1 **FLORIDA PUBLIC SERVICE COMMISSION**

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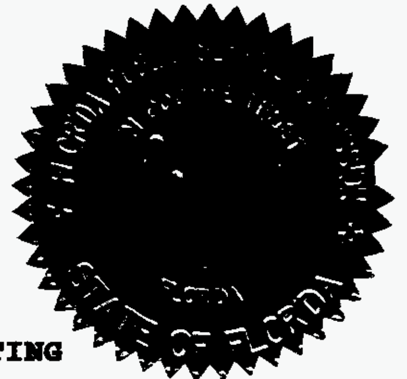
4 In the Matter of : **DOCKET NO. 960598-TP**
:
5 **Implementation of Florida** :
Telecommunications Access :
6 **System Act of 1991.** :



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PROCEEDINGS: **ADVISORY COMMITTEE MEETING**

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12 DATE: **Monday, March 8, 1999**

13

TIME: Commenced at 1:00 p.m.
14 Concluded at 4:30 p.m.

15

PLACE: Betty Easley Conference Center
16 Room 152
4075 Esplanade Way
17 Tallahassee, Florida

18

REPORTED BY: JOY KELLY, CSR, RPR
19 Chief, Bureau of Reporting
Florida Public Service Commission

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1 **IN ATTENDANCE:**

2 **JAMES FORSTALL**, Executive Director, FTRI.

3 **CHARLES ESTES**, MCI.

4 **ALEXANDER FLEISCHMAN,** Florida Association of

5 the Deaf, Inc.

6 **RITA SLATER,** Florida Association of the Deaf, Inc.

7 **JOSEPH C. SCHAD,** Florida Language Speech and

8 Hearing Association.

9 **KIM WOBSCHALL,** TRS General Manager MCI

10 **SHIRLEY JONES,** Self Help for Hard of Hearing People

11 **FOR THE FPSC:**

12 **RICHARD TUDOR, LAURA KING** and **DON McDONALD,**

13 FPSC Division of Communications.

14 **TOM O'NEILL,** Vista IT

15 **EARL C. MOGK,** Florida Laryngectomee Association

16 **BILL McCLELLAND and SUSAN WATSON,** MCI

17

18 **INTERPRETERS:**

19 SHARN STARLING

20 STEVIE FENTON

21

22

23

24

25

1 **P R O C E E D I N G S**

2 **MR. TUDOR:** All right. Can we go ahead and
3 get started?
4 I want to thank everyone for being here,
5 and particularly our Advisory Committee members,
6 because we know this is a use of your time that is of
7 great benefit but it's a time out of your schedule,
8 and so we very much appreciate you being here.
9 Since it's been a while since we met, I
10 wanted to bring you up to date on a couple of things.
11 One is, a member of the Staff of the Public
12 Service Commission that's worked with TASA for a long
13 time, Alan Taylor, he passed away at the end of the
14 year last year, and some of you might not have been
15 aware of that, so I wanted to let you know of that.
16 Also, I wanted to let you know that we have
17 a new committee member, Jim Smith, who will be
18 representing the interexchange industry. Mr. Smith is
19 an employee of Sprint. Because of some legislative
20 responsibilities today, Mr. Smith, nor Ms. Langston,
21 who represents the local telephone industry, will not
22 be able to be with us today. I also wanted to let you
23 know that Jerry Conner, who is on the Advisory
24 Committee, his mother just got a bad diagnosis and he
25 is -- has left to be with her so he will not be with

1 us here today. I wanted to bring you up to date on
2 that.
3 Perhaps if we could, lets just let everybody
4 introduce themselves that are at the front table here.
5 I'll start here with the Staff. I'm Richard Tudor
6 with the Public Service Commission Staff.
7 **MS. KING:** I'm Laura King with the
8 Commission Staff.
9 **MR. McDONALD:** I'm Don McDonald with
10 Commission Staff.
11 **MS. SLATER:** My name is Rita Slater,
12 representing FAD in St. Augustine.
13 **MR. FLEISCHMAN:** Alexander Fleischman,
14 president of FAD.
15 **MS. JONES:** Shirley Jones representing SHHH.
16 **MR. MOGK:** Earl Mogk with the Florida
17 Laryngectomee Association.
18 **MR. TUDOR:** Mr. Mogk, if you will press that
19 white button, maybe that will turn your mike on.
20 **MR. MOGK:** Earl Mogk with the Florida
21 Laryngectomee Association.
22 **MR. TUDOR:** Okay. And that's spelled
23 M-O-G-K for our reporter.
24 **MR. SCHAD:** John Schad, Florida Language
25 Speech and Hearing Association.

1 **MR. TUDOR:** Thank you. Okay.
2 What we wanted to do this morning was just
3 to begin with a presentation from MCI. MCI has some
4 news for us about some changes they are making in
5 their system. And who's going to first introduce
6 that? Charles, Kim or Bill, who wants to start that?
7 **MR. McCLELLAND:** I guess it will be me.
8 **MR. TUDOR:** Okay. This is Bill McClelland
9 with MCI.
10 **MR. McCLELLAND:** Hi. I'm Bill McClelland
11 and I'm the Senior Manager of all of the technical
12 aspects of MCI's relay. Basically I'm a glorified
13 techno-nerd.
14 Just to give you a little bit of my
15 background, I started repairing Teletypes, the big
16 metal box Teletypes, in 1973 for the military. And
17 I'm retired military after spending 21 years in the
18 Army fixing Teletypes and microwave and cable,
19 telephony, and satellite systems -- just about any
20 kind of communications you can think of. And then I
21 moved -- retired from MCI. Lived in Pensacola for
22 about eight months and then moved to Cedar Rapids,
23 Iowa, where they actually have winter, and they are
24 having it today. So that's a little bit of my
25 background.

1 I joined MCI in 1994 and I worked on their
2 main platform, which is their operator services and
3 intelligent network services platform. Anytime you
4 hear a "beep" or a "chime" or an automated or a manual
5 operator on MCI's platform, that's part of their
6 intelligent network. And I was working on that.
7 And then in June of 1997, Kim, my boss,
8 found me huddled in a corner in Cedar Rapids. And she
9 drug me out and put me back to work on Teletype. So I
10 feel like I've come back home again to work with this
11 system.
12 What I'd like to bring to you today is an
13 evolution in relay. Let me turn this on for us.
14 Hopefully you can see this.
15 (Turns on overhead projector.)
16 Okay. Like I was saying, it's an evolution
17 in relay. We're actually going to change the face --
18 the underneath part of the relay. The face of relay
19 will be the same to the CA and there will be a little
20 bit of differences to the public, but the underneath
21 technology behind relay is what we're really going to
22 change. And we're moving that out of the old
23 technology and into some very advanced technology.
24 Boy, that is tough to see.
25 This light down here says "The Next

1 Generation In Relay" and we're bringing it out this
2 summer. We'll be fielding it in every one of our call
3 centers across the United States throughout the summer
4 of this year. We've already started receiving
5 equipment in the Florida center already. The major
6 networking pieces and parts are already coming into
7 play there in Florida.
8 Relay's technical start, the enforcement of
9 relay -- there were some startups before that, some
10 states actually had some formalized relay, but the
11 really start of relay came in in the form of the '88
12 Amendment in 1990, and we had a very short time frame
13 to start that up with.
14 MCI had no knowledge of TTY and the software
15 developers at the time didn't even know what baudot
16 was. They all stood around scratched their heads for
17 a while and then went to the library and looked it up.
18 And they found out that baudot was actually a French
19 inventor back in the 1800s, and that didn't help them
20 much more than from figuring out the code from there.
21 So they had no knowledge base of TTY.
22 In 1995 -- well, in '92, when MCI really got
23 into the relay business, we had like six months to
24 create MCI's relay. That was a very short amount of
25 time, so the research and everything else they

1 compressed it to put it all together. In '95 they did
2 a major review and they did a change.
3 We have been adding features all along from
4 '92 to '95 as different states wanted different things
5 and as states that we already had wanted different
6 options in the relay. So we added those as we were
7 being asked. We weren't doing really any future
8 planning in the direction we were going. We also knew
9 in '95 that the platform that we had developed in '92
10 would not last. It was designed on 1970 technology,
11 and we needed to grow the platform. We were missing
12 out on a lot of options that were coming along.
13 So they started doing research. And they
14 did more research and more research and more research.
15 In about the same time frame is when the Internet
16 explosion happened and everything and everybody was
17 going Internet. There isn't a place you can turn,
18 there's not a magazine, a television show or anything
19 else that you don't see that somebody is advertising
20 their Web site. The Internet is just an explosive
21 market; a very ready tool for everybody to move to.
22 So we wanted to incorporate that in some of the
23 changes that we were making.
24 If at any time I'm going too fast for you,
25 the interpreter, or the recorder just throw something

1 at me. I respond to physical pain. (Laughter)
2 In '97, after doing all of our research,
3 corporate made a big decision and they said, "We're
4 going to move TRS to mainstream MCI systems." Because
5 in the past TRS had been this -- off in the little
6 corner part of MCI that had been overlooked and
7 neglected and just, you know, "Oh, that's TRS over
8 here. Just go ahead and do little things with them
9 we're not going to do too much." In '97 Corporate
10 made a decision to move those into mainstream systems
11 and they decided to move that onto the intelligent
12 network platform. That means we'll take advantage of
13 any major changes in switches; any changes in
14 technology as it comes by will automatically be
15 integrated into the platform. Local number
16 portability, that's where if you have a phone number
17 here in Florida and you move to Georgia or you move to
18 California, or you move to Cedar Rapids, Iowa,
19 eventually you'll be able to keep your same phone
20 number wherever you live in the United States under
21 local number portability. That's something that would
22 be built into the system. And that's why we're going
23 mainstream; to take advantage of those types of
24 things.
25 The next generation platform. It was

1 designed in 1997. That's when we started it. They
2 started development in the summer of '98, and we'll be
3 fielding it here in the summer of '99.
4 Like I said, we've already started deploying
5 the equipment. We're already doing test calls on the
6 platform in Cedar Rapids, so this is something that is
7 going to happen. It will take place.
8 It should be completely transparent to the
9 users here in Florida. We're putting in basically a
10 side-by-side system. Everything is that in place that
11 supports the system today will be gone and we'll have
12 everything new. The only things that we are going to
13 keep that are the same will be the CAs and the desks.
14 Everything else will be different. A new ACD, new
15 consoles, new software, new way of actually handling
16 the calls. It will all go in place in a parallel
17 system. And probably the first thing you'd notice is
18 today, to answer a call, it takes about ten seconds
19 for the call to be answered by the ACD. That time
20 will be less than half under the new system. So you
21 should see calling arrival times sharply decrease.
22 ACD for the future. Currently we're on the
23 Rockwell ACD. This is an ACD, an automatic call
24 distributor, that was designed and built back in the
25 '70s. It's at the end of its life cycle. They are

1 not supporting it. Rockwell doesn't support it
2 anymore. They tell you, "Okay, this is it. If you
3 want to continue using the switch you can. But we're
4 not going to do anything for you if it breaks or if
5 you want new development on it. You want to do
6 anything else, we're not going to support it.
7 We're moving on into the future with
8 Northern Telecom. We'll be using their DMS 100
9 switches, which are one of the biggest, fastest ACDs
10 that's on the market. There's also a feature-rich
11 switch, which means we can take advantage of
12 multiple -- I don't know the easiest way to say it --
13 the technology, it's already an IP-based switch. In
14 other words, it does Internet protocols already. It
15 does SS7 signalling so we can get all of our caller
16 ID -- it will be passed through caller ID when we
17 finish up with the platform to where the actual ID of
18 the person calling you can show up on your caller ID
19 box, which is something unheard of in relay. So going
20 with Northern Telecom.
21 The newest PCs from IBM -- we're going to be
22 the latest PCs from IBM they have on the market today,
23 is going into the platform. They'll be Pentium II,
24 400 megahertz PCs, running NT software. So the
25 fastest PCs. And a Windows operating system.

