from Missoula and states that she was amazed that this bill will categorically prevent direct entry midwifery in the state. In her own practice of 300 births, and still have zero infant deaths, countered to what the previous testimony said which was truly a dishonest statement.

Michael Fellers stated that the situation of home birthing is the best and opposes this legislation.

Michelle Neal stated that direct entry midwives quality and prenatal care along with education and screening out of high risk factors in mothers.

Katherine Smith stated that she opposed this legislation.

Barbara Ferguson stated her opposition.

Margaret Vance stated that the choosing of home

delivery do not choose it thoughtlessly.

Questions From Committee Members: Rep. Good asked Ms. Browder if she carried a doctors kit, yes; do you carry sutures, yes; do you have a scalpel, yes; do you carry syringes for injections, yes, for the use of hemorrhaging after birth. All midwives in other states that have been licensed or even states where they are not licensed and are recognized by the state, carry the drug called protosan. Rep. Good then asked Ms. Browder if protosan was illegal to use without a prescription, where do you get the drug. Ms. Browder stated that she received the drug from physicians. Rep. Good asked if Ms. Browder were breaking the law if she was giving someone protosan? Ms. Browder stated that she did not know. Rep. Good then asked if Ms. Browder had treated someone who had a history of c-sections and Ms. Browder stated that she normally did not do that. Rep. Good then asked Ms. Browder if she had ever treated someone that had had a c-section and she indicated that she had with a doctors backup.

Rep. Simon stated that a phrase had been inserted in the law including the management of pregnancy or parturition. Working backwards from that phrase, striking out the things that pregnancy is not and try to understand what it is we are trying to say. Physical or mental is the question, physical is the situation and mental situation it is not. It is not an injury, not a disease or ailment so we are back to a human condition. To diagnosis, treat or correct a pregnancy and correct can be eliminated. To diagnosis or treat - should this be included? Rep. Simon stated that in the case of Ms. Vance it is obvious that she is pregnant and has so stated and anyone in the committee can attest to this. Would this be a practice of medicine by the members of the committee noticed that she appeared to be quite pregnant and therefore the diagnosis had been made that she was pregnant. Ms. England stated that no, she did not think the law can be taken to lengths of being absurd and what she stated she would recommend to the committee would be that using things that are available to the lay person are not contemplated in this act. The perimeters that are set forth in Judge Hensons injunction are quite reasonable and what he determined was that supervision of delivery, including rendering of opinions and direction, to choose what alternative to take. Rep. Simon then stated that this bill did not read correctly. Do you, Ms. England, find a problem in the way that the bill reads or is the bill absolutely clear in what is trying to be said and what this bill really does, or what you want it to do, and understand exactly what is trying to be done here. Ms. England said that the diagnosis part indicates when something goes wrong and how to treat it or correct it when

something does. The language is determined by the state licensing boards. What about classes? Ms. England stated that they were not attempting to take a specific woman and her specific condition and telling her directly what she should do to preserve the satisfactory outcome. Rep. Simon then asked if someone reading this bill would not read something into it. The law as written could be easily misunderstood and asked Ms. England stated that the language was indeed appropriate. Rep. Simon then asked Ms. Shore if she understood exactly what this language meant and Ms. Shore stated that she did not.

Rep. Russell asked Dr. Knutsen if she were a obstetrition and Dr. Knutsen stated that she was; have you been asked to be a backup by a lay midwife over the last two or three years and Dr. Knutsen stated that she had; Rep. Russell then asked Dr. Knutsen that if previous legislation were passed would she assist a direct entry midwife and Dr. Knutsen said that she would not on a personal basis but would take a town call

Closing by Sponsor: Rep. Stickney closes.

## HEARING ON HB 614

Presentation and Opening Statement by Sponsor:

Rep. Wyatt stated that this bill was an act establishing a program to provide specialized telecommunications equipment and services to the handicapped; providing for a statewide dual-party relay system to connect persons who are handicapped with all phases of public telecommunications service; requiring the Department of Social and Rehabilitation Services to administer the program; establishing a committee that includes members of government, business, regulated telecommunications services, and the handicapped to oversee administration of the program; authorizing a 10 cent monthly charge on telephone customers to finance the program; and providing an effective date.

Testifying Proponents and Who They Represent:

Ben Havdahl
Mike Wynne, Professor of Audiology, University of Montana
Tom Magree, U.S. West
Peggy Williams, Social and Rehabilitation Services
Eric Eck
Betty VanTighem
Floyd McDowell
Diana Dowling
Christian Grover, Audiologist
Tim Baker, Public Service Commission

Proponent Testimony:

Ben Havdahl spoke about the TDD system which would be implemented in Montana should this bill be passed and also provides for what is to be a vital function in the program offered, namely it establishes a committee on telecommunications services for the handicapped, appointed by the Governor to oversee the administration of the program. The bill provides for an effective means of funding the program through the small fee to be levied of 10 cents per month on each telephone access lined. Exhibit 3.

Michael K. Wynne stated that this bill could provide the roughly 7000 Montanans who can be classified as deaf a new measure of independence and provide them with the equal opportunity to communicate over the telephone and to gain access to many public and private agencies. Exhibit 4.

Tom Magree stated that universal services is something that is important to the telephone industry not only to the Bell System but to all telephone companies. Universal service is something U.S. West look at as the more people who have telephone service, the better value the telephone service is to everyone. Mr. Magree also supplied proposed amendments to the bill. Exhibit 5.

Peggy Williams stated that there were technical problems with this house bill and supplied testimony in Exhibit 6.

Erik Eck stated that he supports this bill.

Betty Van Tighem, a deaf consumer from Great Falls indicated her support and supplied Exhibit 7.

Floyd McDowell stated that this bill enables the deaf person to conduct his affairs personally without having to rely on relatives or friends. Exhibit 8.

Diana Dowling indicated her support and spoke of the hearing problem which she had incurred during the past several years.

Christian Glover supports this bill and spoke of his occupation as an audiologist.

Tim Baker from the Public Service Commission stated his support.

Testifying Opponents and Who They Represent:

None.

Opponent Testimony:

None.

Questions From Committee Members: Rep. Lee asked Mr. Magree how many telephones for the deaf were now being used and Mr. Magree indicated that there were approximately 300,000.

Rep. Lee then asked Mr. Havdahl how many people would need the service and Mr. Havdahl indicated that approximately 7,000 would be a fairly accurate figure.

Rep. Good asked Mr. Wyatt how much would the program cost and Mr. Wyatt said approximately $400,000.00 and also questioned the amendments which were offered.

Rep. Gould asked Ms. Williams about supplying statistics on this bill.

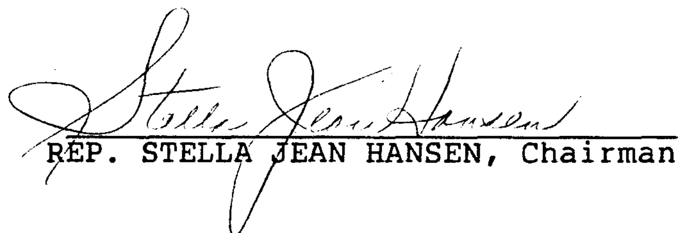
Rep. Simon asked Ms. Williams about the statutory appropriation.

Rep. Lee questioned Mr. Wyatt about the FTE's.

Closing by Sponsor: Rep. Wyatt closes on the bill.

ADJOURNMENT

Adjournment At: 6:45 p.m.



REP. STELLA JEAN HANSEN, Chairman

SJH/ajs

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DAILY ROLL CALL

HUMAN SERVICES AND AGING COMMITTEE

51st LEGISLATIVE SESSION -- 1989

Date 2-13-89

| NAME | PRESENT | ABSENT | EXCUSED |
|---|---|---|---|
| Stella Jean Hansen | ✓ | | |
| Bill Strizich | ✓ | | |
| Robert Blotkamp | ✓ | | |
| Jan Brown | ✓ | | |
| Lloyd McCormick | ✓ | | |
| Angela Russell | ✓ | | |
| Carolyn Squires | ✓ | | |
| Jessica Stickney | ✓ | | |
| Timothy Whalen | ✓ | | |
| William Boharski | ✓ | | |
| Susan Good | ✓ | | |
| Budd Gould | ✓ | | |
| Roger Knapp | ✓ | | |
| Thomas Lee | ✓ | | |
| Thomas Nelson | | ✓ | |
| Bruce Simon | ✓ | | |
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CS-30

November 21, 1988

Dolly Browder
200 Woodworth
Missoula, Montana 59801

Dear Dolly:

I've been meaning to write to you for some time, but obviously I haven't had much of that lately! I wanted to write for a couple of reasons. First the matter of payment, and second the matter of your services and the injunction that is supposed to be brought against you.

I want you to know that I personally had a good birth with Hannah. The birth itself was 100% better than with Maegan. I don't know really if it was because of your classes and the way they helped me understand the process better, or the fact that it was my second birth. I did not attend Lamaze classes with Maegan and know now that I should have. I also know that if I hadn't planned on having a home birth from the beginning, I would not have made it to the hospital in time! So, maybe it was a blessing that I did. However, the end result was not a blessing and that is one of the reasons I am writing.

The day I called you and told you I thought I had an infection, you said that "some people just bleed red and longer than others and not to worry." Well, for some reason I went ahead and called the doctor and got an appointment that day. It turned out that if I had taken your advice and "not worried," I would have lost my uterus. It was not "normal" to bleed heavily and red 13 days after the birth and it was not normal to have blister-like sores inside the vagina. The doctor was convinced that the endometritis was because of the type of birth (homebirth), but I still cannot say that. I almost had to have a D&C which would have been pretty painful 13 days after giving birth. Luckily, I didn't. I was given two types of medication (one for my uterus and one for pain) to take for two more weeks and finally got better.

I was also told that I was having a small hemorrhage after the birth and should have been on a Pitocin I.V. You kept telling me that the bleeding was quite a bit, but not to worry. I was told that if I had another birth outside of the hospital, I could die from bleeding too much and that next time I would absolutely need to be put on an I.V. immediately afterward (and during) to prevent hemorrhaging. They said that if I would've gone to a doctor from the start, that the doctor would have known this and would have taken precautionary measures. They said you should have realized this as well. I was also told that when and if I do decide to get pregnant again, there's a very high likelihood that it will be tubular or that I might be sterile because the infection was so severe - the severity was from not getting checked sooner.

I'm not blaming you for the infection, but I am blaming you for misrepresentation. You come across as an exceptionally qualified person from the start and you make people trust you and trust your decisions about their bodies and their births. This trust goes so far that we start to not listen to doctors - who have degrees and many years of schooling. Your opinion of doctors and hospitals and your belief that mothers do not need these two things

EXHIBIT 1
DATE 2-13-89
HB 579

when having a baby "rubs off" during the nine months of seeing you for care. I, and probably every other mother in your classes, trusted you from the beginning and we blindly believed that you knew as much as the doctors who delivered babies. Not until my birth was over, the complications arose, and I heard the other stories from the doctors in town did I realize that I was indeed under a "trance" believing in you and your capabilities.

I was told about the mother who was one week overdue and was in need of a C-section because the baby was posterior. You supposedly told her that she didn't need to have a C-section, to go home and do pelvic tilts and different positions to get the baby to turn on it's own - like your's did. I also heard how she listened to you instead of the doctor and delivered a dead baby. I just don't understand how you can put a mother and her baby's life in your hands like that, lead her to believe that you know what you're talking about and that the doctor doesn't, and then live with yourself knowing that if she would have listened to the doctor, the baby would have lived. If I were you in that position, I would've stopped delivering babies then. That fatality would've told me that I didn't know as much as I thought and that I didn't have the education and knowledge necessary to do what I was doing.

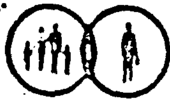
When I heard this story and many others, I realized that they are right doing what they are trying to do - get you to stop delivering babies until you have the education and certification that it takes. MY birth was good and my baby was delivered normal and healthy and I was lucky. I also think that if you continue, your odds aren't going to hold up. There's going to be more fatalities. I think you're a caring person who likes what you do and that you love the idea of birth, but I also think that either money, or recognition, or power is getting the best of you. I honestly think that once you were delivering babies solely because you loved helping mother's enjoy the experience that you once had with your births, but that now the reason is not coming totally from your heart. I think about the things that are happening with "your mothers"; ending up at doctors' offices and hospitals, etc., because of your anti-doctor attitude and I just can't believe that you deserve to be doing what you are doing. If you were referring problems that arise immediately to medical professionals, then I could have more respect for you and the decisions you are making. But you put it all in your hands and you take the consequences. Except for one thing, they aren't just your consequences.

About my bill. I have an over-$200.00 hospital bill for the endometritis and I have a great chance of having a tubular pregnancy next time or not being able to get pregnant at all. In my opinion, that is compensation enough for the $300.00 I owe you. I feel I have paid for it in more ways than one. I am not bitter toward you, Dolly, I like you a lot and I appreciate your caring enough to deliver my baby, but I just cannot have respect for you and what you are doing despite the fatalities and problems arising because of your practicing techniques and misrepresentation. I am sorry and I do wish you the best of luck.

You probably know that if this goes to court, I have already been informed that I will be subpeona'd to testify. I will stand behind everything that I believe in, and that means that I will say what I have told you in this letter. I will be doing it for the mothers and the babies to be born in the community - not to deface you - please try to understand that.

Sincerely,

[illegible signature]



R. MARKS, M.D.
*Family Practice*

Missoula Community Physicians Center #2
2831 Fort Missoula Road Office Phone 542-1232
Missoula, MT 59801

October 4, 1988

OCT 14 1988
STATE BOARD OF MEDICAL EXAMINERS

Montana State Board of Medical Examiners
Professional Licensing Bureau
1424 9th Avenue
Helena, MT 59601-9952

Attention: Patricia England

Dear Ms. England:

This letter is in response to your letter of September 23, 1988, regarding the case of lay midwife, Ms. Dolly Browder.

The case in which I am familiar involves patient S.C. I first became involved in this case on 5/19/88. I was on town call for obstetrics for Missoula on that date, and I was called by the nurses in Labor and Delivery at Missoula Community Hospital that there was a patient there in labor who had no physician.

After my arrival there, I was greeted by Ms. Browder who informed me that she had been caring for this patient during her pregnancy. She told me that the patient was very sure of her date of conception and that by that date and all clinical parameters, she was now at nearly 44 weeks gestation. Ms. Browder further informed me that this patient had presented in labor approximately seven hours before and had a normal progression of labor until approximately 6:30 that morning at which time she stopped having any further dilatation and was arrested at four centimeters. At that time Ms. Browder told me she ruptured the membranes to help facilitate labor further and at that time noted thick meconium and brought the patient to the hospital because she recognized the risk of thick meconium. She recorded these events in her labor progress notes which are part of the hospital record.

Examination at that time by me showed a female in active labor with contractions occurring on a regular basis, approximately three minutes apart. At that time the fetal heart rate was noted to be of normal rate; however, there was some diminished variability. The cervix was examined at that time and showed a very high fetal head which was still ballotable with moderate pressure, and then it settled back to a -2.5 to -3 station. The cervix itself was four centimeters dilated and was still a fairly thich edematous cervix. The pelvis at that time appeared to be a marginal pelvis for a normal-sized infant.

At that time I told the patient that I suspected that she would need a cesarean section; however, I needed to know that she was in fact having a good labor and that in fact she was not progressing, and I elected to follow her expectantly, and after a period of approximately one and a half hours, it became apparent that in fact she was not progressing despite good contractions, and the fetal heart rate was increasing slightly, and there was further decrease in variability. At that time, I consulted with Dr. Craig McCoy, and he agreed a cesarean section was necessary, and preparations were made. Just prior to surgery, fetal heart tones dropped to 85 for 2-3 minutes before returning to baseline.

It should be noted after cesarean section thick meconium was noted; the infant had initial distress with Apgars of 2 at one minute and 8 at five minutes. This infant was recuscited by Dr. Ted Lane who was in attendance, and the baby responded well to resuscitative efforts, and meconium was sucked from its upper airway without

complication.

Fortunately, both mother and baby had a non-complicated course postop.

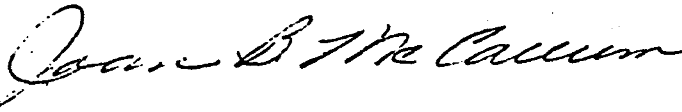
So, basically, we had a lay midwife managing a high-risk labor--a labor that had become high risk because she allowed it to become high risk--at 44 weeks gestation, a big baby, and a small pelvis. She further complicated the situation by rupturing the membranes at a very high station which had a cord been prolapsed , there would have been an absolute disaster. I think that this case documents the fact that not only does Ms. Browder practice medicine without a license, i.e., artificial rupturing of membranes, and she also shows a lack of training and judgement in managing prenatal care. Finally, I think it shows that Ms. Browder has a lack of ethic in that she puts patients at a much higher risk than they should be exposed to, and then she can generate a terribly high-risk situation and turn it over to a physician to handle after she has gotten herself in trouble.

If there are any further questions regarding this case that I can help answer, please feel free to call me. I stand ready to assist you in any way I can, including recruiting other physicians to expedite their testimony in this matter.

Sincerely,

R.D. Marks, M.D.

RDM:kcm



NOTARY PUBLIC for the State of Montana
Residing at Missoula, Montana
My Commission Expires: 4-16-91

ROBERT A. SPIERLING, M. D.
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OBSTETRICS AND GYNECOLOGY

2831 FT. MISSOULA ROAD
(406) 728-4601
MISSOULA, MONTANA 59801

September 28, 1988

To whom it may concern:

RE: J. F.
My office number is 5152
Mid-wife, Dolly Browder

I was called to see the patient, J.F., at 9 a.m. June 16, 1985 by Syd Smith, R.N. who was the nurse in charge of the delivery room on that day at Missoula Community Hospital, Missoula, Montana. I was at home when I received the call and Mrs. Smith requested that I come to the delivery room suite immediately. I arrived probably ten minutes later. Present in the room, in addition to Mrs. Smith, was Mrs. Browder and, as I recall, the patient's husband.

I was told that this patient's home was in Helena and that this was her third pregnancy, that she was due June 10, 1985, and that she had been under the care of Mrs. Browder but that on two occasions she had seen Duncan Hubbard, M.D. of Missoula. Dr. Hubbard is one of the doctors who has helped Mrs. Browder with consultations, problems, etc. However, this was Sunday and Dr. Hubbard had signed out to Michael Priddy, M.D. but the nurse, recognizing that this patient would probably have to have a Cesarean section, had called me, as well as Dr. Priddy.

Apparently the patient had gone into labor about 3 a.m. June 16 and at 8 a.m. the mid-wife had ruptured her membranes and then discovered that the umbilical cord had prolapsed down passed the baby's head and into the vagina. Mrs. Browder then brought the patient to Missoula Community Hospital.

When I arrived at the Hospital I found that Mrs. Smith had immediately put the patient into knee-chest position, had applied a scalp lead attached to a fetal monitor and had her hand in the vagina pushing the baby's head up out of the pelvis to take pressure off the cord. She had also arranged for the operating room to be set up for an emergency Cesarean, had arranged for the operating room crew to be called, and had sent for an anesthesiologist and pediatrician. The patient's cervix was about 7-8 cm dilated.

I had the patient transported to the Operating Room and as we were about to transfer her to the operating table, I re-examined her and found that her cervix was now fully dilated. Without anesthesia I applied obstetrical forceps to the baby's head, cut an episiotomy and rapidly delivered the baby. It was a 9 pound 6½ ounce male that had Apgar scores of 7 and 9 and did very well. The episiotomy was repaired under local anesthesia and, as I recall, the patient went home later that day.

September 28, 19[illegible]


RE: J. F.
My office number is 5152
Mid-wife Dolly Browder

If Mrs. Browder, at 8 a.m., had not recognized that the umbilcal cord had prolapsed this baby would have been in very terrible shape delivering away from a hospital at 9:40 a.m. She obviously did not know the immediate first-aid type management of prolapsed cord. Mrs. Browder did recognize that she had a problem and promptly moved the patient to the hospital. If the patient had been in the hospital at the onset of her labor it is very probable that the prolapse cord would have been recognized before the membranes had ruptured and that a Cesarean section would have been done immediately.

Mrs. J. F. was very lucky that she ended up with an undamaged child.

Robert A. Spierling, M.D.
2831 Fort Missoula Road
Missoula, MT 59801

Robert A. Spierling MD

In witness whereof, I have hereunto set my hand and affixed my Official Seal the day and year in this certificate first above written.