1 The latest digital technology from Phylon
2 and crystal group. Now, unless you're a real
3 techno-geek like me, you really don't know what Phylon
4 is. It's a company that makes modem cards. They make
5 highly dense packed modem cards. One of their cards
6 will have 60 digital signal processors on it. That's
7 what's at the heart of the modem cards today, is a
8 signal processor. And one of their boards has 60 on
9 it, so we'll be taking advantage of their technology.
10 And the Crystal group, which is a group that makes
11 industrial strength PCs, they are located in Hiawatha,
12 Iowa, which is a suburb of Cedar Rapids -- if you can
13 believe Cedar Rapids has a suburb -- you can find them
14 in the Internet. You can find them in the Inc. 500.
15 They are a very fast moving company. They build
16 modularized PCs; rack mounted. Between the Phylon
17 card and Crystal group, we'll be able to expand a
18 center just by putting in modular PCs. Each PC that
19 we add in is an additional 48 console, so we can add
20 very fast, very reliable systems.
21 Full integration of computer from telephony
22 from NXI and DialLogic. I don't know if anybody in
23 the room rooms really knows NXI. You may have heard
24 of them as Next Talk for Windows, if anybody uses that
25 software. But they have the some of the latest

1 advancements in test telephony. Their software is
2 just state-of-the-art in communications via text.
3 They are building voice modems. Most PCs that are
4 shipped today have a voice/fax modem in them. Just
5 software that you put on your PC and it can
6 communicate with a TDD device. That's the type of
7 technology they are building today.
8 They are going to build not only our
9 software but they are investing VCO with ASCII, which
10 is doable from them, and full duplex baudot. So we
11 have split screen. A real communications between the
12 CA and the user. Simultaneous. They can both type at
13 the same time and you don't have any garble. So we're
14 really excited about some of the stuff they are
15 building.
16 The other one as DialLogic. They are the
17 ones that will be handling the actual telephony part
18 itself. That's the voice part of the telephony. And
19 they are like the leading manufacturer in the
20 technology group for telephony.
21 MCI products with a twist, or with a TRS
22 twist. We're going to take the feature-rich stuff
23 like MCI has, like MCI 1. That's where you dial one
24 phone number and the tone system tracks you down,
25 tries to call you at home; tries to call you at your

1 office. If you're not at either one of those places,
2 it will send a page to you with the information you
3 want. It can send you fax. It can send you an
4 e-mail. Wherever you want this stuff to go, you can
5 set up your dial plan to do that. And we want to do
6 that with a TRS twist, so we wanted a text space.
7 That's just one option that we're looking at.
8 MCI has the speech technology where people
9 can have their e-mail read back to them. We can put a
10 TRS twist on that where you type in a message to be
11 sent to someone and it dials out to them and delivers
12 the message. So those are the types of products we're
13 looking at in MCI to put a TRS twist on it.
14 The last one you can't see right here is
15 called open platform. That's the key to the whole
16 system.
17 When I took the design to Corporate I said I
18 want to open up our platform. We're currently
19 dependent on end user devises. We don't build end
20 user devices; we don't build TTYs. We don't build the
21 telephony that goes into computers and that type of
22 stuff. But we want to encourage those people to be
23 able to come to us with any ideas they have and we
24 will work with them to put it in place.
25 Ameriphone, which is a manufacturer out in

1 California, is looking to do high-speed baudot, and
2 they are going to give that to the relay. We're
3 working with them. NXI wants to do full duplex
4 baudot. We're working with those guys.
5 If you are an end-user device person, we're
6 going to encourage them to come forward, work with us
7 on the relay side of it. Because an example of a
8 vendor who has a certain amount of difficulty right
9 now is Sorenson. They do video relay -- not video
10 relay -- but they do videoconferencing, but you have
11 to have Sorenson on both ends. But if you've got
12 Sorenson on one end and a relay on the other end, you
13 automatically increase the number of people who can
14 use that device because they don't have to know you
15 have Sorenson already. You can talk to them.
16 So those are the types of things we're
17 looking at from over the platform. Come to us with
18 the idea. We'll work with you. We'll build a relay
19 side out of it. So they have been very, very helpful
20 with me in keeping an open platform here.
21 An example is like a caller ID box. If
22 someone wanted to build a caller ID box that you plug
23 into your phone, and you're a VCO user, and they
24 scrolled the text across the bottom of a little caller
25 ID box that you just stick on your phone. We'll work

1 with it.
2 The next thing I have is just my logo page.
3 It's not important. You can't see it anyway. I do
4 apologize for the limited amount of viewing here.
5 But I'll take any questions about the
6 platform, and anything else that you want to know in
7 general, about what MCI is doing and where we're going
8 with the platform. Yes, ma'am.
9 **MS. SLATER:** I've read that there's been a
10 lot going on right now coming from Y2K. Are you
11 prepared for that?
12 **MR. McCLELLAND:** Yes, we are.
13 **MS. SLATER:** Have there been any problems?
14 You solved the problem?
15 **MR. McCLELLAND:** Well, Y2K is one of those
16 things where no one can give you a guarantee on Y2K.
17 If somebody comes up and says, "I guarantee that you
18 will not have problems on this day," you need to take
19 them up on it. All right? If they put that in
20 writing, you need to take them up on it. There are
21 too many variables in place.
22 I can tell you that we're aggressively
23 researching every single component; every hardware,
24 every piece of software, every vendor that we have in
25 order to try to ensure that we do not have a Y2K

1 problem. If we do, we will aggressively fix it, if
2 there is one. But we don't foresee one. And we are
3 working very hard and diligently to try to make sure
4 there isn't any. And we have worked in this platform
5 to try to make sure that there is not.
6 More questions?
7 **MS. SLATER:** Do you have a summary of your
8 speech that you can hand out? A summary of what you
9 presented to us today?
10 **MR. McCLELLAND:** I'm sorry, I don't have a
11 printout of it, but I think she wrote it all down.
12 And I think you can get these, right?
13 **MR. TUDOR:** Yes.
14 **MS. SLATER:** Thank you.
15 **MR. TUDOR:** Bill, what's the time frame
16 again for implementation?
17 **MR. McCLELLAND:** We've already started
18 fielding hardware in the Miami center. We expect to
19 have all of the hardware in place by mid-April. We'll
20 have the software running on the platform in Miami in
21 May. And -- summer. Kim is going to kill me if I
22 give you a date, Richard, I apologize. She will
23 absolutely shoot me. But we are planning on having
24 this no later than the end of the summer, fully up and
25 operational. Like I said, it should be completely

1 transparent to the users except for faster connect
2 times.
3 **MR. TUDOR:** I was just going to ask you, in
4 terms of the end user what they would see as the
5 changes. You said earlier the connect time -- and I'm
6 not sure what time frame you were talking about -- but
7 you said ten seconds would be cut in half
8 approximately?
9 **MR. McCLELLAND:** Yes.
10 **MR. TUDOR:** What was the time period? From
11 when to when is the ten seconds you're referring to?
12 **MR. McCLELLAND:** For a switch routing today
13 it takes about ten seconds from the time you hit the
14 last digit that your local LEC actually starts dialing
15 the number out for you. Because you have to dial all
16 the digits into your LEC and then it has to figure
17 out, "Oh, that's an MCI 800 number," and it routes it
18 through MCI switching in order to get it to the
19 current ACD.
20 Well, the intelligence system that's in
21 place between MCI switches will speed that up. So
22 that's where the time frame -- the actual connect to
23 the ACD will shorten.
24 **MR. TUDOR:** Okay. Then the other variable
25 then becomes --

1 **MR. McCLELLAND:** ACD to agent pickup.

2 **MR. TUDOR:** Staffing time for the agent to
3 pick up a call that's reached the ACD.

4 **MR. McCLELLAND:** Well, there are still some
5 milliseconds in there for delivery to the console, and
6 that type of stuff, and time frame for the software to
7 work. But you're going to see a remarkable difference
8 in the connect times.

9 **MR. TUDOR:** And on the Northern Telcom
10 DMS-100, have they given you any assurances or have
11 they pretty much decided that is Y2K ready, that
12 switch?

13 **MR. McCLELLAND:** Everything MCI has runs on
14 Northern Telecom, so yeah, it's a major part of the
15 platform. They are running Y2K tests across the
16 entire platform, the whole switch network. They do,
17 MCI does -- because it's all custom software.

18 This is a real easy audience.

19 Since I haven't used up all of my time yet,
20 let me tell you where relay is going, just to give you
21 some ideas of where this guy thinks relay is going.

22 Like I said, the Internet is coming on.
23 Every place that you look, technology is directed
24 towards the Internet. ADSL, which is asymmetrical
25 digital subscriber loop -- I'm sorry -- I waited -- is

1 coming out from the telephone companies. Most
2 anyplace in the United States, if you're close enough
3 to your local switch, you can get ADSL. It allows for
4 bandwidth up to -- over land speech; you're talking 6
5 megabytes per second on a telephony-type of
6 connection. Your cable company is coming out with
7 cable modems today where you can get massive amounts
8 of bandwidth to where you could actually support
9 videoconferencing 30 frames per second right from your
10 house. And they are talking about pricing those in
11 the $40 range when you're hooked up. You have a
12 full-time live connection. You don't have to wait for
13 dial-up or anything else like that. You have a full
14 time connection. You hit a key and you're on the
15 Internet right then.
16 We're looking at building those aspects into
17 relay today in the form of video technologies. We're
18 working in our VRI center right now today to
19 incorporate not only the H-320 system, which is our
20 big video-to-video system, where you have to have
21 fixed units at each end, to Internet VRI, which is you
22 dial up on the Internet, and you go
23 Internet-to-Internet to the systems like 8-by-8.
24 We're looking at integrating those types of systems;
25 the lower priced systems. But you have a degradation

1 in the frames per minute or frames per second at that
2 time.
3 So we're still trying to keep that
4 technology up in to where it's really readable.
5 IP-based relay, where you just click on an
6 icon and you're talking full duplex, two windows, to a
7 CA, who places an outbound call for you. Other
8 services that go along with that are the way that
9 technology is really moving today. So that's it for
10 me.
11 **MR. TUDOR:** Bill, in addition to the speed
12 of connection with this new platform, will there be
13 any changes to any of the current features? Either
14 addition of features or a change in the way they
15 operate?
16 **MR. McCLELLAND:** Well, I had to draw a line
17 in the sand. If I kept adding features in, as I was
18 rebuilding the platform, then my date would have
19 slipped past this summer and then past the fall.
20 Since I started this project, the whole rest of MCI's
21 development group has moved towards this technology.
22 And everybody wants to build more things into it. So
23 on the Day One, the features should be the same as
24 they are today; that we have in our present platform.
25 There won't be any changes there. But Day Two, we're

1 immediately looking to add in additional features on
2 our Day Two platform. And anything you're interested
3 in in working with us on, we're interested in doing.
4 **MR. TUDOR:** Okay. Great.
5 **MR. McCLELLAND:** I've got developers that
6 are beating on my door every day with ideas that they
7 want to put in place, you know. And for developers to
8 bring the ideas to you is something new. So we're
9 excited and they are excited, so --. Anybody else?
10 **MR. TUDOR:** Other questions?
11 **MR. McCLELLAND:** Thank you.
12 **MR. TUDOR:** Thank you, Bill. We appreciate
13 you coming. We know you'll hate to leave Florida and
14 go back to the snow.
15 **MR. McCLELLAND:** I don't think until
16 tomorrow because I don't think I can fly out.
17 (Laughter)
18 **MR. TUDOR:** Kim, how about introducing the
19 folks that are here from MCI today.
20 **MS. WOBSCHALL:** Sure. Thank you very much,
21 Richard.
22 First of all, I'd like to thank you for the
23 time that you lost on the agenda. We're going to be
24 taking a full hour of your time today. But I have a
25 houseful today, don't I?