Joan B. McCallum, NOTARY

Residing at Missoula MT My Commision expires 4-16 ,1991

# THE WESTERN MONTANA CLINIC

515 WEST FRONT STREET
MISSOULA, MONTANA
59802

TELEPHONE (406) 721-5600

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ADMINISTRATION
GARY J. LARSON

October 19, 1988

OCT 25 1988
STATE BOARD OF MEDICAL EXAMINERS

Board of Medical Examiners
1424 9th Ave
Helena, MT 59620-0407

RE: Browder, Dolly, unregistered lay midwife

Dear Board:

Case 1) Patient's initials, G. Debbie. The dates that I have seen this patient in The Western Montana Clinic are June 13, 1988; June 17, 1988; and July 15, 1988. This patient was delivered at home by Mrs. Dolly Browder, approximately two weeks prior to June 13, 1988. The patient told me that she had seen Dolly Browder for prenatal care. She also stated that Dolly Browder delivered a female infant, 6 pounds 8 ounces at home. The patient was also delivered of a normal-appearing placenta by Dolly Browder and then had a postpartum hemorrhage. She then had external massage of her uterus by Dolly Browder as well as stimulation of her nipples and was given several herbal teas to help stimulate contraction of the uterus. All of this did not slow down the postpartum hemorrhage and the patient stated that Dolly Browder gave her a "shot", and then her bleeding decreased. The patient was given minimal postpartum instructions. She was breast-feeding when I saw her on June 13, 1988 and she had been using three to four tampons a day, which is contraindicated of a postpartum female. The patient was seen by me two weeks postpartum because she had abdominal tenderness and increased bleeding. She was actually first seen at the Lolo Clinic and was referred to me on the same day. Her blood pressure was 106/70 on evaluation. On physical exam she had abdominal tenderness, she was afebrile. Vaginal vault had some menstrual lochia, there was no obvious clot in the cervix. Cervix was open and passed a ring forceps. Bimanual showed a

OCT 25 1988
STATE BOARD OF MEDICAL EXAMINERS

firm, postpartum uterus that was exquisitely tender, both adnexa were tender as well. A culture was done. My impression on June 17, 1988 was that she had a postpartum endometritis subsequent to her difficult delivery at home and complication of a postpartum hemorrhage. She was started on Methergine .2 mg tid for four days and then Keflex 500 mg qid for seven days. She then was to return in four days. The patient had a cervical culture that was done on June 14, 1988 that showed two different organisms, E. coli and bacteroides. They were both sensitive to cephalosporins. These organisms are frequently found with postpartum endometritis and show of an anal contaminate, usually during the vaginal delivery. She returned on June 17, 1988, and was feeling much better. She had had no further fever or chills. Her activity level had increased, she had minimal flow of pink spotting. Bimanual exam showed a parous uterus that was freely mobile, soft and nontender. The ovaries were firm and nontender as well. Impression on that day was that she was stable, subsequent to postendometritis. She was to return in one month for postpartum care and the recommendation to evaluate this patient for von Willebrand's disease with next pregnancy. She returned in one month and stated that she felt much better. She occasionally had a yellow-brown discharge. She requested a Pap smear and would like to have the birth control pill for contraception. Physical exam was normal. She was started on Loestrin with iron 1.5/30. Her Pap smear was done and it was subsequently normal.

My opinion of the care received by Dolly Browder is dangerous. I do not think that a lay midwife should be giving injections nor handling postpartum hemorrhages in the home. As a result this woman was lucky to only have a postpartum endometritis.

Case 2) The patient's initials are T.C. This patient was a mutual patient of Dolly Browder's and mine. I first saw this patient on January 20, 1986 and agreed to provide prenatal care and to do an in-hospital delivery of this patient. In the latter part of the pregnancy, the patient informed me that she had also been seeing Dolly Browder for prenatal care and would like to have a home delivery and would I take care of her at the hospital if there were a problem. Since I had been taking care of this patient I agreed to this difficult situation during her prenatal course. The patient attempted to have a home delivery on July 9, 1987, however, she was unable to do so at home. She had spontaneous rupture of membranes at home for twenty-three hours, her first stage began at approximately 4:00 p.m. on July 8, 1987. She had a

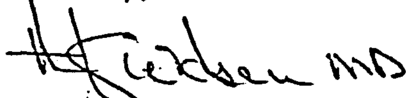
OCT 25 1988
STATE BOARD OF MEDICAL EXAMINERS

prolonged latent phase as well as a prolonged first stage of labor. She arrested at 6 cm for several hours. Dolly Browder had her push when she was dilated to 6 cm for several hours. The cervix became very edematous and constricted and they decided at that time to request my help at Community Hospital. I saw this patient. She was admitted at approximately 4:00 p.m. on July 9, 1987 and my assessment at that time was that she had a very edematous cervix with the vertex presentation high at minus 1. At 6 cm she was augmented with IV Pitocin because her contractions were infrequent and of minimal strength. She began her second stage and was completely dilated at 7:30 in the morning and delivered at 9:57 a healthy female infant with Apgars of 5 and 9. She had an uncomplicated postpartum course. Dolly Browder was in attendance at the birth in the hospital as well. However, was in the background.

My opinion of this case is that Mrs. Browder should not have allowed this patient to push at 6 cm. This is a gross error of obstetrical management.

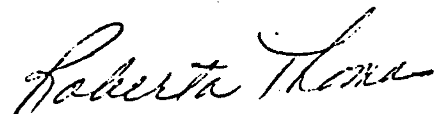
I have two other cases that will be dictated from Community Hospital. Thank you very much.

Sincerely,



Valerie Knudsen, M.D.

VK:bd



NOTARY PUBLIC for the state of Montana
Residing at Missoula, Montana
My Commission Expires July 15, 199

Grant M. Winn, EXECUTIVE DIRECTOR

Community Medical Center
2827 Fort Missoula Road
Missoula, Montana 59801
(406) 728-4100

October 20, 1988

OCT 27 1988
STATE BOARD OF MEDICAL EXAMINERS

Board of Medical Examiners
State of Montana
1424 Ninth Avenue
Helena, MT 59601

Attention: Ms. Patricia England

This is the second part of my letter to the Medical Board; informing them of four obstetrical cases I have been involved in with Dolly Browder.

Case No. 3, the patient's initials are R.A. I saw this patient and treated her on 05-23-88 and 05-24-88 at Community Medical Center. She was non-compliant with her postpartum care. Patient had a vaginal delivery on 05-23-88 with my assistance. Mrs. Browder provided prenatal care and was in attendance of the home labor and hospital delivery.

Mrs. R.A. is a 24 year old Gravida I, Para 0 at 35 weeks estimated gestational age with premature spontaneous rupture of membranes at 6 p.m. on 05-22-88. The patient had planned a home delivery. This patient notified Dolly Browder of her premature ruptured membranes at 6 p.m. on 05-22-88. She was brought to Community Hospital by Dolly Browder at 10 p.m. on 05-22-88. On admission, she was in active labor. She was in Stage II, her cervix was 100%, 10 cm. and vertex was at +2. Fetal heart tones were 135 and reactive with accelerations. Estimated fetal weight was 5½ pounds. Mother's blood pressure was 128/88. She was in a good labor pattern. Stage II lasted for one hour; I performed a midline episiotomy. The baby was delivered in an OA presentation with Apgars of 8 and 9. Stage III was ten minutes. She had an intact placenta. There was a repair of the episiotomy with 2-0 Vicryl. She received a local anesthetic, 10 cc's of 1% Lidocaine, as well as 10 units of Pitocin IM. Her estimated blood loss was 400 ccs. The patient was discharged home on 05-24-88 in a stable condition.

My opinion of this case is that Mrs. Browder delayed in the hospital admission of this patient. She allowed the patient to labor spontaneously at home and then arrived in Stage II for the actual delivery. As you know, there are many complications with premature births and premature ruptured membranes at 35 weeks.

Case No. 4, the patient's initials are R.B. I cared for this patient only at Community Hospital beginning on 03-29-88 until 04-02-88. This patient had a Cesarean delivery performed by myself on 03-30-88. She was brought to Community Hospital by Mrs. Browder due to a failed home delivery.

Board of Medical Examiners
Helena, MT 59601

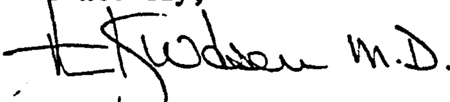
Attention: Ms. Patricia England -2- October 20, 1988

Mrs. R.B. was a 27 year old Gravida I, Para 0 at 42 weeks gestation. She received prenatal care by Dolly Browder for the last month of her pregnancy. She received prenatal care in Denmark, consisting of three visits. Her total weight gain was 35 pounds. Her blood type was A+. Physical exam on admission showed a cervix that was 5 cm., 90% effaced and the vertex was -2. The vertex was high and molded. The estimated fetal weight was 8½ pounds. Fetal heart tones were 130 with accelerations and variability. The patient was observed f[illegible] an hour. She was given some IV hydration and IM Stadol. She was in a good active labor pattern. Her contractions were every 2-3 minutes, they lasted 60 seconds, theyw ere of good quality. However, after one hour of observation there was no change in her cervix. By history she had attempted a home delivery at home with Dolly Browder. She had had good labor contractions for eight hours, with no descent of the vertex and had developed subsequent molding. The assessment was made of cephalopelvic disproportion and a low transverse Cesarean section was performed by myself and Dr. Tom Baumgartner. There was delivery of a female infant with Apgars of 8 and 9 who weighed 9 pounds, 8 ounces. Postoperatively, the patient did well. She was discharged home on the third hospital day in a stable condition.

My opinion of this case is that we have documented prenatal care by Dolly Browder as well as an attempted home delivery by Dolly Browder. She was transferred to the hospital exhausted after a prolonged first stage of labor and subsequently had a Cesarean section.

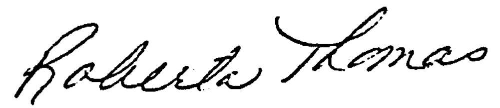
If you have any questions, you can contact me at the Western Montana Clinic, 721-5600 or at my home until December 12th, [illegible].

Sincerely,



Valerie Knudsen, M.D.

VK/jdm



NOTARY PUBLIC for the state of Montana
Residing at Missoula, Montana
My Commission Expires July 15, 1991

Thomas A. Baumgartner, M.D., P.C.
F.A.C.O.G.
OBSTETRICS-GYNECOLOGY & INFERTILITY
2825 FORT MISSOULA ROAD
(406) 542-2116
MISSOULA, MONTANA 59801

October 26, 1988

OCT 27 1988
STATE BOARD OF MEDICAL EXAMINERS

Patricia I. England
Staff Attorney
Board of Medical Examiners
State of Montana
1424 9th Avenue
Helena, MT 59620-0407

RE: Dolly Browder
Unregistered (lay) midwife

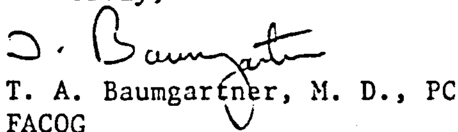
Dear Ms. England:

I have practiced obstetrics and gynecology for the past eleven years. During that time, I have been aware of Dolly Browder assisting women with home births. Over the first several years, I had been told by patients that the compensation was minimal. Over the middle period of time, patients would tell me that they would be charged in trade, for instance, several cords of wood. Over the last several years, the fee communicated to me by various patients has been $700-800.00. Over the first several years, when I heard she was assisting patients, she would bring patients in for stitches and retained placentas. Over the last several years, it has been my understanding that she has been putting her own stitches in, injecting local anesthetics.

My knowledge of Mrs. Browder's activities does not involve actually witnessing her performing these procedures in a home, but from what my own patients have told me. I have definitely had patients tell me that Mrs. Browder was going to deliver them at home. I have had patients referred to me from Mrs. Browder for ultrasound to determine if the baby was breech or not. I have heard from patients that Mrs. Browder has attempted to perform breech versions. I have also examined patients to determine how far dilated they were and was told by the patients that Mrs. Browder had also examined them and told them how far they were dilated.

If you need further information, please feel free to contact me.

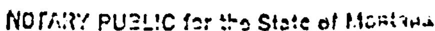
Sincerely,



T. A. Baumgartner, M. D., PC
FACOG

TAB/rgs

NOTARY PUBLIC for the State of Montana
Residing at Missoula, Montana
My Commission Expires: 4-16-91



# HEALTH

## Half of all c-sections unneeded, report says

WASHINGTON (AP) — The number of women giving birth by Caesarean section may be leveling off after years of sharp increases, but hundreds of thousands of the operations are being performed needlessly, a public interest group said today.

One in four American women gives birth by the abdominal surgical procedure commonly called c-section, and the Public Citizen Health Research Group estimates that half of the 934,000 operations in 1987 were unnecessary.

**The excess surgery costs more than $1 billion in health care costs.**

The American College of Obstetricians and Gynecologists agreed that the c-section rate appears to be leveling off, but the professional organization rejected the report's claim that doctors are abusing the procedure.

The group's report said the rate of c-section births rose 0.3 percent — from 24.1 percent to 24.4 percent of all births — from 1986 to 1987. That was the smallest annual increase in 12 years in a rate that has more than quadrupled since 1970, when 5.5 percent of all births were c-sections. "It looks like this is for real, and it's long overdue," said Dr. Sidney M. Wolfe, co-author of the report.

The excess of c-section operations costs the nation more than $1 billion in health care costs and puts women at higher risk needlessly, Silver said.

Wolfe said doctors and hospitals have an incentive to perform c-sections because they make more money on the procedure. He also said doctors like the convenience of scheduling a birth during working hours.

The report estimates that the optimal average U.S. c-section rate is about 12 percent. But Morton Lebow, a spokesman for the American College of Obstetricians and Gynecologists, maintained that the report provides "no reliable data to establish a correct rate for c-sections."

EXHIBIT 2
DATE 2-13-89
HB 579

Bruce G. Hardy, MD

General Pediatrics
Subspecialty Interest: Pediatric Cardiology

575 W. Front St.
~~2831 Fort Missoula Road~~
Missoula, MT
59801
(406) 728-4055

Feb. 11, 1989

To: Stella Jean Hansen
Chairperson: House Human Services & Aging Committee

I am concerned, as you are, for the welfare of mothers and infants in Montana. The issue of home births and midwifery is not an easy issue, and there probably are no easy answers. Home births will continue despite any action that the legislature takes. In Missoula, a lay-midwife named Dolly Browder has provided birthing assistance for many who have decided to have a home birth. A very positive aspect of her care is that she has worked well with many in the medical profession to facilitate obtaining medical care for the mother or infant when it is needed. This is not a small matter. If a bill is passed that prohibits Dolly Browder from assisting with births, I am very concerned that this will actually impair the medical care of those women and infants of home deliveries.

I support HB 458.

I am opposed to HB 579. I am concerned that the passage of this bill may be disadvantageous to the welfare of mothers and infants.

Thank you very much.

Sincerely,

Bruce Hardy, MD

**NINEPIPE MEDICAL ASSOCIATES**
St. Mary's Lake Road
St. Ignatius, Montana 59865
Telephone: (406) 745-4300

PATRICIA HENNESSY, M.D.
J. MICHAEL WISE, M.D.

10 FEBRUARY 1989

TO: Montana House of Representatives Human Service Committee Members

RE: HB 579 [A bill placing pregnancy, parturition + post partum within the purview of the medical practice act]

As a public health physician whose area of special interest is maternal and child health I have grave concerns about the above bill.

During the time I served as physician consultant with the Missoula City-County Health Department we implemented an innovative to get low income women into early pregnancy care with an MD. In so doing we offered them counselling services as well as classes about the natural process of pregnancy, good nutrition and avoidance of hazards as well as Lamaze classes. While this information often was given at the Health Department or WIC often it was given in homes or at high schools.

This unique program called ACCESS/LINKS was most efficient and effective because of its use of non medical workers; adolescent pregnancy counsellors, dieticians and social workers. None of these people consider themselves regulated by the medical practice act, yet they were offering care during pregnancy!

While I think I can understand the view point of those sponsoring HB 579, it seems misguided in a time when many MD's are curtailing obstetrical medical practice. As a fellow physician I can only say such a bill smacks of business protectionism and monopoly practice and demeans our Hippocratic oath.

I urge the committee to terminate this poorly conceived bill.

Cordially

Patricia Hennessy MD

STATEMENT ON HB 614 TO THE HOUSE COMMITTEE

ON HUMAN SERVICES AND AGING

by BEN HAVDAHL
P.O. Box 294
Helena, Montana 59624

Madame Chairman, Members of the Committee. For the record, my name is Ben Havdahl, and I reside in Helena. I strongly support the passage of HB 614 which establishes a program to provide specialized telecommunications equipment and services to persons who are blind, speech impaired, deaf and severely hard of hearing.

Although I am a registered lobbyist for the trucking industry, my interest in HB 614 is a personal one and I'm testifying today on my own behalf. Many of you know that I have a hearing problem and attempt to hear with the aid of an assistive listening device coupled to my hearing aids.

Because I am concerned and have had vast experience with problems and frustrations in attempting to effectively communicate verbally with people, by phone and face to face, I feel that the program established by House Bill 614 for the many Montana impaired people is an absolutely vital one. There are those who find it impossible or next to impossible to communicate via a simple phone call that every one else takes for granted. This bill will be the salvation for many Montanans and a necessary assist to help us to help ourselves in dealing with our problem.

According to the National Information Center on Deafness, headquartered at Gaulladet University in Washington D.C., Montana has an estimated 56,000 persons whom are hearing impaired and suffer some degree of hearing loss in one or both ears. Of that number 29,000 Montanans are estimated to have a significant bilateral loss, and have substantial difficulty hearing in both ears. 7,000 Montanans, according to the information, are deaf and cannot hear and understand speech. 2,000 of those are prevocationally deaf, that is they became deaf prior to 19 years of age. A copy of this data on Montana and other states is attached to the committee hand out.

I was privileged last year to be elected to the Board of Trustees of the national organization called Self Help for Hard of Hearing People, Inc., with national headquarters in Bethesda, Maryland. SHHH is a non-profit, non-sectarian, educational organization devoted to the welfare and interest of those who are hard of hearing. SHHH has local chapters all over the country and we are currently working to establish them in Montana.

Personally, I'm severely hard of hearing and without the assistance of amplification, for all practical purposes, I'm deaf. The intensity of sound is measured in decibels on a scale from zero for the average <u>least</u> perceptive sound to about 130 decibels for the average <u>pain level</u> of sound. The average conversational level is between zero and 20 decibels. In my personal case, I need 98 decibels in one ear and 100 in the other to hear any conversation. The



EXHIBIT 3
DATE 2-13-89
HB 614

sound of a loud power lawn mower is about 90 + decibels and gives you some idea of how loud 100 decibels is.

The cornerstone of the program in HB 614 provides for the loan or lease of specialized telecommunications equipment to persons who qualify and establishes a dual or third party relay system to connect handicapped persons using this equipment with persons using standard telephones.

On Page 5 of the bill, the specialized equipment is defined including telecommunication devices for the deaf or TDD's which are sometimes referred to as teletypewriters, TTY's. Also included are amplifiers, signal devices, electronic artificial larynx devices and telebraille and other devices.

I have reproduced in the handout, information about TDD's for the Committee's benefit, published in a pamphlet "What You Should Know About TDD's" by the National Technical Institute for the Deaf, in Rochester, New York.

The teletypewriter (TTY) was first invented in 1963 by a deaf physicist who designed an acoustic modem that made it possible to transmit and receive typed information from one location to another through standard telephone lines. In the 1970's, newly designed, smaller and more portable telecommunication devices for the deaf (TDD) became available. Several examples are discussed in the handout.

When using a TDD, conversation is not spoken and heard, it is typed and read. Calls made from one TDD to another TDD are private and are made without the involvement of a third person. There are some disadvantages, however, to using a TDD; the user needs to type; this takes more time than speaking; interruptions cannot occur when the other person is typing; and if the state does not provide the equipment on loan or lease as provided in HB 614, then the equipment must be purchased by the individual. This equipment can cost from approximately $200 to $1,000 on up to $2,000, depending upon how the TDD is equipped. Some have a paper print-out, some have large visual display areas and some new TDD's can be used without a phone and are plugged directly into a phone jack. The new Superphone TDD can be used to call any hearing person whom does not need another TDD. That means a deaf person can call a doctor, a hospital, the police, or fire department in an emergency without needing a TDD or a third party relay on the receiving end. The Superphone can be equipped with an electronic voice that repeats the words typed on a TDD to the person on a regular phone. Using a touch tone phone, the receiving person can then type a reply by using the touch tone keys.

Properly equipped TDD's will allow the user to communicate directly with any personalized computer which is equipped with a modem and appropriate communication software. New innovations are continually being made.

Since 1980, California has distributed free TDD's to people who are unable to speak or hear over the telephone and are certified as such by their physician or audiologist.

According to the information in the committee handout, 18 other states also distribute TDD's and other specialized telecommunications equipment. Oregon

adopted legislation in 1987 and Colorado is currently considering legislation. With Montana added to the list, the number would be 23 states.

Until recently, both people needed TDD's in order to call each other. Now there is an expanding network of TDD relay systems and HB 614 in section 9, provides for a relay system that connects user's of TDD's with normal-hearing people using their voices on the telephone. The relay operator serves as an intermediary for calls placed between a TDD user and a non-TDD user. Either person may initiate the call. The specially trained relay personnel alternate between speaking and typing the conversation. Calls that are typed are spoken to the normal-hearing person. The service works in reverse when information spoken by the normal-hearing person is typed to the TDD user. Under HB 614, this service will be provided at no cost to the user. Some other services are available to TDD users. Since 1980, a toll-free telephone number connects TDD users with a regular systems operator. Many states offer reduced rates on TDD toll calls. Some cities and states have TDD numbers for emergency calls.

Hard of hearing people can and do use TDD's and benefit from their many features. Some prefer to alternate between speaking over the phone and then using the TDD to receive information, rather than listening.

House Bill 614 also provides for what I feel to be a vital function in the program offered, namely it establishes a Committee on Telecommunications Services for the Handicapped, appointed by the Governor to oversee the administration of the program. The bill provides for the major functions of this committee to be performed with the Department of Social and Rehabilitation Services in administering the program. The varying expertise represented in the eleven persons that make up the committee, coupled with the department, I feel, insures the very success of the program. The program is plowing new ground in Montana and if adopted, will need all the expertise available in carrying out its stated purpose.

The bill provides for an effective means of funding the program through the small fee to be levied of 10 cents per month on each telephone access lined. Although this assessment is small, it does generate substantial income and the committee will play an effective role in managing the fiscal affairs of the program. I feel this is further enhanced by the inclusion on the committee, of a member of the Montana House of Representatives and a member of the Montana Senate.

I completely agree with the conclusions as stated in the legislative findings in the bill, namely that the handicapped citizens in the State are a valuable asset and that it is absolutely necessary to provide access to telecommunications services in order for them to function as productive members of our society.

Thank you for the opportunity to comment on House Bill 614 and I would respectfully urge this committee to vote for a "do pass" of this bill.

## What You Should Know About TDDs

Telecommunication Devices for the Deaf (TDDs) are growing in popularity daily. A TDD lets a deaf person make a telephone call directly to another person having similar equipment, without the need for an interpreter, since the conversation is typed through one machine to another machine instead of spoken. Here's a brief summary of what TDDs can do and how they can help a deaf person. This information was adapted from **Telephone Training for the Deaf** by Dr. Diane L. Castle (publisher, Alexander Graham Bell Association for the Deaf, Washington, D.C.).