1 My name is Kim Wobschall. I'm the general
2 manager of MCI's TeleRelay Program and I'm out of
3 Chicago. Six inches of snow; eight more on the way
4 tonight, so I may be in Florida longer than I
5 expected. You just met Bill McClelland, who is my
6 Senior Solutions Manager. He doesn't give himself
7 enough credit. He prefers techno-nerd (laughter) but
8 as you see, he's looking for solutions to better
9 relaying and move it forward.
10 Charles Estes, who is our Marketing Manager
11 out of Richardson, Texas. You've heard from Charles
12 before. He's willing today to be with us. The newest
13 member of my team is Alana Beal, A-L-A-N-A-B-E-A-L --
14 is the new Florida TRS Program Manager and she resides
15 in the Miami facility working for MCI. You haven't
16 seen her in the facility because she's on a mass tour
17 around the state of Florida giving several
18 presentations. And if you're not aware, she'll be
19 giving a presentation tonight at 7 p.m. at the
20 Courtyard back downtown. So I encourage everyone to
21 attend if you can tonight. We'd greatly appreciate
22 it. We also have two special guests with us today,
23 our subcontractor, Vista IT. We have Tom O'Neill, who
24 has been newly promoted to vice president of Call
25 Center Operations, and Susan Watson who is with

1 Outreach. Again, thank you much.
2 **MR. TUDOR:** Appreciate you doing that, Kim.
3 I know some of our people may not have met all of your
4 folks that are here today. It's a good chance.
5 Next on our program is Alana. If you are
6 ready.
7 **MS. BEAL:** I would like to share a little
8 bit about myself.
9 I just moved here about six months ago from
10 Arizona and I was with the Public Service Commission
11 there; worked for four years; did Outreach and I was
12 customer service. Also gave me an opportunity to work
13 with our customers all around the state.
14 With that background -- I bring that
15 background here to Miami. I'm really looking forward
16 to an opportunity to meet with you and meet all of the
17 new faces here. Are we ready, Bill?
18 Okay. I'm very happy to be here with you
19 today. I want you to know that my presentation today
20 is about some of the outreach activities that we have
21 been doing to date.
22 I would like to move forward with some more
23 activities. Also here on the floor I have
24 Tom O'Neill, who is the vice president for Vista IT
25 and he will be doing some of his presentation as well.

1 He's been very good at accomplishing our challenges
2 we've given him.
3 In my outreach efforts I have been doing
4 presentations and educating consumer groups as to how
5 to have better use of the services and to take
6 advantage of it. It's better understanding of how to
7 save time; how to get the people out there in the
8 community. Some of them still don't have a full
9 understanding as to the services and the benefits of
10 using those services.
11 Not only that I'm able to get a lot of
12 important feedback of the consumers, of the people
13 that are using our services now, but I'm also able to
14 suggest to the Training Department to look at how to
15 make improvements to that, to the training.
16 In January I was able to set up a lot of
17 initial meetings with SHHH, CICI, that's cochlear
18 implant group; the deaf organizations around the state
19 of Florida, and also I met with LADA. We've also
20 scheduled a lot of other forums with other groups. So
21 I'd also like to do a mass mailing of information
22 about the different kinds of groups here in Florida
23 that we've made contact with. Medical professionals
24 as well. Libraries; you know, major businesses,
25 government offices. Those kind of information

1 distributions that we'd like to do, that would be of
2 benefit to using our relay.
3 Also I would like to meet with FTRI
4 Executive Director on-site again -- or was able to in
5 January, and plan to do more networking opportunities.
6 In February I was able to contact in various
7 other forums people in Pinellas Park in the schools.
8 At the high school I very much enjoyed the number of
9 young children who already were familiar with our
10 services. And, wow, it was just amazing that they had
11 already been using our services for quite a while. So
12 it was very much a pleasure for me to see that. The
13 deaf mainstream kids as well as mainstream hearing
14 children who are using our services to communicate
15 with their deaf friend, you know, from their
16 classrooms. It was quite interesting.
17 We were able to do CIL, the Center for
18 Independent Living and the Deaf Service Center. In
19 the Largo area, I was able to meet with a large group
20 of deaf people in that community. They have a
21 residential program. They have group homes. And they
22 had a different kind of need. Different functioning
23 level. I was able to do some education as to how our
24 relay services could be of benefit to their people.
25 In Seminole, Florida, I was able to do a

1 presentation and meet with their chapter of ALDA,
2 their ALDA group. And, wow, I was very impressed with
3 that group. They were all very motivated. Very
4 interested in knowing more about our services. How
5 they could really be more independent and on their own
6 using our services.
7 I was able to participate in a all-streams
8 conference in Orlando. That was about two weeks ago.
9 And I met with several large number of students there
10 who were involved with Americor. Those are volunteers
11 from around the state, and from around America, that
12 are interested -- interested in understanding and
13 applying what they learned in the future.
14 In March I'm in the process now of quite a
15 few other presentations that I'll be doing around the
16 state. Palm Beach, in Palm Beach County, the deaf
17 community there, wow. It was a real good reception.
18 A lot of good feedback from the community.
19 Orlando, I was able to meet with the SHHH
20 group. Again, you know, very good reception. The
21 people were very strong VCO users. There were a lot
22 of in-depth questions about VCO in that process.
23 Center for Independent Living and the Deaf
24 Club. Here tonight I will be doing a presentation
25 that the deaf and hard-of-hearing community, speech

1 impaired I hope will come and give -- hopefully we'll
2 have positive results from that meeting. In two weeks
3 I'll be going to Jacksonville. I'll have five more
4 forums scheduled. Also at the deaf school. At one of
5 the colleges, as at Center for Independent Living as
6 well. And then I'll be going to the Deaf Club on
7 Saturday night there.
8 In April I'll be making the contacts with
9 several other agencies, and I'm hopping to do some
10 other presentations. I'm hoping to get in contact
11 with medical professional groups. Do presentations to
12 one of the women's group, and also people who are
13 counselors, mental health counselors and psychologists
14 in that arena in Broward County. It is a very strong
15 organization there that -- and will also lead to,
16 around the state. Also into the Spanish-speaking
17 community, I would like to do some presentations to
18 get into the medical professionals there. Hopefully
19 these presentations will be openly received in order
20 for consumers of relay, to assist them for the deaf
21 and hard-of-hearing, speech impaired community around
22 the state to learn more of our services.
23 Also I have scheduled to do a presentation
24 within the Spanish community. Wow, that is a huge
25 population in Florida, especially the southern region.

1 So we are hopefully able to increase the number of
2 Spanish speakers who use our relay.
3 We're planning an open house at our center.
4 We're hoping to do it a little bit differently and to
5 invite the deaf community to come in and visit our
6 center, to actually see -- and see what the system is
7 like.
8 We'll have three scheduled. One in March,
9 one in April, one in May, which we will be inviting
10 different community leaders and consumer groups to
11 come on in and visit our center. You are also invited
12 as well.
13 I'm in the process of scheduling in
14 Pensacola to do a presentation as well.
15 Again, in May, I have been invited to the
16 Tampa area to meet with even more groups there. At
17 the time I was focusing on the deaf professional
18 users, those groups, and doing presentations to those
19 groups. That will be the May schedule. Also I'll be
20 joining with FTRI training at that time. That will be
21 in the Tampa area as well.
22 I would like to bring an update as to what
23 my progress has been with my connections with FTRI.
24 We've developed a new brochure, and
25 information that will be out into the community.

1 We've also noticed that we're in need of ongoing
2 workshops, ongoing contact for the deaf community to
3 fully understand how to use their TTYs, how to use
4 their equipment, and, you know, how they are able to
5 connect to relay. How will they be able to connect to
6 other TTY users.
7 So James Forstall and I have been working on
8 that. We have been in discussion -- in-depth this
9 morning as a matter of fact -- MCI and FTRI are
10 working quite closely together and coordinating these.
11 I'll be scheduling for us to do some more contact with
12 that as well. We're looking forward and very excited
13 to the future things we have to develop.
14 We are now working to develop FRS and FTRI
15 networking schedules set up in -- excuse me, a Web
16 site for the -- a Web site for that. Okay.
17 Now for Vista. Vista is a new subcontractor
18 that has agreed to come on board. And we are quite
19 happy with them coming -- we're working very closely
20 with them. I'm expecting full participation with them
21 and their efforts. They are working in-depth,
22 travelling with me to my presentation, helping answer
23 questions, gathering feedback and all that entails.
24 They have recently been working on call
25 volumes, and Tom will speak more in-depth on that on

1 research they have been doing. We've also noticed
2 quite a bit of growth in our call traffic. So a lot
3 more people out in the community are starting to feel
4 comfortable using the relay, using it in the
5 appropriate way.
6 Okay. I would like to introduce Tom to the
7 floor and I'd like him to explain in-depth some more
8 of the challenges and successes we have to face as we
9 take in this partnership. Do you have any questions
10 at this time?
11 **MR. FLEISCHMAN:** I would like you, for FAD,
12 to present your workshop.
13 I would like to add you're invited to go to
14 FAD and do a presentation. Thank you. Thank you.
15 Yes.
16 **MS. JONES:** About your presentation tonight.
17 I have not seen anything in the paper about this, and
18 I didn't know about this today so I can't come. But I
19 wonder if there's a way that we can learn about such
20 presentations?
21 **MS. BEAL:** Yes. We had developed
22 announcements and we had sent it to James Forstall for
23 distribution, as well as sending it to other
24 representatives, ALDA and to the other groups. They
25 have been distributing the publication. In the

1 future, hopefully, we'll be able to plan better
2 publication and distribution in this area in
3 Tallahassee. I'm sorry that you won't be able to join
4 with us tonight but hopefully in the future.
5 **MS. JONES:** Could I have your card, please?
6 **MS. BEAL:** Sure. Sure. I will be happy to
7 give you my business card later.
8 **MS. JONES:** Also I'd like to hear when your
9 open house dates are going to be.
10 **MS. BEAL:** All right. Great. I will meet
11 with you after this meeting, okay?
12 **MS. JONES:** Thank you.
13 **MR. FLEISCHMAN:** I have a question. Often
14 I'll make a call to --
15 **THE INTERPRETER:** Sharn, I can't see him
16 from where I am.
17 **MR. FLEISCHMAN:** Okay. I'm trying to
18 explain such as -- and sometimes they'll hang up
19 saying they are not interested. And what's the deal
20 with that? I understand that that the CA sometimes
21 needs some explanation. Are they going to change and
22 improve those positions?
23 **MS. BEAL:** If you can ask the CA to identify
24 or not to explain about the really during your call,
25 you just let the CA that you don't wish for them to ID

1 the serves, or to continue, the CA will continue with
2 the call without that.
3 The CA follow an exact script of what
4 they're to say, so all CAs, you know, go through that
5 same process. So we can't really do any modifications
6 to the script at this point. But what you can do is
7 either have them ID and explain or not.
8 **MR. FLEISCHMAN:** Is that going to be
9 included in the presentation? Because many of the
10 deaf in Florida have complained about that situation.
11 **MS. BEAL:** Because there's a lot of things
12 that the community doesn't understand and isn't aware
13 of, so that they'll be in control of their own calls.
14 So that's why we were doing this education effort. To
15 get -- give them as much control over their calls as
16 possible. What they can do, and, you know, what they
17 can take advantage of.
18 **MS. SLATER:** I have a question also. Some
19 people are making relay calls and are unhappy with
20 some of the feedback they are getting from the CA.
21 Others are saying that the system's okay and they are
22 not satisfied with some of the actions that they're
23 doing. I am wondering is it possible for me -- now I
24 know the -- I know the caller ID's number. Can I make
25 a call and ask that it's very important that I make a

1 call and talk with someone, someone special, like a
2 special CA, in regard to my call?
3 **MS. BEAL:** No, you can't ask for a specific
4 CA number. You can ask for a more experienced CA
5 number. You can ask for a male or a female CA to
6 continue your call but there's no way to ask for a
7 specific CA ID number.
8 **MS. SLATER:** I have been noticing all along
9 some CAs do a better job than some others; more males
10 than females, that is.
11 **MS. BEAL:** Okay. Okay. Anyone else? Any
12 other questions? Tom, it's your floor.
13 **MR. O'NEILL:** Again, my name is Tom O'Neill,
14 vice president with Vista Information Technologies.
15 Vista is a Virginia-based corporation. We
16 were formed quite recently, actually --
17 **THE INTERPRETER:** Would you turn your mike
18 on, please.
19 **MR. O'NEILL:** We were formed in 1997
20 specifically to grow a business centered around
21 network services and all of its features; that is,
22 support in telecommunications, Internet, business
23 network systems and call centers which support those
24 activities. My area of specialty is the call center
25 function.

1 I joined the relay community in a service
2 provider capacity in May of 1996 when we started up
3 the Massachusetts relay service with MCI, and that's
4 based in Holyoke, Massachusetts. So we have been
5 there three years now. Come this May, Vista will be
6 the prime contractor for Massachusetts and MCI will be
7 our technology subcontractor. We're very excited
8 about that relationship.
9 I wanted to start off by saying that we have
10 been extremely pleased with the changes that have been
11 occurring with MCI and with the Florida Relay Service;
12 extremely pleased with the addition of Alana. She's a
13 great pleasure to work with.
14 February 16th we brought on board Susan
15 Watson to assist us both here and in Florida, and as
16 well as nationally, in our outreach activities. And
17 her task here in Florida is to work very closely in a
18 supporting capacity to Alana as she makes her rounds
19 with the community in the state.
20 Touching on one of the comments of
21 presenting us challenges, the Florida Relay Service
22 and MCI has provided us with considerable challenge.
23 We thrive on it. We like to look at it as
24 opportunities to excel rather than a challenge to
25 overcome.