### Selecting a TDD

Choosing the right TDD depends on your needs and the environment in which you'll use the TDD. For example, if you have vision problems you may want to choose a TDD with large, clear print. If you have limited space in your home or office, you may select a small TDD that is very quiet. Before buying a TDD, try out different kinds of equipment. Think about the advantages and disadvantages of each piece of equipment. Decide what features are important to you.

TDDs can be portable, semi-portable, or non-portable, depending upon your needs, and can cost from approximately $230 to $1,000. Some have a paper print-out and some have large visual display areas so you can actually see the conversation.

For more information about TDDs, contact other deaf TDD users and Telecommunications for the Deaf, Inc. (TDI), 814 Thayer Avenue, Silver Spring, MD 20910. TDI is a non-profit organization with regional representatives who can inform hearing or hearing-impaired persons about different TDDs and couplers and how they can be obtained. Also, TDI publishes a special telephone directory that lists TDD telephone numbers for persons living in the United States and in other countries.

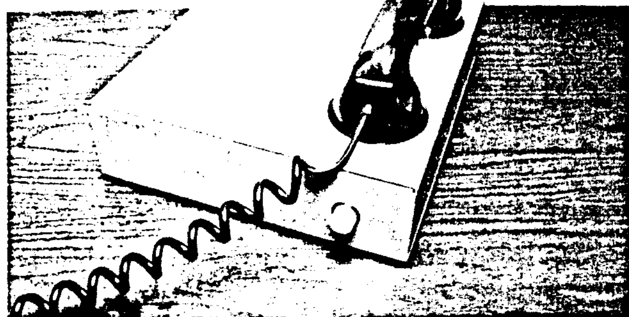
Decide which kind of TDD you want to order: portable or not, paper copy or not, mechanical or electronic. Contact your TDI representative or write directly to one of the companies listed at the end of this brochure. In some states, you can rent a TDD from the telephone company. Call the business office to find out information about renting TDD equipment from the telephone company.

### You May Need Additional Equipment

Some telephones won't work with some TDDs. For example, the Slimline or Trimline telephones won't work with reconditioned TDDs. Some TDDs need the standard telephone Series 500 handset to assure transmitting the strongest signal, especially for long-distance calls. You can use a wall or desk telephone. Ask for a private line. Until several years ago, most TDD owners requested an unlisted phone number so they would not be bothered by receiving voice calls. Recently some TDD owners have listed their name and phone number, without the address, in the telephone directory with the

# What You Should Know About TDDs

letters TDD. This plan makes it possible to find TDD numbers in the standard directory.



An acoustic coupler allows the TDD to send and receive typed messages through standard telephone lines. If your TDD does not have a built-in coupler, you need a separate coupler. Order it from your TDI representative or directly from a company that sells couplers.

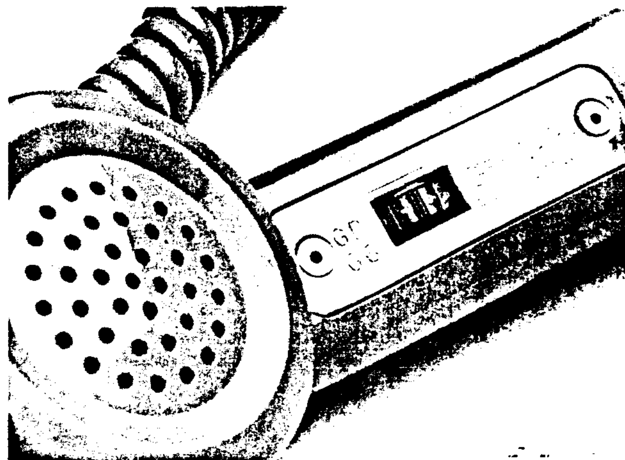
Most deaf people need a light attached to the telephone to let them know when the telephone is ringing. You can order a signal light from the telephone company when you have your telephone installed. The telephone company will charge a monthly rental for the signal light. This cost will be listed on your telephone bill. You may prefer to buy a signal light from one of several different companies, from a hearing aid dealer, or from your TDI representative. For more information about signaling devices, write for a free copy of **Signaling Devices for the Hearing Impaired,** available from the Alexander Graham Bell Association for the Deaf, 3417 Volta Place N.W., Washington, DC 20007.

## Troubleshooting

TDD calls usually go smoothly, but sometimes problems do occur. It is frustrating to continue a TDD call when the printed message is mixed up. If you understand how different problems can occur, perhaps you will be able to prevent them.

**Problem: Using the wrong handset**

The older, reconditioned TDD equipment requires a 500 series telephone handset. The 500 series handset has a magnetic conductive microphone. The magnetic microphone gives the strongest transmission of the tones through the telephone. If you are using the wrong telephone handset, you may get a confused message (scrambled letters and numbers). However, some of the new portable TDDs will transmit typed messages through any style telephone handset.



**Problem: The amplifier is not on zero**

If you have a volume control dial (amplifier) on your telephone, be sure the amplifier is set on zero. If the amplifier volume is turned higher, you can pick up other sounds in the room which will put extra letters and numbers in your message.

**Problem: A bad connection**

A bad connection can affect the transmission of sound through the telephone. A bad connection can occur when you talk or type over the phone. If you have a bad connection, your TDD conversation may be confused with extra letters and numbers. You should be able to get a better connection if you hang up and dial again. Before you hang up, explain to the other person that you cannot understand their message. Tell the person that you will call back immediately, or ask the other person to call you back immediately.

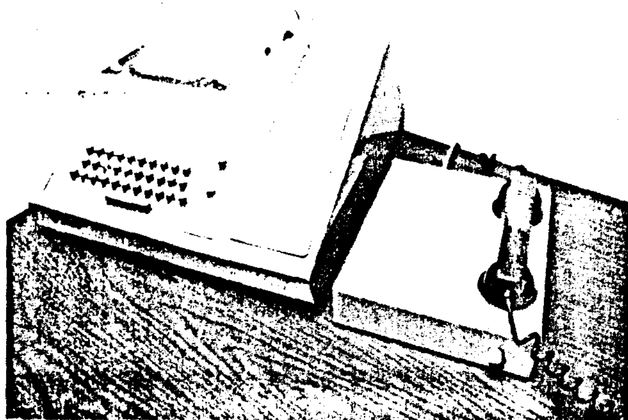
**Problem: An old coupler**

Many old couplers, purchased for reconditioned equipment, may no longer work correctly. For technical reasons, the coupler does not transmit the TDD code accurately. Therefore, the message is not received clearly. Often, the coupler can't be repaired and the best solution is to buy a new coupler.

**Problem: The person did not shift back to letters after using numbers**

Like a typewriter, the TDD has a shift key on each side of the keyboard. On the TDD keyboard, these keys may be labeled shift (SHIFT), or figures (FIGS) and letters (LTRS). Press the key to type numbers or characters

printed on the upper part of the key. On some TDDs you must press the key again to change back to letters. Sometimes the person sending the message will forget to press the shift or letters key after using numbers in the message. The message from that point on is a confusion of numbers and punctuation marks. If this happens, explain the problem and tell the person to press the shift or letters key. Sometimes you can press the shift key on your TDD to clear up some of the confused message.



**Problem: The mechanical TDD did not start at the left margin**

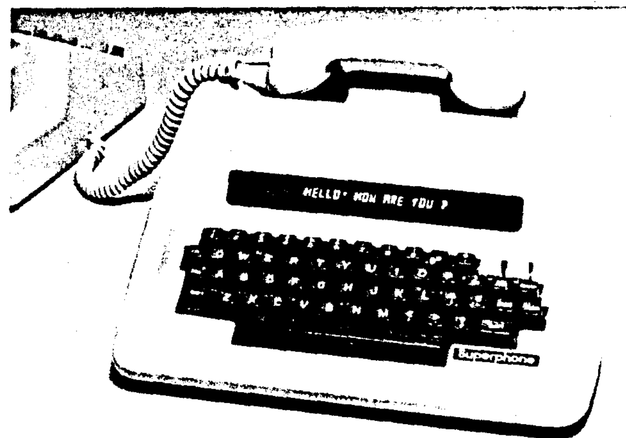
Both people, the caller and the answerer, should begin typing at the left-hand side of the paper or display area. If both people do not begin at the left margin, the letters on one TDD may print on top of each other. For example, one TDD begins at the left-hand margin and another TDD begins at the middle of the line. The TDD starting in the middle of the line will reach the end of the line first. The letters will be printed on top of each other. Before starting a conversation, press the line feed/return keys to be sure you are starting at the left margin.

**Problem: The person did not press the line feed/return keys at the end of each line**

If you are using a mechanical TDD that requires using the line feed/return keys, you must press line feed/return at the end of each line. Sometimes a person sending the message forgets to press the line feed/return keys at the end of the line. The person receiving the message sees each letter printing on top of the last one. The person receiving the message can quickly press the line feed/return keys to save some of the message from piling up at the end of the line. However, it is the responsibility of the person sending the message to press the line feed/return keys.

**Problem: Using a backspace key when both TDDs don't have it**

Several of the electronic TDDs have a backspace key. This key can be used instead of typing **XX** for a spelling mistake. However, both people need to use a TDD that has the backspace key. Otherwise the message is confused.




## A New Trend: The Superphone

New TDDs have many fine features you may find attractive. Before you buy a TDD, be sure you are up-to-date on the many new features available today. For example, many TDDs now have one key that can be used to type **GA, SK,** or **XX.** As an example of the new electronics currently being built into TDDs, consider one very interesting TDD, called the Superphone. Ultratec, Inc. introduced this TDD product that can be used to call any hearing person—and the hearing person doesn't even need a TDD. That means any deaf person can call a doctor, a hospital, the police, or fire department in an emergency without needing a TDD on the receiving end. Here are two of its features, as described in the company's literature. (We're not making claims...only passing the information along to you.)

### Voice Output

The Superphone can be made with an optional electronic voice. This voice sounds like a person talking. When words are typed by the deaf person on the Superphone, the words are spoken into the telephone by the electronic voice. Using this special TDD, a deaf person who cannot use his speech can call a hearing person and type a message on the Superphone. The message is spoken into the telephone by the electronic voice. The hearing person listens to the message. When it is the hearing person's turn to talk, the hearing person

types a reply using the Touch-Tone keys on his telephone. Only the deaf person needs the Superphone. The hearing person does **not** need a TDD.

### Touch-Tone Signals

The Superphone can be made with an optional feature for receiving signals from Touch-Tone telephones. Using this TDD, the deaf person can call a hearing friend or family member who does not have a TDD. The deaf person who can use his speech can talk to the hearing person. When it is the hearing person's turn to respond, the hearing person uses the keys on his Touch-Tone telephone to type a message. The Superphone receives the Touch-Tone signals and puts the letters on the Superphone screen. The deaf person can now read the message.

### Baudot and ASCII Codes

Superphone contains all the necessary electronics for transmitting and receiving both BAUDOT (5-level) and also ASCII (8-level) codes. The BAUDOT mode transmits at 60 words per minute using the standard frequencies for the deaf TTY/TDD network. The ASCII mode allows the user to originate a call from the Superphone to any ASCII system equipped with an answer modem. The user may call computer systems, information systems, and generally use the Superphone as a computer terminal.

### 1,000 Character Memory

Superphone has 1,000 characters of memory that can be used to save all or portions of a TDD conversation. The memory may be used to store a message before the call is made. The message can then be transmitted at maximum speed, thereby saving time and long-distance costs. Also, the memory can be used for transmitting emergency messages. The memory can be expanded to 2,000 characters.

### Telephone Lamp Flasher

Superphone contains a magnetic sensor which detects when the telephone is ringing. A lamp may be plugged into the socket that is built into the Superphone charger and a light will flash when the telephone rings.

### Sensitivity Control

Many times long-distance calls or bad connections cause trouble during TDD conversations. The Superphone has a sensitivity control which lets the user adjust for weak telephone signals.

### Printer

Superphone may be equipped with its own printer or connected to an external printer. Many printers are available which will connect to Superphone for this purpose. These printers may be purchased through Ultratec or locally for convenient maintenance.

### Sources for TDDs

American
Communication Corp.
180 Roberts Street
East Hartford, CT 06108
Voice and TDD: 203-289-3491

C-Phone, Inc.
553 Wolfner Drive
Fenton, MI 63026
Voice and TDD: 314-343-5883

CYBERTECH, Inc.
P.O. Box 543
Thornhill, Ontario,
Canada L3T 4AZ
Canadian TDD

Krown Research, Inc.
6300 Arizona Circle
Los Angeles, CA 90045
Voice and TDD: 213-641-4306

Northern Telecom, Inc.
Advanced Telephone
Products Division
640 Massman Drive
Nashville, TN 37210
Voice: 615-883-9220
TDD: 615-889-1627

Phone-TTY Incorporated
202 Lexington Avenue
Hackensack, NJ 07410
Voice and TDD: 201-489-7889

Plantronics
345 Encinal Street
Santa Cruz, CA 95060
Voice and TDD: 408-462-5606

Specialized Systems, Inc.
11339 Sorrento Valley Road,
Dept. TBJ
San Diego, CA 92121
Voice: 714-481-6000
TDD: 714-481-6060

Ultratec, Inc.
P.O. Box 4062
Madison, WI 53711
Voice and TDD: 608-273-0707

Weitbrecht
Communications, Inc.
655 Skyway, Suite 230
San Carlos, CA 94070
Voice: 415-592-1622
TDD: 415-592-1623

**For more information about TDDs, contact:**

**Telecommunications for the Deaf, Inc. (TDI)**
**814 Thayer Avenue**
**Silver Spring, MD 20910**
**Voice and TDD: 301-589-3006**

THE NATIONAL INFORMATION CENTER ON DEAFNESS
GALLAUDET COLLEGE

## ESTIMATES OF THOSE WITH HEARING LOSSES

| Geographic Area | Total General Population * | Hearing Impaired | Significant Bilateral Loss | Deaf | Prevocationally Deaf |
|---|---|---|---|---|---|
| **NORTHEAST U.S.** | | | | | |
| Maine | 1,124,000 | 67,000 | 29,000 | 8,000 | 2,000 |
| New Hampshire | 919,000 | 55,000 | 23,000 | 6,000 | 2,000 |
| Vermont | 511,000 | 31,000 | 13,000 | 4,000 | 1,000 |
| Massachusetts | 5,728,000 | 342,000 | 146,000 | 40,000 | 10,000 |
| Rhode Island | 946,000 | 57,000 | 24,000 | 7,000 | 2,000 |
| Connecticut | 3,096,000 | 185,000 | 79,000 | 22,000 | 5,000 |
| New York | 17,508,000 | 1,046,000 | 446,000 | 122,000 | 30,000 |
| New Jersey | 7,342,000 | 439,000 | 187,000 | 51,000 | 13,000 |
| Pennsylvania | 11,828,000 | 707,000 | 301,000 | 82,000 | 20,000 |
| **NORTHCENTRAL U.S.** | | | | | |
| Ohio | 10,772,000 | 707,000 | 363,000 | 104,000 | 26,000 |
| Indiana | 5,461,000 | 358,000 | 184,000 | 53,000 | 13,000 |
| Illinois | 11,355,000 | 745,000 | 383,000 | 110,000 | 27,000 |
| Michigan | 9,239,000 | 606,000 | 311,000 | 89,000 | 22,000 |
| Wisconsin | 4,694,000 | 308,000 | 158,000 | 45,000 | 11,000 |
| Minnesota | 4,069,000 | 267,000 | 137,000 | 39,000 | 10,000 |
| Iowa | 2,909,000 | 191,000 | 98,000 | 28,000 | 7,000 |
| Missouri | 4,906,000 | 322,000 | 165,000 | 47,000 | 12,000 |
| North Dakota | 652,000 | 43,000 | 22,000 | 6,000 | 2,000 |
| South Dakota | 688,000 | 45,000 | 23,000 | 7,000 | 2,000 |
| Nebraska | 1,565,000 | 103,000 | 53,000 | 15,000 | 4,000 |
| Kansas | 2,356,000 | 155,000 | 79,000 | 23,000 | 6,000 |
| **SOUTHERN U.S.** | | | | | |
| Delaware | 595,000 | 40,000 | 20,000 | 5,000 | 1,000 |
| Maryland | 4,198,000 | 286,000 | 143,000 | 38,000 | 8,000 |
| Washington, DC | 635,000 | 43,000 | 22,000 | 6,000 | 1,000 |
| Virginia | 5,323,000 | 362,000 | 181,000 | 48,000 | 10,000 |
| West Viginia | 1,931,000 | 131,000 | 66,000 | 17,000 | 4,000 |
| North Carolina | 5,848,000 | 398,000 | 199,000 | 52,000 | 11,000 |
| South Carolina | 3,070,000 | 209,000 | 105,000 | 27,000 | 6,000 |
| Georgia | 5,404,000 | 368,000 | 184,000 | 48,000 | 11,000 |
| Florida | 9,580,000 | 652,000 | 326,000 | 86,000 | 19,000 |
| Kentucky | 3,643,000 | 248,000 | 124,000 | 33,000 | 7,000 |
| Tennessee | 4,546,000 | 309,000 | 155,000 | 41,000 | 9,000 |
| Alabama | 3,870,000 | 263,000 | 132,000 | 35,000 | 8,000 |
| Mississippi | 2,511,000 | 171,000 | 86,000 | 22,000 | 5,000 |
| Arkansas | 2,284,000 | 155,000 | 78,000 | 20,000 | 4,000 |
| Louisiana | 4,200,000 | 286,000 | 143,000 | 38,000 | 8,000 |
| Oklahoma | 3,001,000 | 204,000 | 102,000 | 27,000 | 6,000 |
| Texas | 14,174,000 | 965,000 | 483,000 | 127,000 | 28,000 |
| **WESTERN U.S.** | | | | | |
| Montana | 784,000 | 56,000 | 29,000 | 7,000 | 2,000 |
| Idaho | 944,000 | 68,000 | 35,000 | 9,000 | 2,000 |
| Wyoming | 469,000 | 34,000 | 17,000 | 4,000 | 1,000 |
| Colorado | 2,882,000 | 207,000 | 106,000 | 27,000 | 6,000 |
| New Mexico | 1,295,000 | 93,000 | 48,000 | 12,000 | 3,000 |
| Arizona | 2,719,000 | 195,000 | 100,000 | 25,000 | 5,000 |
| Utah | 1,459,000 | 105,000 | 54,000 | 14,000 | 3,000 |
| Nevada | 800,000 | 57,000 | 29,000 | 7,000 | 2,000 |
| Washington | 4,115,000 | 295,000 | 151,000 | 38,000 | 8,000 |
| Oregon | 2,618,000 | 188,000 | 96,000 | 24,000 | 5,000 |
| California | 23,545,000 | 1,688,000 | 864,000 | 219,000 | 46,000 |
| Alaska | 400,000 | 29,000 | 15,000 | 4,000 | 1,000 |
| Hawaii | 965,000 | 69,000 | 35,000 | 9,000 | 2,000 |

* U.S. Bureau of the Census, April 1980.

Hearing Impaired = any degree of hearing loss in one or both ears.
Significant Bilateral Loss = those hearing impaired who have substantial difficulty hearing in both ears.
Deaf = cannot hear and understand speech.
Prevocationally Deaf = those who became deaf prior to 19 years of age.

Prepared by: Office of Demographic Studies; Gallaudet College, Washington, DC.

STATE TDD DISTRIBUTION PROGRAMS & RELAY SERVICES



| JURISDICTION | LAW | PUC | FUNDED BY | ELIGIBLE | | | PROVIDES | | | | | | LIMITATIONS AND STATUS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | DEAF | HH | OTH | TDD | FLASH | 3DPTY RELAY | AMPS | BRAILLE | OTHER | |
| CALIFORNIA | X | | -SURCHARGE ON TEL LINE OF .03 PER MONTH.<br>-SB 60 AUTHORIZES NEW CAP OF .10 PER LINE PER MONTH. | X | X | X | X | X | X | X | X | X | -TDDS & SIGNALLERS, MESSAGE RELAY CURRENTLY PROVIDED.<br>-DISTRIBUTION OF OTHER DEVICES PENDING ACTION OF ~~PUC.~~<br>-APPROX 16,500 TDDS DISTR THRU 12/86.<br>-AGENCIES SERVING DEAF MAY REQUEST APPROVAL FOR TDDS. |
| CONNECTICUT | X | | -SNETCO GIVES $100,000 A YEAR FOR 5 YEARS (EXP. 12-86)<br>-ALTERNATE FUNDING BEING SOUGHT. | X | | | X | X | NOTE 1 | | NOTE 2 | | -LIMITED FUNDS REQUIRED PRIORITIES. APPROX. 775 TDDS DISTRIBUTED BY 12/31/86. |
| RHODE ISLAND | X | | -A .30 surcharge for 6 months on residence phones. (Note 3) | X | | | X | X | NOTE 8 | | X | X Note 8 | -DVR SUPERVISION. APPROX. 400 TDDs DISTRIBUTED (2/87) ABOUT 100 MORE BY 3/31/87) |
| RIZONA | X | | -SURCHG VIA EXCISE TAX ON TEL LINES (NOTE 7) | X | | | X | X | X | | X | | -COUNCIL ON DEAF & HI ADMINST.<br>-MESSAGE RELAY BEGINS 3/15/87<br>-APPROX. 1200 TDDS DIST (2/87) |
| NEVADA | X | | -SURCHG ON TEL LINES (NOTE 3) | X | | | X | X | NOTE 9 | | | | -DEPT OF VOC REHAB ADMINIST.<br>-APPROX. 250 TDDS DIST (2/87)<br>-AGENCIES MAY APPLY. |
| FLORIDA | X | | -INITIAL FUNDING IS $550,000 FROM A PUC FUND. ADDED FUNDING BEING SOUGHT. | X NOTE 4 | X | | X | X | X NOTE 5 | X | | | -COUNCIL OF DEAF & HI ADMINST.<br>-INITIAL TDDS WILL BE DISTR-UTED BEGINNING 3/15/87.<br>-MESSAGE RELAY BEING STUDIED. |
| LLINOIS | X | | -SURCHARGE ON ALL TEL LINES (NOTE 3) | X | | | X | X | X NOTE 6 | | | | -RULEMAKING & HEARINGS WITH SCC, ITA, & DEAF ADVOCATES HELD. REOPENED TO INCLUDE DISCUSSION OF NEW TECHNOLOGY. |