1 With Bill's presentation, I had the
2 opportunity -- when was that, Bill? About a month
3 ago -- to see elements of the new platform for myself
4 on a trip to Cedar Rapids. And I'll tell you it is
5 exciting. This is a wonderful platform. And I know
6 sometimes sitting in the audience you can be skeptical
7 of a vendor telling you how wonderful their new stuff
8 is. But I saw it. It's not my stuff. It's their's
9 and it's good.
10 It has what you call "legs," okay. You can
11 go a long way with it. It's an open platform. It
12 will support new features as they roll these out and
13 they'll integrate very smoothly with the service with
14 little or no disruption at all. As Bill indicated,
15 the roll-out planned for this summer will be virtually
16 transparent; you will not see it.
17 The existing ACD and systems that support
18 the CA functions stay in place while they bring the
19 new platform in in parallel and it just transitions
20 over, and the only thing you'll notice, as Bill
21 indicated, is faster connect times. All of the
22 services and features that are presently available in
23 the service remain.
24 Now, I want to take a few minutes of your
25 time and talk to you a bit about what it was, or what

1 it has been that we're experiencing and what it is
2 we're doing to rise to the challenges that are being
3 presented.
4 Many of you may have noticed that in the end
5 of December, early January time frame, service levels
6 decreased, and I personally apologize for that. We
7 experienced a sudden drop in staff of about 10%. This
8 was unexpected. This happened to us, unfortunately,
9 in Massachusetts, in the December '96, January '97
10 time frame and for similar reasons. We lost about 10%
11 of the staff just like that (snaps fingers). This
12 year I overprepared for that in Massachusetts and we
13 didn't have a significant staff drop so we were very
14 fortunate.
15 The year prior here in Florida you didn't
16 have that. So this is a -- hopefully a very
17 infrequent thing. It just was a coincidence of too
18 many CAs finding either other opportunities or
19 choosing to pursue educational avenues.
20 Let's put the first one up there, Bill.
21 (Shows overhead chart on wall.)
22 Additionally, we have been tracking the
23 growth activity. This chart -- and I hope you can see
24 that relatively clearly -- that's better, good. This
25 shows the year-to-year comparison by month of the

1 average daily call volume coming into the Center, this
2 being the 1997 line; and the back row, 1998, and as
3 you can see, in all but one month here in October
4 we've seen fairly significant increases in traffic.
5 December was extraordinary. December '97 we had quite
6 a drop in traffic probably due to normal holiday
7 activities; a lot of people travelling or not
8 travelling; maybe they stayed at home, were off work,
9 didn't need to call so much, but fairly significant.
10 Expressed as -- this is the same data
11 expressed as a year-to-year percentage change in the
12 traffic volume. And as you can see, December was
13 about 51% increase over the prior December. The only
14 month that had a slight decrease was October. January
15 stayed fairly consistent. January is usually a
16 high-level traffic month. So in this case December
17 came closer to matching the January that we typically
18 see.
19 Now, I wouldn't want you to think that we're
20 not trying to increase the staff levels because that's
21 a constant challenge. We're always working on it.
22 And as this chart depicts, this goes back -- I didn't
23 take it all the way back to June when we came on
24 board. This goes back to December 5th and carries you
25 through to our last payroll of February 20th, prior to

1 my preparation of this material. We had a dip here,
2 as you can see, this December. We had like a drop
3 here, a slight rebound and then a big drop.
4 This is expressed in what's called full-time
5 equivalents, FTEs. Okay. That's not head count. A
6 part-time person counts something like 50% of a
7 full-time employee. So the true numbers are
8 significantly above that. But it is getting better.
9 We have two full-time people dedicated almost
10 exclusively to recruiting. That's all they do.
11 Another interesting element, when people
12 think about turnover, staff drops, that sort of thing,
13 a lot of times they don't distinguish between the
14 length of service: How long were the people there
15 before they left. If somebody says, well, you had
16 100% turnover. That's true. But what does it mean?
17 As you can see from the chart, a vast
18 majority of the people leave within the first 90 days.
19 This is approximating the training period. They're
20 not even on the floor here. They are in-house. We
21 count those as employees, but they haven't completed
22 training and they haven't been released to the
23 production floor. 90 days the big drop. This is
24 where you lose most of the people. It's during that
25 term they may decide that the job isn't for them or we

1 may decide for them that the job isn't for them.
2 Typically, though, if you can get them past the first
3 90 days, they have a pretty good chance of making it
4 out to six months. The people that you get to six
5 months, your retention rate goes up very, very large,
6 out to a year or better.
7 So one of my goals is to try to keep these
8 people long enough to get them properly trained, fully
9 comfortable with the job and highly competent in their
10 position.
11 To that end, I also established a new
12 program tied to our recruiting of offering a very
13 significant 90-day retention bonus. So if the
14 employees come on board and they stay and complete
15 their 90 days, they get a big chunk of money, "boom,"
16 handed to them in a check. I'm hoping this will
17 encourage them to stay with it. It's the carrot on
18 the end of the stick. But unlike tying it to the
19 donkey where it's always out in front of them, they do
20 get to get the carrot.
21 To give you an idea where people are
22 terminating and why, out of the terminations that we
23 have had -- and this is from the entire period that we
24 have been operating the Center -- we have had 11
25 involuntary terminations. Most of those, as you can

1 see, were the result of a background check. Those
2 people never made it to the production floor. That's
3 within a few days of their hire date.
4 Small number failed training, and a couple
5 of them were "Other" issues; disciplinary typically.
6 A very low failure rate in training here speaks well
7 of the dedication of the training staff that we have
8 and the attention that they are giving to the CAs;
9 also, to the quality of the candidates our recruiter
10 are providing to us. They are doing an excellent job
11 of screening the candidates for skill-set and for
12 adoptability of their existing skills to the relay
13 environment. Because it's a substantially different
14 work environment than most that you would experience.
15 The bulk of terminations fall in the
16 category of voluntary. In two of them were voluntary.
17 And this shows you how it breaks out. We keep a very
18 detailed track of the reasons whenever we can get the
19 reasons.
20 As you can see, the biggest is what we term
21 "no call, no show." Okay. Followed by taking another
22 job. I can't tell you what is behind "no call, no
23 show." It's that. They didn't bother to tell us they
24 were leaving and they didn't show up. So we don't
25 know. Some of them can be people that moved out of

1 state, moved to another town, went back to school, did
2 take another job, but they didn't inform us.
3 Unfortunately, that industry-wide is becoming more a
4 prevalent thing. The job market is so tight that
5 people can move between jobs very fluidly and they
6 don't find it necessary to give you notice, they just
7 up and disappear. It just adds yet another challenge
8 for us in our planning.
9 Back to school. Many of them are --
10 particularly in this time of year, and that's what
11 also precipitated some of the 10% drop that we had --
12 people going into Spring semester.
13 Job conflict. I use that term to describe
14 typically people that are working relay as a second
15 job. And it's either that relay is too many hours for
16 them, they just can't do the schedule, or they have a
17 direct scheduling conflict with their primary job.
18 Personal reasons can be all over the board,
19 some of which we know but we can't disclose.
20 Interestingly, child care was the least
21 cause for voluntary termination, followed by
22 transportation. We've seen other ratios in other
23 locales. In Massachusetts, for instance, we have a
24 much higher child care and transportation issue than
25 we do in the Miami center.

1 This is the same breakout as the reasons for
2 leaving, with the numbers. This is how long they were
3 employed. The number of days they were with us. And
4 you can see from this that people that voluntarily
5 left their job to move someplace else had been
6 long-term employees. So they are dedicated employees
7 and the only reason they left was to move somewhere
8 else. Sometimes it's a family move, a husband, or it
9 may be some other issue. Back to school. Job
10 conflict, you can see, people find out in a hurry that
11 they've got a schedule conflict with their principle
12 job or that they can't do that number of hours, so
13 they'll opt out very quickly.
14 So as we see these things and as we track
15 the data, we feed that information back in to our
16 recruiting team, and say, "Look, you guys need to be
17 really talking to these people." Can they really do
18 the hours or are they overcommitting? People can only
19 work just so many hours in a week. And if they are
20 trying to carry two full time jobs, one of which is
21 relay, requires a fair degree of flexibility and quite
22 often some significant overtime.
23 On the recruiting side, as I said, we've got
24 two full-time people dedicated to it. And then they
25 are assisted by others on the staff as needed. We're

1 actively working with better than 30 different
2 organizations in South Florida to assist us in feeding
3 our organization likely candidates. So we see a
4 constant stream of people that are being referred to
5 us by other organizations.
6 We also have commercial relationships with
7 four vendors that, for a fee, will provide us
8 prequalified candidates. Unfortunately, they haven't
9 done that great a job on giving us big numbers of
10 people, but the quality of the people they have given
11 us were quite good.
12 Each month we participate in anywhere from
13 four to six very specific recruiting events. They can
14 either be in-house and open house job fair, or
15 externally job fairs that are organized by various
16 entities. It can be a school; could be a company that
17 specifically creates an event that's a job fair for
18 multiple vendors, so we do that as well.
19 Interestingly, we've actually experienced a
20 somewhat higher capture rate here in Florida than what
21 we see in Massachusetts. In Massachusetts, to get ten
22 qualified candidates, typically we have to interview
23 and test a hundred candidates that have been
24 moderately prescreened for skills. Here we have been
25 operating at about a 15% capture rate and that's

1 really very good.

2 And that's about it. Do you have any

3 questions?

4 **MS. JONES:** I really don't know how big your

5 staff is in Miami. I mean, I saw all those figures

6 but I don't know --

7 **MR. O'NEILL:** Presently we have about 275.

8 It's a constantly moving number. People are always

9 being added; other people are moving on. So it's

10 always fluctuating. We're continuing to move the

11 numbers up. Right now I'm in the market for an

12 additional 60 people. If you have some candidates,

13 tell them to call. They have to be able to spell,

14 have good grammar, clarity of voice, good typing

15 skills, and be willing to learn what it is to be a

16 relay operator and to provide the best possible

17 service that we can.

18 **MS. JONES:** When you say a full-time job,

19 how many hours are we talking?

20 **MR. O'NEILL:** Typically full time is 40

21 hours.

22 **MS. JONES:** Well, I know that, but I just

23 didn't know if that were in your --.

24 **MR. O'NEILL:** Yes, it is. Now, we do --

25 from a corporate standpoint we set another level,

1 which is below that, for qualifications for benefits.
2 That permits people to have certain flexibility that
3 if they can't work the 40 hours for a period of time,
4 they won't lose their medical benefits. And that's a
5 big issue today.
6 **MS. JONES:** Okay.
7 **MS. SLATER:** What is like your highest
8 number? What is considered full staff? Do you have
9 that? Is that 275 at this point, or do you have an --
10 **MR. O'NEILL:** Well, I look at it in
11 full-time equivalents.
12 **MS. SLATER:** You know, is it 300, 400? What
13 is your top-top?
14 **MR. O'NEILL:** I look at it in full-time
15 equivalents, okay. Because it doesn't really matter a
16 great deal to me whether I have 200 head count that
17 are all full time or I have 400 head count that are
18 half time. Okay. So the specific head count number
19 is different than my target number for operational
20 efficiency. And my target is 205 full-time
21 equivalents. And as you can see, I'm not there yet.
22 **MS. SLATER:** 205.
23 **MR. O'NEILL:** 205.
24 **MS. SLATER:** So do you have CAs that work
25 part time as a CA and then might be full time, college

1 students, part-time college students and full-time
2 CAs, is that what you have?
3 **MR. O'NEILL:** Yes. Yes, sir.
4 **MR. FLEISCHMAN:** What if it's a 24-hour
5 service? Is it -- with a 24-hour service?
6 **MR. O'NEILL:** Yes, sir.
7 **MR. FLEISCHMAN:** How come this morning at 5
8 o'clock in the morning I couldn't; six times I rang.
9 **MR. O'NEILL:** Yes, sir, I can't explain it
10 for you. I can tell you that as of this morning --
11 this was 5 o'clock? Okay. As of this morning at 5
12 o'clock, from 4:30 through 5:30 the numbers of
13 positions manned should have been between 5 to 6 1/2,
14 and until I have an opportunity to see the traffic
15 data, I wouldn't be able to tell you specifically what
16 occurred. I don't know -- you know, maybe a bunch of
17 people tried it at exactly the same time. I don't
18 know. But that's unusual for 5:00 in the morning.
19 **MS. SLATER:** 24 hours, seven days a week
20 service, with 205 staff, how many, you know, workers
21 are you having per shift; have you figured that? You
22 know, the shift -- shifting enough staff around.
23 **MR. O'NEILL:** Well, I could give you great
24 detail with it. We staffed to the prediction. And we
25 track the numbers in a very detailed level. We trend

1 it. We also map it for the patterns. And the
2 patterns change, even across the month. Like a Friday
3 won't look the same as -- a Friday first week of the
4 month versus Friday last week of the month look
5 significantly different. First Mondays of the month
6 we'll have a very large spike two points in the day
7 and it won't happen again until another first Monday.
8 Mondays are always heavy. So we look at a number of
9 different patterns that are going on. So it's very
10 difficult for me to say explicitly that there will
11 always be X number in the seats on a particular shift.
12 It really depends on which day and which day of the
13 month we're talking about. There's also seasonal
14 changes. The patterns change from the spring to the
15 summer to the fall to the winter. And sometimes we
16 get surprised. As you can see from the chart, the 51%
17 increase in traffic in December, that there was no
18 historical basis for. Does that help?
19 **MR. TUDOR:** Tom, in terms of the Hispanic
20 CAs, do you have difficulty recruiting in that area or
21 is that fairly easy?
22 **MR. O'NEILL:** I would say we have moderate
23 difficulty. Being in South Florida there is a larger
24 native Hispanic population. That doesn't always help
25 you because you need to have bilingual and that's

1 harder to get.
2 We are also focusing additional attention on
3 ensuring highest quality in the bilingual program.
4 We're presently internally and externally recruiting
5 for a new position which will be our bilingual
6 supervisor/coordinator, if you will. That person will
7 be thoroughly tested against the federal standards for
8 bilingual employment and they are tough. I've looked
9 at the test. It's going to be conducted by Berlitz.
10 So each of the candidates will be qualified through
11 that program, and then that person will be in charge
12 of in turn determining the adequacy of a candidate in
13 their bilingual skills. And when in doubt, they, too,
14 will go through the Berlitz testing. So we think that
15 will give a much better gauge of the quality of
16 bilingual service we're delivering. We have about 25
17 designated bilingual CAs today. I believe that they
18 are all qualified. I want to ensure that they are.
19 So we're going to take that extra step.
20 **MS. JONES:** Is there a way that a person
21 making a call could request a Spanish-speaking or
22 English-speaking person when they hear the CA?
23 **MR. O'NEILL:** Yes. Presently the user would
24 have to explicitly request a Spanish-speaking CA. We
25 don't presently have a separate Spanish access number.

1 If you did, that would be automatically routed.
2 Today, you know, you're just coming into the center.
3 You don't know where you're going to land. And all
4 likelihood is you won't have a Spanish CA immediately
5 and you'll have to ask for one. That's a matter of us
6 identifying an available Spanish CA and transferring
7 the call.
8 **MR. FLEISCHMAN:** For the benefit of those
9 individuals who choose to speak for themselves and may
10 not always be understood, can they do a
11 speech-to-speech relay service? Can you explain to us
12 a little bit more about that?
13 **MR. O'NEILL:** That would be an optional
14 service that you all would need to discuss as to
15 whether you want to make that available within the
16 state of Florida.
17 We are presently working with MCI in their
18 Madison, Wisconsin, center, and that's under contract
19 to the state of California to provide their
20 speech-to-speech relay service. And I was up there
21 the week before last. I spent a good deal of time
22 with our CAs, and I'll tell you what; those people are
23 unbelievably dedicated. That has got to be the
24 hardest relay job I've ever seen. But, yes, it can be
25 done.

1 **MR. FLEISCHMAN:** Is it worth bringing it
2 here in Florida?
3 **MR. O'NEILL:** I couldn't give you a value
4 judgment on that. Again, you know, the State needs to
5 look at that and whether there's sufficient demand to
6 justify it. It's not an inexpensive proper position.
7 A speech-to-speech relay call typically lasts -- what,
8 at least three times -- about three times as long as a
9 normal relay call. Some of them can be
10 extraordinarily long. Multiple hours on just one
11 call. So the cost can become extraordinary. And
12 occasionally the degree of speech disability can
13 require a pair of speech-to-speech relay CAs to work
14 together assisting each other, as sometimes you'll see
15 interpreters do, to ensure that what they are hearing
16 they properly understand. So it's a much, much more
17 costly form of service. But from the standpoint of
18 the speech disabled, I'm sure invaluable to them.
19 **MR. FLEISCHMAN:** Has there been any request
20 for that?
21 **MR. O'NEILL:** Here in the state? I could
22 not respond. MCI may be able to give you some input
23 on that.
24 **MR. FLEISCHMAN:** Okay.
25 **MR. TUDOR:** Other questions?

1 Thank you, Tom. We appreciate you being
2 here today.
3 **MR. O'NEILL:** Thank you.
4 **MR. TUDOR:** We're going to take a short
5 break so our court reporter can rest her hands a
6 minute and our interpreters can take a short break.
7 It will be a very short break, though. Let's come
8 back at 20 till, will that be all right? And when we
9 come back, we're going to have -- discuss the
10 electrolarynx issue. And Mr. Schad brought a video.
11 It's not captioned, so we're going to see how it works
12 with the interpreter standing beside the TV set. If
13 that works, we'll watch it. If it doesn't, then we'll
14 just go ahead with our discussion. So we'll set up
15 for that a meet back here at 20 till.
16 For you folks from MCI and Vista, we
17 appreciate you coming today. You're welcome to stay
18 with us, but if you need to get on, we understand
19 that. But thank you very much for what you shared
20 with us today and we look forward to the cut-over
21 date, whenever it is, Bill. Thank you all. We'll
22 just take a quick break.
23 (Brief recess taken.)
24 - - - - - -
25 **MR. TUDOR:** Could we get started back

1 please? We're going to begin the discussion of the
2 electrolarynx issue. And before we begin that, I want
3 to make sure that everyone had a copy of what we sent
4 out with the agenda, which was kind of an analysis of
5 the cost impact. Is there anyone that doesn't have
6 that? I've got some extras here.
7 **MR. FLEISCHMAN:** I don't have it.
8 **MR. TUDOR:** Mr. Schad brought a video and
9 we're going to look at that. And we'll have the
10 interpreter stand by the set there and we'll see how
11 this goes. Mr. Schad, do you want to say anything to
12 introduce this?
13 **MR. SCHAD:** Yes, I would like to. I imagine
14 that I'm not a candidate for Vista because of my voice
15 quality, even though the instrument is finely tuned.
16 I think the information was very interesting. But
17 let's leave the platform and get down to the
18 grassroots.
19 - - - - -
20 (the video is played on the VCR now and what
21 follows is the dialogue of the speakers on the video.)
22 ("VS" stands for Video Speaker, and will
23 indicate the identified voice speaking on the video.)
24 **VS SUTTON:** "Hello. My name is David
25 Sutton. I'm the general manager of the Professional

1 Products Division of Siemens hearing instruments.
2 Siemens is the largest medical electronics firm in the
3 world, and we are proud to have been associated with
4 Servox for 28 years as their sole agent in the United
5 States.
6 "Today our goal is to provide information
7 regarding two of the three means of speech after a
8 laryngectomy. The TEP, or tracheal esophageal
9 puncture, in the electronic (garbled sound) Point
10 out (garbled sound) that you should look for in
11 selecting a electrolarynx device, and we will also
12 cover the techniques of using this speech aide
13 effectively.
14 "First, I am pleased to introduce Richard
15 Crown (phonetic) who will talk about TEP. Richard.
16 **VS CROWN:** "Thank you, David. When I was 47
17 years old in 1988 I had a total laryngectomy. I was
18 in business for myself and I had to make a living. I
19 currently operate a real state company in (garbled
20 sound) of Indiana. After my surgery, I use a Servox
21 speech aide for my primary means of communication.
22 This helped me to bridge the gap after my
23 laryngectomy, and then enabled me to continue
24 operating my business.
25 "After my surgery, due to swelling, I used

1 my Servox with an oral adapter. (Speaker on video
2 uses the speech aide to speak now.) This is the way I
3 talk. I was able to speak until the swelling went
4 down with the use my Servox (garbled sound) -- after
5 surgery. Each person is different, and each person
6 will use the Servox in a different place on their neck
7 or cheek. The spot that I use is on the left side of
8 my neck. Everyone has a spot that works best for
9 them. After you have become comfortable with where to
10 use the Servox, then you can practice with the
11 switches, batteries (garbled sound) -- we'll talk
12 about this later in the video. (Speaker discontinues
13 use of his speech aide.)
14 "Three months after my laryngectomy, I had
15 the tracheal esophageal puncture, or TEP done. A
16 small silicon tube is placed in the back wall of my
17 breathing tube and into my esophagus, your food tube.
18 And I use the air from my lungs to form sound in my
19 throat.
20 "I've used this form of communication since
21 that time. Although the TEP is the primary way I
22 communicate, I would not feel comfortable without my
23 trusty Servox, my backup communication device.
24 "There have been many times that for one
25 reason or another I've used my Servox to speak, such

1 as illness, and days I did not wear my prothesis. In
2 1990 I was hospitalized for many weeks for a problem
3 unrelated to my laryngectomy and I found I used my
4 (garbled sound) a great deal to communicate. There
5 are many reasons why TEP users should have an
6 electrolarynx device.
7 "In a recent questionnaire of esophageal
8 speakers and laryngectomees that used the TEP, listed
9 54 reasons why they should have a speech aide as a
10 spare or a backup. These are the reasons.
11 "In times of emergency, when the prothesis
12 is not working, attempting to talk loud by (garbled
13 sound) noise, during illness. I use any Servox a
14 great deal. The fact that I have a speech aide helps
15 relieve the anxiety of communicating with others in a
16 unfamiliar situation. During other times it's stress
17 or emergency. Although I have not needed to use my
18 speech aide in a emergency, it is good to know that it
19 is there. During times of fatigue, I use it as a
20 backup for my TEP voice, during times of post
21 operative medical problems. I use a tracheal stoma
22 valve that enables me to speak to you hands-free.
23 However, if you TEP patients experience difficulty
24 retaining this valve because of the standard housing
25 because of (garbled sound) irregularity. Biomedic

1 Prosthetic can provide the custom fabricated housing
2 for the tracheal stoma valve.
3 This housing is produced through a series of
4 steps, starting with an impression of the stoma site.
5 Then a stone mold is made of the impression. Then
6 silicon is injected into the mold. Once the silicon
7 is cured, the prosthesis is smoothed and shaped to fit
8 the patient. The final fitting is (garbled sound)
9 The plastologist, working together to make any
10 adjustments (garbled sound) making it for a proper
11 fit. Many patients with a custom fabricated housing
12 prosthesis have had great success, and reports
13 continue to be very encouraging.
14 "As you continue to explore your life as a
15 laryngectomee just remember you have many options:
16 TEP, esophageal and electrolarynx. Whichever option
17 you choose is up to you. Just remember that good,
18 understandable good communication is the goal for all
19 of us. I wish you success in whichever option you may
20 choose.
21 **VS SUTTON:** "Thank you, Richard. (garbled
22 sound) Next, Tom Venoventine (phonetic) will talk
23 about the electrolarynx. Tom.
24 **VS VENOVENTINE:** "Hello. My name is Tom
25 Venoventine. I had a total laryngectomy 22 years ago

1 when I was 43. I also had a left neck bisection
2 (garbled sound) and stopped radiation treatments for
3 physiological reasons. I was not able to develop
4 esophageal speech but I did go for speech lessons for
5 one year, and on my doctor's advice, I'm not a
6 candidate for the tracheal esophageal operation, that
7 is, the TEP.
8 "Richard Crown, as you heard, does very well
9 with the TEP, and many laryngectomees speak very well
10 with the esophageal speech. (garbled sound) -- to use
11 either one of those methods to communicate after a
12 laryngectomy. The electrolarynx is another voice
13 option for the laryngectomee, whether it is used as a
14 primary or secondary means of communication.
15 "What I have learned over the past 22 years
16 is that laryngectomees should be informed of all the
17 methods of * tralaryngeal speech, and that each method
18 should be given equal treatment.
19 "Choosing an electrolarynx (garbled sound)
20 would be very difficult because the various brands are
21 not readily available in one place. Our goal is to
22 help you understand the key factors and features in
23 selecting the speech device that is right for you.
24 There are 16 points for you to seriously consider when
25 you select a speech aide. These are some of the most

1 important ones.