OTES:

1. MESSAGE RELAY PROVIDED BY CONVERSE COMMUNICATIONS AND FUNDED BY COMM ON DEAF AS LINE ITEM -LAW NOW REQUIRES MESS REL.
2. CONN PLANNING LIMITED DISTRIBUTION OF TELE-BRAILLE UNITS WITHIN BUDGET CONSTRAINTS.
3. RI, NEV AND ILL HAVE LAWS SIMILAR TO INITIAL CALIFORNIA LEGISLATION.
4. FLA COVERS SPEECH-IMPAIRED ALSO SPECIFIES LAW AND EMERGENCY ORGANIZATIONS MUST GET TDDS AT DEPARTMENTAL EXPENSE.
5. FLA LEGISLATURE BEING ASKED TO FUND A COMPREHENSIVE MESSAGE RELAY STUDY.
6. ILL COMMERCE COMMISSION WILL HOLD HEARINGS ON MESSAGE RELAY SERVICES -SOME AGENCIES WILL GET TDDS UNDER PROGRAM.
7. ARIZ INCLUDES SPEECH-IMPAIRED. EACH YR AMOUNT OF TAX TO BE COLLECTED WILL BE DETERMINED. TAX EPIRES 6-30-88.
8. RI ADVISORY BOARD TO STUDY MESSAGE RELAY. RI COVERS SPEECH-IMPAIRED & NEURO-MUSCULAR IMPAIRMENTS.
9. NEV DVR ALSO FUNDS 24 HR RELAY ON CONTRACT BASIS IN MAJOR POPULATION AREAS.

. B. HEIL, JR. (3-21-87)

| JURISDICTION | LAW | PUC | FUNDED BY | ELIGIBLE | | | PROVIDES | | | | | | LIMITATIONS AND STATUS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | DEAF | HH | OTH | TDD | FLASH | 3DPTY RELAY | AMPS | BRAILLE | OTHER | |
| WISCONSIN | X | | -STATE FUNDING OF $100,000 PER YEAR (BUDGET CUT TO $80,000 7-1-86) | X | X | | X | X | | X | X | | -ADM BY HEALTH & SOCIAL SVS -VOUCHER PROGRAM $600 PER FAMILY. EARNINGS LIMITATION TO QUALIFY. DEAF/BLIND MAY OBTAIN $5500 PER FAMILY. -APPROX. 375 VOUCHERS BY 7/87 |
| MASS. | X | | -INITIAL $15,000 TO PURCHASE 40 TDDS & SIGNALLERS.COMMISSION TO SEEK ADDED FUNDING -RELAY SERVICE FUNDED SEPARATELY. | X | | | X | X | X | | | | -COMM FOR DEAF & HI ADMIN. -TDDS CAN BE LEASED,RENTED OR PURCHASED. MIN PRICE 50% OF PURCHASE OR WHOLESALE PRICE -PRIORITY SYSTEM DUE TO LIMITED FUNDING. -43 TDDS & SIGNALLERS (2/87) |
| NEW HAMPSHIRE | X | | -AN INITIAL EQUIPMENT FUND OF $4000. -APPLYING FOR RENEWAL. | X NOTE 1 | | | X | X | X NOTE 3 | | | | -DVR ADMINISTERS. -INCOME LIMITATIONS & OTHER PRIORITIES. -LOANED WHILE IN STATE CANNOT BE A DVR CLIENT. -10 TDDS DISTRIBUTED (2/87). |
| OKLAHOMA | X | | -SURCHARGE .05 PER MO. PER TELEPHONE LINE. | X NOTE 1 | | | X | X | X | | X | | -DEPT HUMAN SVS ADMINISTERS -FINANCIAL LIMITATION 200% OF FEDERAL GUIDELINES FOR NO CHARGE DISTRIBUTION. SLIDING SCALE OF FEES FOR OTHERS. -AFTER 3 YEARS USER ASSUMES OWNERSHIP OF TDDS. -CONTRACT BIDDING IN PROCESS |
| MAINE | X | | -COST SHARING PROGRAM FOR TDDS UP TO 50% PAID BY STATE. REMAINDER BY TOWNS, INDIVIDUALS & ORGS. -A SEPARATE PROGRAM FOR LOANERS. | X NOTE 1 | | | | | NOTE 4 | | | | -BUREAU OF REHAB ADMINISTERS -MAY OBTAIN MAX OF $300 PER TDD FROM STATE. ALSO LOANERS AVAILABLE-SEPARATE PROGRAM. -APPROX. 250 TDDS THRU 3/87. |
| NEW YORK | | X | -PUC ORDERED TELCOS TO PROVIDE MESSAGE RELAY AS PART OF SERVICE COSTS. | X | | | | | X | | | | -HEARINGS AND STUDIES UNDER WAY TO DEVELOP PROVIDER RESPONSIBILITIES AND TO PROPOSE TECHNOLOGY. |
| UTAH | X | | -SURCHARGE OF .03 PER MO. ON PHONE LINES. | X NOTE 1&2 | | | X | X | X | | X | | -EFF DATE OF LEGISLATION IS APR 26, 1987. START-UP EST FOR 6-1-87. TWO YEARS TO COMPLETE. PROG BEING DESIGN |

NOTES:

1. SPEECH-IMPAIRED ALSO ELIGIBLE.
2. UTAH BILL BROADLY WORDED AND MAY INCLUDE HARD OF HEARING. THIS IS TO BE DETERMINED.
3. SEPARATE FUNDING FOR 24 HOUR RELAY SERVICE IN NEW HAMPSHIRE.

J. B. HEIL, JR.
3-21-87

STATE TDD DISTRIBUTION PROGRAMS & RELAY SERVICES



| JURISDICTION | LAW | PUC | FUNDED BY | ELIGIBLE | | | PROVIDES | | | | | | LIMITATIONS AND STATUS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | DEAF | HH | OTH | TDD | FLASH | 3DPTY RELAY | AMPS | BRAILLE | OTHER | |
| MINNESOTA | | X | -PUC DIRECTED NW BELL TO PROVIDE A PROGRAM OF NO-INTEREST LOANS FOR NW BELL RES CUST. | X | X | X | | | | | | | -CUSTOMER MAY BORROW UP TO $1600 TO PURCHASE ASSISTIVE TELEPHONE DEVICES. APPLIES TO ALL DISABILITIES. |
| TEXAS | | | -TEXAS COMM FOR DEAF PROVIDES RELAY SERV THROUGH CONTRACTS | | | | | | X | | | | -CONTRACTS WITH 23 COMMUNITY BASED NON-PROFIT ORGS TO PROVIDE RELAY SERVICES. |
| KANSAS | | | -KANSAS COMMISSION FOR THE DEAF PROVIDES MESSAGE RELAY SERVICE | | | | | | X | | | | -STATEWIDE TDD RELAY, MONDAY THROUGH FRIDAY, 8 AM UNTIL 5 PM. |
| SOUTH DAKOTA | X | | -DVR PURCHASES AND DISTRIBUTES TDDS AND SIGNALLERS. | X | | | X | X | X | | | | -DVR PROVIDES FROM GENERAL FUNDS. HAVE DISTRIBUTED ABOUT 300 UNITS (3/87)<br>-24 HOUR RELAY SERVICE PROVIDED. |

J. B. NEIL, JR
(3-27-87)

# University of Montana

Department of Communication Sciences and Disorders • Speech, Hearing, and Language Clinic
Missoula, Montana 59812 • (406) 243-4131

February 13, 1989

Human Services Committee
State Capitol
Helena, Montana 59620

RE: House Bill 614

Dear Committee Members:

The purpose of this letter is to support House Bill 614 addressing the telephone accessibility for the hearing-impaired citizens of Montana. As a clinician, researcher, and instructor in the field of communication disorders, I have long recognized the barriers posed to an individual with a significant hearing loss. A simple telephone call to obtain information, to converse with friends, or even to request emergency assistance is often impossible for someone who has a severe or profound hearing loss. However, with the current technology and with appropriate support, these individuals can communicate successfully over the telephone.

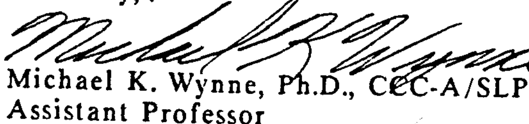
One such technological advance has been the development and promotion of the Telecommunication Device for the Deaf (TDD). The TDD is basically a visual typewriter connected to the telephone by a modular plug or acoustic modem, with the conversation appearing on a LED display above the keyboard. The TDD allows the hard-of-hearing person to communicate with other individuals using TDDs or computers over the telephone. As a consequence, this person is no longer left to experience the isolation and depression caused by the inability to communicate with his family, friends, or business associates. I have personally used a TDD and I have found them to be quite effective in communicating with hearing-impaired children and adults. Furthermore, in two situations this year, we have used TDDs to significantly enhance language therapy for two handicapped children in the Missoula School District 1.

The University of Montana has recognized the need to provide TDD access to its campus and we currently have TDDs in this department and in the Handicapped Student Services office. Furthermore, we just recently received a grant and purchased a TDD for the main university switchboard. This TDD will be installed before the end of Winter Quarter.

In addition to the state services, the United States Congress recently passed into law HR 4992: The Telecommunications Accessibility Act of 1988. This act provides for increased access to federal and state agencies via TDDs making telephone communications accessible for thousands of hearing and speech-impaired persons across the company. Many states are now providing TDDs to these individuals on a indefinite loan basis or at a subsidized price. Relay services, which connect TDD and voice calls through an interpreter are becoming more common.

House Bill 614 could provide the roughly 7000 Montanans who can be classified as deaf a new measure of independence and provide them with the equal opportunity to communicate over the telephone and to gain access to many public and private agencies. The ability to communicate is considered to be a fundamental right of humankind. While the initial costs would be moderate, the long-term investment in Montana's future for the communicatively disordered individuals would be significant. We can and we should provide this access.

Sincerely,



Michael K. Wynne, Ph.D., CCC-A/SLP
Assistant Professor

EXHIBIT 4
DATE 2-13-89
HB 614

HOUSE BILL 614

AMENDMENTS

1) Page 2, Line 16

Delete "may not exceed."

Insert "will be"

2) Page 2, Line 17

Add a period following exchange company.

Delete the remaining part of Line 17, all of line 18 and all of line 19.

3) Page 10, Line 5

Delete "1 year"

Insert "2 years."