2 "Consistent sound quality, wide frequency

3 range, durability, reliability, (garbled sound)

4 service, light weight and long battery life. Those

5 are seven of the ones but you should consider all 16.

6 **VS SUTTON:** "Tom, I understand at a recent

7 Pacific Voice Conference that Dr. Estone (phonetic)

8 and Dr. Shermasamon (phonetic) who are well-known

9 speech pathologists and experts in dealing with

10 electrolarynx made a presentation on "Is There Still A

11 Place For Electrolarynx Usage." I find their

12 conclusions very interesting. (garbled sound)

13 **VS VENOVENTINE:** "All of the voice options

14 available after a laryngectomy, the electrolarynx is

15 the least expensive and best insurance coverage

16 service available. It's easy to learn. Has high

17 success rates, is not influenced by the aging process

18 and can be used early in the rehabilitation process,

19 and this provides psychological boost for recovery.

20 **VS SUTTON:** "Tom, tell me why the Servox

21 have served you so well.

22 **VS VENOVENTINE:** (Garbled sound) -- since

23 it worked best for me, and I have been using the

24 Servox BJ (phonetic) for over 21 years. Also, the

25 Servox has been serving the communication needs of

1 laryngectomees for over 28 years. The reasons the
2 Servox is so popular are it provides pleasant sounding
3 speech. It is easy to use and easy to listen to.
4 (garbled sound) very similar to a natural voice.
5 **VS SUTTON:** "What is the Servox (garbled
6 sound) Electronic Speech Devise? How does it work?
7 And why is it the most preferred?
8 **VS VENOVENTINE:** "The Servox is designed to
9 help laryngectomees regain the ability to speak as
10 easily and clearly as possible when held again the
11 neck or the cheek. The Servox produces sound
12 vibrations which are conducted through throat (garbled
13 sound) speech is effortless (garbled sound) by using
14 ordinary oral movements when speaking. That is,
15 mouthing the words. There is no substitute for
16 quality and experience, and the Servox has not only
17 proven itself over the past 28 years, but the quality
18 of the Servox speaks for itself.
19 "In a recent survey completed by
20 laryngectomees, 85% say that the Servox has the best
21 sound quality. (garbled sound) -- what's best to
22 serve the (garbled sound) is the way we put it
23 together. The Servox has a superior sound quality and
24 a wide frequency range. (garbled sound) -- measure
25 quality and clarify of sound. The answer can't be

1 seen, but, fortunately, it can be measured. The color
2 bars on this chart show the width of the frequency
3 range of several instruments. As you can see, the
4 Servox offers a far wider frequency range than the
5 other. This is very -- (garbled sound) -- the wider
6 the frequency range the less mechanical the device
7 will sound.
8 "Servox is small in size and lightweight,
9 weighing only 6.2 ounces. We have an intonation
10 feature which allows you to express and emphasize
11 certain words. We also have a pitch control which we
12 can customize and match to the individual vocal edge
13 of a man or woman by using a plastic screwdriver
14 that -- (garbled sound) We have a wide range of
15 volume (garbled sound) able to lower (garbled). You
16 don't scare other people. We have a small vibrating
17 head which facilitates placement, which is very
18 important when using the electrolarynx effectively.
19 "The Servox is very durable. We have a
20 titanium sleeve which is light and strong, and this
21 material is even used in jet aircraft. We ad (garbled
22 sound) -- Servox to make it as inconspicuous as
23 possible. We also have the safety cord. By utilizing
24 the safety cord, you will not drop your unit. We have
25 done studies and 85% are our repairs are from dropped

1 and dirty units. So by using the safety cord you can
2 prevent a lot of repairs. We also are the only ones
3 that have a battery for more (garbled sound) -- we are
4 the only ones that have a dual console charger. What
5 that means is that you can charge the unit as well as
6 the extra battery simultaneously or you can charge
7 them separately. We also have a built-in overcharged
8 protection, which is a safety device and it prevents
9 you exploding or expanding the battery.
10 "One of our rather unique features of this
11 is the -- (garbled sound) -- you can speak right after
12 surgery, which is a terrific morale booster for the
13 laryngectomee. The German craftsmanship of the Servox
14 assures you of the latest technology and eons of
15 satisfying use. The instructions that come with the
16 Servox are clear and written both in English and
17 Spanish by knowledgeable speech pathologists. We have
18 a one-to-three years comprehensive warranty, (garbled
19 sound) and a 30-day trial period. The Servox is often
20 imitated, but the quality is never duplicated.
21 **VS SUTTON:** "Tom, what is one of the most
22 common mistakes in using the speech aide?
23 **VS VENOVENTINE:** "Many laryngectomees
24 proclaim that they can get rid of the buzzing noise.
25 For instance, (speaker demonstrating) 'My name is Tom

1 Venoventine and I live in Wayne, New Jersey.' The
2 so-called buzzing noise is within your control and you
3 can eliminate it. Some hold the button down (garbled
4 sound) when they talk and this is what creates the
5 buzzing noise, as I demonstrated before. You have to
6 synchronize your finger movements with your mouth
7 movements by going in and out with the button, and you
8 will eliminate the buzz. We call it "let your fingers
9 do the talking." For an Italian, losing your hands is
10 worse than losing your larynx. It's not difficult to
11 do what I just demonstrated. And after you practice
12 you can (garbled sound) will become second nature to
13 you.
14 **VS SUTTON:** "Tom, briefly review the key
15 techniques in using a speech aide effectively.
16 **VS VENOVENTINE:** "There are seven key areas
17 in using the speech aide more effectively. We suggest
18 that you see a competent speech pathologist, or an
19 IAL, certified laryngectomy instructor, or both, who
20 can work with you in going over with you these key
21 items in detail.
22 "Briefly, these are (garbled sound) -- on
23 and off timing (garbled sound) placement,
24 articulation, which is probably the most important of
25 all, especially consonant articulation, rate of

1 speech, which is important for the listener, pitch,
2 stressor, and last but not least, loudness or volume.
3 Any of this used too loud a volume, which is not --
4 (garbled sound) -- of the batteries, the volume may be
5 appropriate to the environment you are in. If you are
6 in a church or a restaurant, you want the volume low
7 enough as not to disturb others but high enough so it
8 can be heard by the people you are with.
9 **VS SUTTON:** "Tom, a major question: What
10 about Medicare and other insurance providers?
11 **VS VENOVENTINE:** "The Servox and tone --
12 (garbled sound) -- up to 80% by Medicare -- (garbled
13 sound) -- medical insurance plans. Medicare will also
14 pay for a second servant if your first one is five
15 years old or more.
16 **VS SUTTON:** "How widely known is the Servox
17 in the laryngectomee community?
18 **VS VENOVENTINE:** "The quality of the Servox
19 is widely recognized in the speech pathology and
20 laryngectomee community. And many feel (garbled
21 sound) -- dependable and reliable speech device
22 available. Also, many feel that the Servox Intone has
23 advantages which are superior to other units and that
24 is why the Servox has been the leading speech device
25 for over 28 years.

1 "In closing, I would like to leave you with
2 this one inspirational thought: It's not what they
3 take away from you that counts, it's what you do with
4 what you have. (garbled sound)
5 **VS SUTTON:** "Servox (garbled sound) --
6 serving laryngectomees for almost 30 years. Many
7 laryngectomees adjust to their new way of speaking and
8 go on to lead normal, productive lives. We want you
9 to know that you are not alone, and that Siemens and
10 Servox are always here to help you communicate again.
11 "Thank you for viewing this tape, and we
12 hope it has added to your knowledge of the Servox
13 Intone, and why it is the preferred speech device. As
14 we said before, and it is worth repeating, the Servox
15 Intone is often imitated, but it's quality is never
16 duplicated.
17 "Thank you again for your attention."
18 (End of video tape.)
19 - - - - - -
20 **MR. TUDOR:** I'm not sure why that was
21 skipping, but that was certainly a good challenge for
22 our interpreters and our court reporter. We thank you
23 for your patience. You did a good job.
24 Mr. Schad, thank you for bringing that.
25 That was very informative.

1 **MR. SCHAD:** It wasn't the tape. It must
2 have been the tracking on the equipment because I ran
3 that at least five times yesterday.
4 **MR. TUDOR:** Well, you have to understand
5 we're using state equipment. It's very inexpensive.
6 **MR. SCHAD:** Probably. That recorder is $99.
7 **MR. TUDOR:** Probably cheaper on the state
8 contract.
9 **MR. SCHAD:** At the last Public Service
10 Commission meeting the Advisory Committee was asked to
11 take the position on expanding the distribution
12 program of the FTRI to include the electrolarynx. I
13 note by the Annual Report of the FTRI that the
14 expansion on the speech impaired equipment included
15 the Tykriphone. This new equipment is completely
16 unknown to speech impaired, and is described as a
17 hands-free speakerphone.
18 My question is: Does this equipment come
19 under the definition "specialized telecommunication
20 equipment," and did the Public Service Commission have
21 to give their permission to include the equipment? I
22 know the FTRI and their Advisory Committee, Messrs.
23 Caparello and Self, must have given their approval but
24 was a vendor report needed for that approval?
25 It seems to me that the intent of the law

1 was to give hearing, speech and dual sensory persons
2 access to the use of the telephone in a cost-effective
3 manner. With the cost of the equipment now under $300
4 per unit, it is well within the description of being
5 cost-effective. Thank you.
6 **MR. TUDOR:** Mr. Forstall, maybe you could
7 help us there on that piece of equipment, and I'm not
8 sure if I know how to pronounce it correctly. It's
9 spelled T-Y-K-R-I-P-H-O-N-E.
10 **MR. FORSTALL:** Spell it again, I'm sorry.
11 **MR. TUDOR:** Okay. T-Y-K-R-I.
12 **MR. FORSTALL:** Tykriphone.
13 **MR. TUDOR:** Okay. Could you describe that
14 piece of equipment, how it is used?
15 **MR. FORSTALL:** Sure. Am I on?
16 The Tykriphone is a separate device that
17 works in conjunction with the dynavox, which is a
18 computerized keyboard that allows for individuals who
19 are paralyzed from the neck down -- they have hearing
20 but there are speech impaired -- and the Tykriphone
21 allows them to access the phone system with the use *
22 dynavox. Without the dynavox, the Tykriphone would
23 not work. And what we have been able to do is
24 identify a population out there that are able to use a
25 dynavox to communicate and the Tykriphone enables them

1 to access the telephone system.

2 **MR. TUDOR:** The *dynavox device, what does

3 it look like?

4 **MR. FORSTALL:** If I can best describe it,

5 it's a keyboard, to so speak, with pictures on it.

6 That's -- the individual presses a certain picture, it

7 speaks for them in a computerized voice. And the

8 Tykriphone, if they want to make a phone call from

9 that dynavox, they can push the phone button and it

10 will activate the phone for them.

11 **MR. TUDOR:** And so if they are going to use

12 the phone they would press the picture of a phone on

13 the keyboard, and then, at that point, does the

14 keyboard device speak for them over the telephone?

15 **MR. FORSTALL:** Correct.

16 **MR. TUDOR:** Okay. And the dynavox device,

17 that's not distributed by FTRI.

18 **MR. FORSTALL:** Correct.

19 **MR. TUDOR:** But the device you do

20 distribute, the Tykriphone, tell me again what it

21 looks like and what it goes.

22 **MR. FORSTALL:** It looks similar to a cable

23 box. If you can picture a small cable box that goes

24 with the television, it works in an infrared system.

25 And you -- it's almost like a speakerphone. It works

1 similar to a speakerphone. You plug it directly into
2 your phone line and it works that way.
3 **MR. TUDOR:** Okay. But it's designed
4 strictly for the telephone use, or is it used in other
5 ways?
6 **MR. FORSTALL:** The dynavox, is that what --
7 **MR. TUDOR:** No, the Tykriphone.
8 **MR. FORSTALL:** Exactly.
9 **MR. TUDOR:** But it's used by someone who is
10 paralyzed as well as speech impaired.
11 **MR. FORSTALL:** Correct. Correct.
12 We have not distributed to individuals who
13 only have a speech impairment as a speakerphone. We
14 have not done that at this point.
15 **MR. TUDOR:** Right. The person has to be
16 both paralyzed and speech impaired?
17 **MR. FORSTALL:** To my understanding, it may
18 work both ways, because there's a remote control on it
19 to operate it. I'd have to get more information on
20 that for you.
21 **MR. TUDOR:** Okay. What we would -- what the
22 Commissioners have asked Staff to do is to get the
23 Advisory Committee's position on whether the law
24 should be changed to distribute the electrolarynx
25 device.

1 The Commission voted that the current law
2 would not allow distribution of electrolarynx device.
3 But in looking at the issue of whether the law should
4 be changed, they asked that we get the Advisory
5 Committee's input on whether that should be done;
6 whether the law should be changed. And then after the
7 Commission gets the input from the Advisory Committee,
8 then they'll use that to help them make a decision as
9 to whether they would want to recommend a law change
10 to the Legislature.
11 So what I wanted to do is to take this
12 document that we sent out with the agenda to you and
13 just go through it, see if anyone has any suggested
14 changes in the approach or the numbers, and then we'd
15 like for get input from the Advisory Committee as to
16 whether the Commissioners should recommend a law
17 change to allow the distribution of electrolarynxes.
18 So if we could, I'd just like to briefly go
19 through this information. If you go to the page that
20 has the numbers on it, which is about three, four
21 pages back, I believe it's numbered Page 6. Mr. Schad
22 and Mr. Mogk were helpful in helping us come up with
23 some of our statistical information, but if any of you
24 have any better information, we'd like to hear about
25 that, and perhaps Mr. Schad or Mr. Mogk you may have

1 more information, and if you do, if you could share
2 that with us.
3 The first item there tries to identify --
4 it's labeled 1.a -- tries to identify the number of
5 new people in Florida each year that would need an
6 electrolarynx device. And the estimate we have is
7 about 174 new people each year.
8 Item 1.b there is the number of people who
9 would be deceased each year. And then 1.c is the net
10 difference of those two, or about 106 people each year
11 would need the device. We'd have that many new ones
12 each year. Does anybody have any thoughts about --
13 **MR. FLEISCHMAN:** Every year we would be
14 distributing 106? Is that what that number means?
15 **MS. SLATER:** Are we talking new people or
16 different people? Would we need 106 new pieces of
17 equipment every year?
18 **MR. TUDOR:** Yes. This would be new people
19 who had the laryngectomy surgery and would need the
20 new -- the piece of equipment as a new piece of
21 equipment for them.
22 **MR. FLEISCHMAN:** So do you mean that the
23 same person would get different equipment every year?
24 **MS. SLATER:** No, no, no, that means this is
25 a new group. New people.

1 **MR. FLEISCHMAN:** It's not the same person.
2 **MR. TUDOR:** It would be like a TDD. A
3 person would get one and it would last them for the
4 life of the piece of equipment. So this would be 106
5 new people each year who would have need of the
6 electrolarynx device.
7 If we look at the second section, maybe that
8 will help a little bit. The second section Items 2.a
9 through 2.f, this section of the analysis looks at
10 those people who are in the current population that
11 already have a electrolarynx device. Item 2.a
12 estimates about 1371 of those are in the current
13 population.
14 Item 2.b is an estimate of how many of those
15 people already have an electrolarynx device. And the
16 estimate here is about 99% of those people that need
17 the device, and currently are in the population have
18 that device, have the electrolarynx device.
19 Mr. Schad, is that a reasonable estimate, do you
20 think?
21 **MR. SCHAD:** I think it is. That's taking
22 into consideration the actual number of people that
23 are known in the Florida Laryngectomee Association in
24 conjunction with the people we know in our individual
25 area. So you get a balance between the two of them.

1 **MR. TUDOR:** Yes. It's the same -- this is
2 the same issue as we had when we began this program
3 and were distributing TDDs. There's no one single
4 place that you can go find out how many people might
5 need the devices. And, you know, in '91, when we
6 started this program, we really didn't know how many
7 people were out there that might ask for the devices.
8 And we have a similar situation with the
9 electrolarynx.
10 **MR. SCHAD:** What I have done is I made a
11 comparison between the New Voice Club of Broward
12 County, the FLA, and I went further than that, into
13 the United States, so I broke it down into all three
14 sections. But it's about as good an estimate as
15 you're going to get based on actual numbers.
16 **MR. TUDOR:** Okay. As we go through this I
17 think we'll see, too, that the number of people may be
18 off some amount, but unless it's off by a large
19 amount, we believe this is a reasonable estimate of
20 what the program would cost. And we don't have any
21 reason to believe that it's off by a lot. We think
22 it's in the ballpark.
23 Item 2.c, this deals with kind of beginning
24 the program. And if we began the program, if we
25 replaced the electrolarynx device that these 1300

1 people have, if we were to give them replacement units
2 or give them their first unit out of the program, and
3 this is very subjective, I think, but what we have
4 done in this analysis is just assumed that 50% in Year
5 One ask for a replacement device.
6 Item 2.d there is 13 people, and that's that
7 1% of the population that, for whatever reason --
8 probably economic -- that do not have the device but
9 need one, could use one, and just don't have one now.
10 Item 2.f is just an accumulation of all of
11 that, and basically says that about 686
12 electrolarynxes would be provided in Year One to the
13 population that's out there today.
14 So if you added the 106 in Item 1.c, that's
15 the new people in Year One having a laryngectomy, to
16 Item 2.f, which is replacing units for those people
17 that are in the current population, then Item 3 there
18 is a total of about 792 units that would be
19 distributed in the first year. Ms. Slater.
20 **MS. SLATER:** How long do electrolarynxes
21 tend to last?
22 **MR. SCHAD:** I have had my original one for
23 13 years.
24 **MR. TUDOR:** So 13 years in this case. Do
25 you have an idea of an average, Mr. Schad?

1 **MR. SCHAD:** Oh, I would say four years if
2 you send them back for repair for $96.
3 **MR. TUDOR:** So maybe four years before you
4 would send them to be refurbished. And that
5 refurbishment would cost about $96. It obviously
6 depends upon the wear and tear the person puts on it,
7 how many times they drop it --
8 **MR. SCHAD:** Right.
9 **MS. SLATER:** How much does one of them cost
10 a year for the refurbishing?
11 **MR. TUDOR:** The refurbishment would be $96.
12 So that would be about $100. And if it lasted four
13 years that would be about $25 a year on average.
14 **MR. SCHAD:** Right.
15 **MR. FLEISCHMAN:** Got a question. Does the
16 person -- is the person limited to having only one
17 electrolarynx or would there be a suggestion of two,
18 three, four per person?
19 **MR. SCHAD:** Only one per person.
20 **MS. SLATER:** If they are rich they can buy
21 their own.
22 **MR. TUDOR:** Item 4 is an estimate of the
23 price of an electrolarynx.
24 **MR. SCHAD:** I wanted to raise that. I've
25 just got in a new price on the units; under $300.

1 **MR. TUDOR:** What brand is that, Mr. Schad?
2 **MR. SCHAD:** The one I'm using right here,
3 it's an exact duplicate almost of the Servox, and I
4 find it's about just as good.
5 **MR. TUDOR:** Tell me the name of the brand
6 again.
7 **MR. SCHAD:** Opti Vox. O-P-T-I-V-O-X. It's
8 a brand new unit on the market and there are about
9 three changes they made which I think are much
10 superior to the Servox.
11 **MR. TUDOR:** So we could use an estimate of
12 $300 instead of $395.
13 **MR. SCHAD:** Right.
14 **MR. TUDOR:** Okay.
15 **MR. FLEISCHMAN:** Do they sell the
16 electrolarynx to the person and figure which one is,
17 you know -- to that person, and then if that person
18 dies or whatever, we could distribute it to another
19 person? I mean, is it able to be passed around?
20 **MR. SCHAD:** Oh, sure. Same as a TDD.
21 **THE INTERPRETER:** Interpreter clarification.
22 She misunderstood the question.
23 **MR. FLEISCHMAN:** Will Medicare cover if they
24 have, like as if -- Medicare pays for, you know, the
25 cost of that, or 80% of that, so how can we be a part

1 of that?

2 **MR. SCHAD:** Very simply. If we could become
3 a provider under the Medicare program we could give
4 out the instrument and bill the Medicare for it. I
5 looked into this about three or four years ago. And
6 they can be set up as a provider.

7 **MR. TUDOR:** If we decided to have FTRI
8 distribute this equipment, that would be one of the
9 issues we would have to address, is whether we could
10 make adequate arrangements with both Medicare and
11 maybe other insurance agencies so that they would
12 reimburse FTRI. That would, of course, add some to
13 the administrative effort involved in distributing the
14 equipment, and we'd have to do a tradeoff and see
15 which way we would be better off. Because we might
16 have to be asking FTRI to add a person or two to
17 handle the insurance issues, and we don't know about
18 that yet. But that would be one of the issues we
19 would have to address, is the benefits of getting
20 insurance coverage versus the added costs of the
21 administrative effort to do that, to handle the
22 insurance. But that's something we'd have to deal
23 with. As a matter of fact, the analysis, Items 5 and
24 6, deal with that issue. And we tried to make some
25 estimates there of how we would deal with insurance.

1 Item No. 8 deals with the issue of whether
2 an electrolarynx user would return a TDD to FTRI if
3 they received an electrolarynx.
4 We made an estimate that of the people who
5 have had laryngectomies, about 10% of those may have
6 TDDs. I really don't know how accurate that number
7 is, and I would welcome any better estimate anyone
8 has. We don't know to what extent a laryngectomee
9 would use a telephone and their electrolarynx versus
10 choosing to come to FTRI and getting a TDD. But the
11 estimate we made for this analysis was about 10% of
12 those may also have a TDD. And so the issue becomes
13 one of how many of those people might return those to
14 FTRI if they were able to get an electrolarynx from
15 FTRI.
16 The estimate I've used here is that that
17 probably wouldn't happen; there probably wouldn't be
18 units returned, and that we just don't know. We
19 really don't know.
20 **MR. SCHAD:** The only thing you can do in
21 order to get an electrolarynx if you have a TDD is it
22 must be returned. Not "if" it is returned. It must
23 be returned. You can only get one piece of equipment
24 under each category, and this would be under the No. 1
25 category.

1 **MR. TUDOR:** We would have to make a policy
2 decision at that point in time. We'd have to decide
3 if there are some very legitimate reasons why someone
4 would want to have both an electrolarynx -- maybe
5 someone would differentiate; if they talked to family
6 they would use their electrolarynx because they're
7 used to hearing it; whereas, to speak to a business,
8 they might want to use the TDD and the relay system.
9 And we haven't reached a decision yet that we would
10 distribute them, but that would be a decision we would
11 have to make at that point in time.
12 Mr. Schad, you're correct, that this would
13 seem to be a major piece of equipment, Category 1
14 piece of equipment. And with the current philosophy
15 and policy -- for example, we don't give someone both
16 a TDD and a hearing amplified phone. You'd have to
17 pick one or the other. And if electrolarynxes were
18 distributed, you might put them in the same category
19 so you could only get one of those devices. And
20 Mr. Schad is right, if we said the only way you get an
21 electrolarynx is to turn in your TDD then certainly
22 that would happen.
23 **MR. SCHAD:** Yes. In our community I only
24 know of four TDDs that are in the hands of the
25 laryngectomee and I've got one of them. And I've

1 never taken it out of the box.

2 **MR. TUDOR:** You're going to hurt

3 Mr. Forstall's feelings. (Laughter)

4 Section 9 of the calculation deals with how

5 many minutes of relay use might go away if people had

6 electrolarynxes.

7 We've assumed people wouldn't turn them back

8 in, so there wouldn't be any relay minutes reduced.

9 And again, that would be a decision we'd have to make

10 as a policy matter if we decided to distribute

11 electrolarynxes. Because there could be some savings

12 if people did, unlike Mr. Schad, use their TDDs. So

13 there would be fewer relay minutes on the network.