EXHIBIT 5
DATE 2-13-89
HB 614

TECHNICAL PROBLEMS WITH HB 614
Department of Social and Rehabilitation Services
February 13, 1989

1. Only a minimal amount of money will be collected in FY 1990. The ten cent per line charge goes into effect January 1, 1990. The rate is effective on billing periods beginning after January 1. By April 30, the phone companies must send the state the money they collect for the first quarter. Less than three months of payments will be received in this first payment to the state. The second payment by the phone company is due on July 31--in FY 1991.

2. The committee and staff for the committee cannot be hired/appointed until money is available.

3. Section 12 (2)--page 11--states that the department shall determine the charge by September 1. Section 6 (4)--page 7-- states that the committee shall approve the charge. The committee cannot do this until it is established. The committee cannot be established until it can be funded. A solution would be for the Legislature to establish the rate for the first year.

4. SRS prefers that the committee be an advisory council to SRS rather than an administratively attached entity. This would result in better coordination of programs serving persons with disabilities. It would promote a more efficient operation and at the same time allow for staff devoted only to this project.

5. Requiring the dual party relay system to be operational within one year is unrealistic. The money will not be available until April 30. Staff need to be hired, the committee needs to be appointed, policies need to be established, contracts need to be let, and administrative rules need to be written. The experience in other states is that even two years for a fully operational system is too tight a schedule.

6. Section 8 (1)--page 8--needs clarification. This section states that the department shall develop an appropriate means test to determine eligibility for participation in the program. Does this mean that a participant needs to be on welfare? If someone has some financial resources, may he participate if he contributes? No provision is made for this in the bill. How can this be monitored on the dual party relay system?

7. Section 2 (4)--page 4--needs clarification. This

EXHIBIT 6
DATE 2-13-8[illegible]
HB 614

section states that "handicapped" means the condition of a person who is blind, deaf, hearing-impaired, or speech-impaired. However, Section 2 (7)--page 5--lists specialized telecommunications equipment that is applicable to other disabilities. Is the intent of this bill to include any disability which could benefit from specialized telecommunications equipment? Also, a person whose only disability is blindness probably can use regular telephone equipment.

8. Section 8 (9)--page 9--requires the department to collect an appropriate security deposit for all equipment. Low income persons may not be able to afford a security deposit. Will they not get services then?

9. Section 13 (1)--page 13--requires that phone companies maintain records for one year. Section 13 (2)--page 13-- states that the Department may audit the phone companies. The SRS Audit Division recommends that records be kept for three years, the same as records from other SRS programs. If a complete audit is desired, it will not be possible under a one year retention arrangement.

10. No money is appropriated in this bill. An appropriation will be needed.

Feb. 13, 1989

EXHIBIT 7
DATE 2-13-89
HB 614

Madame Chairperson and Members of
Human Services Committee

I am Betty Van Tighem, a deaf consumer from Great Falls. I am here to speak in favor of the HB 614.

With the invention of the acoustic coupler and with the availability of a surplus of old teletypewriters (mail box type), the telephone was finally made accessible to deaf people in 1964, but to the deaf in Montana in 1973.

It had been a long wait since Alexander Graham Bell had invented the telephone in 1876. Instead of helping the deaf as he had hoped it would, the telephone actually became a hindrance and a barrier.

It had been used many times as an excuse to deny a deaf employee a job promotion ("I'd like to promote you, but you can't answer the phone). Also, it was a nuisance and caused a loss of privacy because it required the assistance of a hearing person. Frequently, the hearing person making the call knew as much about the deaf person's

personal life as the deaf person did.

Teletypewriters are machines with a typewriter keyboard. When one key is struck, it activates a similar key on the machine on the other end and a message is typed out. These machines are used to send news, stockmarket, weather reports, and telegrams. With the use of the coupler it was possible to link these machines and other telecommunications devices to the telephone and use the phone to send a message. Two ttys are required in order to carry a message.

Answering services came into existence. A deaf person could call a number and ask for information or ask that person to relay a message to a number that didn't have a tty hookup. The deaf in Great Falls are able to make appointments with the aid of an answering service.

The past ten years the ttys are replaced with new and better electronic models which are called TDDs (Telecommunications Devices for the Deaf). And they are portable and lightweight.

It is really a blessing and a necessity for the ~~TDD~~ deaf. It provides direct communication such as my mother who lives in Indiana and she is 76 years old. We can keep in very close contact because of the wonderful TDDs. My son who is a student at the University of Montana is able to communicate with me. My husband who is a manager of a Buttrey store has one in ~~the~~ his office. I'm able to call him to bring home some grocery items.

The cost of a TDD varies from $188 to $625. Many deaf can't afford to buy one.

Congress passed a law last fall which will provide relay service on the federal level. In other words, many federal agencies will have TDDs for direct communication with the deaf.

I strongly urge you to vote for passage.

Thank you!

CHAIRPERSON HANSEN AND MEMBER OF THE COMMITTEE

My name is Floyd McDowell. I am here presenting the Coalition is Service to the Deaf and Hearing Impaired. The Coalition membership includes organizations of or for the deaf and hard of hearing, parents and relatives of deaf people, and professionals who work in the field.

We wholeheartedly support HB 614 and wish to publicly thank the sponsors. HB 614 has been modeled after similar bills that have been enacted in other states. Montana is keeping pace with national trends.

We would like to provide you with a few facts and ideas to back up your support of this bill.

1) There are approximately 300 per-lingual deaf adults in Montana
   - approximately 250 school age deaf
   - national statistics show that 1% of the population is deaf or speech impaired

2) There are economic ramifications of TDD's and two-party relay systems.
   - job opportunity and promotion is possible.
   - the deaf would have access to business services, health and safety agencies, and government at all

EXHIBIT 8
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levels.

3) Many deaf people cannot afford to purchase a TDD. This bill provides a way to help these people.

4) What is a relay system? In this case - for deaf people, it means an answering service that has a TDD and will act as the intervenor between the deaf TDD user and persons who do not have a TDD.

What is its purpose? It enables the deaf person to conduct their affairs personally without having to rely on relatives or friends. It gives them privacy. Using the relay service, a deaf person can

- make appointments with their doctor or hairdresser, or mechanic etc.
- inquire about billing discrepancies, etc.
- respond to classified adds
- request information from governmental agencies
- even call their legislator

We truly appreciate the introduction of their bill and urge your favorable consideration.

We have one friendly amendment to offer for your consideration.

VISITORS' REGISTER

______________________ COMMITTEE

BILL NO. HB 541 DATE 2-13-89

SPONSOR ______________________

| NAME (please print) | RESIDENCE | SUPPORT | OPPOSE |
|---|---|---|---|
| Peggy Williams | Helena | ✓ | |
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IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR WITNESS STATEMENT FORM.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITORS' REGISTER

_______________ COMMITTEE

BILL NO. HB 579 DATE 2-13-89

SPONSOR _______________

| NAME (please print) | RESIDENCE | SUPPORT | OPPOSE |
|---|---|---|---|
| Jerome T Loendorf | Helena | ✓ | |
| Michael Fellers | Whitefish | | ✓ |
| Dolly Browder | Missoula | | ✓ |
| Kris Zimmermann | Bozeman | | ✓ |
| Rachel Negaard | Brusett | | ✓ |
| Daniel Negaard | Brusett | | ✓ |
| Michelle Neal | Missoula | | ✓ |
| Karla Court | Great Falls | | ✓ |
| Barbara [illegible] | Missoula | | ✓ |
| Stella Jean Hansen | Missoula | | ✓ |
| [illegible] | Missoula | | ✓ |
| [illegible] RN & Attorney | Msla | | ✓ |
| Margaret Vance | Msla | | ✓ |
| Patricia S. [illegible] | Helena | ✓ | |
| Valerie [illegible] MD | Missoula | ✓ | |
| [illegible] | Missoula | ✓ | |
| [illegible] MD | Glendive | ✓ | ~~✓~~ |
| [illegible] Smith | Helena | ~~✓~~ | ✓ |
| Nanette [illegible] | " | ~~✓~~ | ✓ |

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR WITNESS STATEMENT FORM.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

CS-33

VISITORS' REGISTER

______________________ COMMITTEE

BILL NO. 579 DATE 2-13-89

SPONSOR ______________________

| NAME (please print) | RESIDENCE | SUPPORT | OPPOSE |
|---|---|---|---|
| Katherine Smith | Helena | | ✓ |
| Brant Goode, RN | Missoula | | ✓ |
| Cathy Mudd | Helena | | ✓ |
| Mona Jamison | Mt. Midwifery Assn. | | ✓ |
| John W. McMahon III | Helena | X | |
| Donna Small | Helena | X | |
| Keith W. Boone | Helena MT | x | |
| Debi Corcoran | Helena, Mt. | | ✓ |
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PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

CS-33

VISITORS' REGISTER

_______________ COMMITTEE

BILL NO. HB 614 DATE 2-13-89

SPONSOR _______________

| NAME (please print) | RESIDENCE | SUPPORT | OPPOSE |
|---|---|---|---|
| Sam Hardaway | Helena | X | |
| Mike Wynne | Msla | X | |
| Eric Eck | Helena | X | |
| PEGGY WILLIAMS | HELENA | | |
| Floyd McDowall | Great Falls | X | |
| Betty Van Tighem | Great Falls | X | |
| TIM BAKER | Helena - PSC | | |
| Christian Graver | Helena | X | |
| Hal Price | Helena | X | |
| Diana Dowling | Helena | X | |
| Tom [illegible] | Helena | X | |
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PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

VISITORS' REGISTER

_______________ COMMITTEE

BILL NO. HB631 DATE 2-13-89

SPONSOR _______________

| NAME (please print) | RESIDENCE | SUPPORT | OPPOSE |
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IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR WITNESS STATEMENT FORM.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

CS-33

NAME: Brant Goode DATE: Feb 6, 1989

ADDRESS: 818 Grand Missoula, MT 59802

PHONE: 549-0703

REPRESENTING WHOM? Myself + 50 healthcare professionals

APPEARING ON WHICH PROPOSAL: HB 458

DO YOU: SUPPORT? X AMEND? ______ OPPOSE? ______

COMMENTS: ______

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

NAME: Cherye McMullen DATE: 2/6/83

ADDRESS: 1478 Harrison - Missoula

PHONE: 728-5882

REPRESENTING WHOM? Self

APPEARING ON WHICH PROPOSAL: 458

DO YOU: SUPPORT? ✓ AMEND? ______ OPPOSE? ______

COMMENTS: ______

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

WITNESS STATEMENT

NAME Debi Corcoran BUDGET

ADDRESS 7017 Austin Rd Helena, Mt.

WHOM DO YOU REPRESENT?

SUPPORT OPPOSE ✓ AMEND

COMMENTS: Lay midwifery is not the practice of medicine any more than planning a menu at a restaurant is the practice of nutrition. Birth is not a medical malady, though hospitals often make it so with high-tech intervention when it isn't necessary. Oxygen deprivation from drugs, prone-position deliveries, forceps, etc. cause more infant damage than any that have been recorded from difficulties in home births. This bill will not stop home births only endanger mother & child at a home birth. Birth is a life process, ~~although~~ allow it to remain so.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Form CS-34A
Rev. 1985