14 Turn over to the last page, or Page 8.

15 Section 10 is similar to the TDD issue we just looked

16 at, but it has to do with people returning a

17 speech-amplified phone. And there may be an issue

18 there, again, of whether as a policy matter we would

19 want to require that person to turn that phone back

20 in, or whether that would be voluntary. And that's a

21 policy decision we'd have to make.

22 Item 11 deals with the issue of FTRI adding

23 an additional staff member. And Item 12 is additional

24 overhead cost that might be associated with adding a

25 staff member if we were distributing electrolarynxes.

1 And then Item 13 deals with training. Training, of
2 course, would be different for an electrolarynx than
3 our TDDs.
4 Item 14 is -- Mr. Schad.
5 **MR. SCHAD:** On the training end of it, all
6 of these people that are going to ask for the
7 electrolarynx that already have one are not going to
8 need training. The only ones that are going to need
9 training are the new laryngectomees, which are only
10 160-some-odd, and that can be supplied by speech
11 pathologists through Medicare or through the HMO
12 system where they see a speech pathologist anyhow. So
13 whether they have speech assistance with esophageal,
14 with TEP or electrolarynx, it's all covered.
15 **MR. TUDOR:** I wanted to ask you about that,
16 Mr. Schad, because I wasn't sure about that.
17 If FTRI were to distribute electrolarynxes,
18 do you think it would be possible that there would be
19 no cost to FTRI's program for the training aspect
20 because that person would get the training through
21 their insurance program --
22 **MR. SCHAD:** Right.
23 **MR. TUDOR:** -- doctor.
24 **MR. SCHAD:** That is speech pathology follows
25 the laryngectomee automatically, whether it's with a

1 TEP, the electrolarynx or with the esophageal. You
2 have a speech pathologist that goes over all three
3 different methods of speaking.
4 **MR. TUDOR:** Okay. Thank you.
5 **MR. FORSTALL:** If I may add, currently our
6 policy is to provide or make available training to
7 everyone, regardless of whether they have experience
8 with the equipment or not. And we do not turn anybody
9 away if they do request the training. So it is
10 available. We always like to make it available for
11 them.
12 **MR. TUDOR:** Okay.
13 The last three lines there -- and
14 Mr. Schad's given us a new price, so we'll plug that
15 in at $300, but using a number we already used, we see
16 a cost each year of about $386,000. If we look at the
17 total budget, which is Line 15, you can see the total
18 budget for FTRI's -- well, the TASA program, which
19 includes relay and the equipment distribution program,
20 that's about $14.3 million. So if you're looking at
21 386,000 as a percentage, it's about 2.7% increase in
22 the budget to distribute electrolarynxes.
23 And, again, as I said earlier, even if we're
24 off a pretty substantial amount of the number of
25 people that might be involved, and the number of

1 devices, you can still see that it's a relatively
2 small percentage of the current budget. The current
3 budget is about half relay and about half equipment
4 distribution. So this would be not insignificant, but
5 certainly not a large change in the budget; about
6 2.7%. And with the $300 figure, it would be a little
7 less than that.
8 So the question that the Commissioners have
9 asked us to present to the Advisory Committee is
10 whether you would recommend to the Commissioners that
11 they consider making a change in the law to distribute
12 the equipment.
13 Now, we have only four committee members
14 here today. And so I think what I'd like to do, if
15 this would be acceptable to you, is after the
16 transcript of the meeting today has been prepared, and
17 maybe to give you some time to think about it a little
18 bit, too, would be to mail that transcript to you, and
19 then ask you, as well as those members who have not
20 been able to be here today, to send us a letter back
21 in terms of what they would prefer to do in terms of
22 recommending to the Commission whether the law should
23 be changed.
24 Now, we can take that approach. We could
25 take a vote of the four members that are here. Let me

1 know which of those approaches you think would be
2 better.
3 Mr. Schad.
4 **MR. SCHAD:** I don't know about what you
5 consider going back to the Legislature when the
6 definition of specialized telecommunications devices
7 would cover the same as your Tykriphone, and that
8 needs another piece of equipment to work with, the
9 same as this needs a telephone to work with. If one
10 item can be put on a distribution program, the
11 electrolarynx should be under the same category of
12 special telecommunication device. Therefore, not
13 having to go back to get a change in the law.
14 **MR. TUDOR:** Well, we'll certainly look at
15 the device that you mentioned, but that doesn't affect
16 the electrolarynx issue. And we need to decide
17 whether the committee wants to recommend the law
18 change to allow for that piece of equipment.
19 Would the committee prefer to vote today and
20 then have the other members vote by mail? Or would
21 you rather that the whole committee voted and
22 responded back by mail on your recommendation on that?
23 **MR. SCHAD:** Could I make a motion?
24 **MR. TUDOR:** Surely.
25 **MR. SCHAD:** All right. I move that the

1 Advisory Committee recommend to the Public Service
2 Commission to instruct the Florida Telecommunication
3 Relay to include in the distribution equipment the
4 electrolarynx as defined un the TASA law, "specialized
5 telecommunications devices" as the intent of the law,
6 to enable the hearing impaired, speech impaired and
7 the dual sensory impaired citizens of Florida full
8 access to the telephone.
9 **MR. TUDOR:** Mr. Schad, I'm sorry, but I'm
10 not sure if I caught everything there. Could you read
11 that one more time. I know it's kind of long but
12 would you do that one more time for us?
13 **MR. SCHAD:** I put out a motion that the
14 Advisory Committee recommends that the Public Service
15 Commission instruct the Florida Telecommunications
16 Relays, Incorporated, to include in the distribution
17 equipment the electrolarynx as defined under the TASA
18 law, "specialized telecommunication devices" as the
19 intent of the law to enable the hearing impaired,
20 speech impaired and the dual sensory impaired citizens
21 of Florida full access to the telephone.
22 **MR. TUDOR:** So if I understand what you're
23 saying, your motion is that the Advisory Committee
24 recommend that FTRI distribute the device under the
25 current law. Is there another way to say that?

1 **MR. SCHAD:** Correct.

2 **MR. TUDOR:** And that's because it's your
3 position the current law allows distribution of the
4 device; is that correct?

5 **MR. SCHAD:** Right. If we go back to the
6 meeting of the Public Service Commission where they
7 voted three-to-two, two weeks after the original
8 proposal from the Staff, one of the Commissioners
9 stated, quote, "Now, what I agree is a very strict
10 instruction of the statutes which limit us. I don't
11 think we need to have that strict a statute and I
12 think the law comprehends this Commission to make
13 decisions of this nature, dot, dot, dot, But to send
14 it on to the Legislature or to find that we don't have
15 the authority to do so, I think hamstrings this
16 Commission, hamstrings the Legislature, which has a
17 lot of important issues to consider. I don't think we
18 need the Legislature to piecemeal what is a program
19 designed for those who need it."

20 That quote is from the audio tape that was
21 mailed to me from your office.

22 **MR. TUDOR:** The Commission's decision wasn't
23 that the current law does not cover the electrolarynx
24 device. And what they've asked the Advisory Committee
25 to do is to give them a recommendation as to whether

1 the law should be changed to allow it.
2 If I understand your motion correctly, it is
3 that you would recommend, once again, that the FTRI
4 distribute the device under your interpretation of the
5 current law.
6 **MR. SCHAD:** Right. And I think your Staff
7 recommendation was a little ambiguous about going to
8 the Legislature or so. It was the interpretation of
9 the wording of "specialized telecommunication
10 devices," and it could be taken either way: Either
11 yes for the electrolarynx and yes for the Tykriphone,
12 or no for the electrolarynx and no for the Tykriphone.
13 And since you've already okayed the Tykriphone, why
14 can't we go for the same thing with the electrolarynx?
15 **MR. TUDOR:** The Commission has not approved
16 or ever voted on the Tykriphone. The FTRI is
17 distributing that but we have never ruled on that one
18 way or the other.
19 **MR. SCHAD:** Well, can we go right in and
20 instruct the FTRI to include the electrolarynx the
21 same as you did with the Tykriphone?
22 **MR. TUDOR:** Again, we did not decide to do
23 that with the Tykriphone.
24 **MR. SCHAD:** Then how did the Florida
25 Telecommunication Relay start the distribution?

1 **MR. TUDOR:** They have the ability to decide
2 which equipment they distribute. We have not looked
3 at this until you raised it today. And we will look
4 at that, as to whether it falls under the current
5 definition in the law. Because it doesn't matter that
6 there's another device out there that may be
7 questionable. If there's a questionable device, we'll
8 look at that. But the issue before us is the
9 electrolarynx. Does it fit with under the law? The
10 Commission has said it does not and would like to have
11 the Advisory Committee's recommendation on whether the
12 law should be changed. That's what we asked the
13 Advisory Committee for.
14 **MR. SCHAD:** The Commission voted on
15 three-to-two on your preliminary Staff recommendation,
16 which included a change in the law. But your second
17 Staff recommendation was to go with it under the
18 "specialized telecommunication devices."
19 **MR. TUDOR:** Well, the ultimate decision of
20 the Commission was that it did not fall within the
21 law. Then they asked us to prepare an analysis or an
22 estimate of the impact of the program, which is what
23 we just went through. And after we reviewed that with
24 them, they asked that we ask the Advisory Committee
25 its position on whether the law should be changed to

1 allow the distribution.

2 We have a motion from Mr. Schad which would
3 call for a interpretation that the current law does
4 provide for distribution of the electrolarynx, and
5 that it should be distributed by FTRI under the
6 current law. And I need to see if we have a second on
7 that motion. Mr. Fleischman, is that a second or a
8 question?

9 **MR. FLEISCHMAN:** It's a question. Do we
10 have a quorum? Do we have enough people to vote here?

11 **MR. TUDOR:** That's why I suggested that
12 perhaps we might want to let you take time to review
13 the transcript and to vote by mail so that those that
14 are not here could do that also. I'm trying to
15 remember the current number of members. I believe
16 it's eight. So we do not have a majority of those
17 here today.

18 Would your preference be to vote today or to
19 vote by mail?

20 **MS. SLATER:** Vote by mail.

21 **MS. JONES:** Do we have a quorum today?

22 **MR. TUDOR:** I don't have a list of the
23 members but I believe there are eight, which I believe
24 we have half here.

25 **MR. SCHAD:** There are eight members

1 according to the list.
2 **MR. TUDOR:** Thank you, Mr. Schad. A quorum
3 would be a majority.
4 **MS. JONES:** So we'd need five people here.
5 **MR. TUDOR:** Let me back up. We don't have a
6 formal set of bylaws for the operation of the Advisory
7 Committee, so there really isn't an answer to that
8 question, is there a quorum. A body can take a vote
9 based on the people that are in attendance at a
10 meeting, or they can operate under other procedures
11 they've adopted. And so, I guess, I would leave that
12 to you. For the purpose of today's vote, would you
13 see this as a quorum with half the membership here,
14 and, therefore, you'd like to vote today, or would you
15 prefer to do it by mail?
16 **MR. SCHAD:** Could we vote today and then go
17 to the members that are not here, and then get an
18 overall consensus of opinion?
19 **MR. TUDOR:** Yes. That would certainly be
20 another option, is the ones that are here today could
21 vote and we could take a vote by mail of those that
22 are not here today.
23 So I think you have those three options.
24 You can vote as a group today, and that would be taken
25 as the vote of the Advisory Committee. You could take

1 the vote of those that are here today and take a vote
2 by mail of the other members, or you could take a vote
3 by everyone by mail. So let me ask which of those
4 approaches you would prefer?
5 **MS. SLATER:** It's hard to say. It would be
6 more fair if everyone voted through the mail in the
7 same way.
8 **MS. JONES:** What would we be voting on?
9 Mr. Schad's motion?
10 **MR. TUDOR:** We don't have a second on that
11 motion yet. But if there was a second on the motion,
12 we would certainly vote on that motion. And then I
13 would ask that you also vote on the issue that the
14 Commissioners ask for you to vote on.
15 **MS. SLATER:** I second his motion so --.
16 **MR. TUDOR:** Then I would ask that you vote
17 on Mr. Schad's motion, and then also on a second issue
18 which the Commissioners asked for your position on
19 about -- taking their position that the current law
20 does not allow distribution of the electrolarynx, and
21 would you recommend we change the law to allow it.
22 **MS. JONES:** So we're going to vote on two
23 motions.
24 **MR. TUDOR:** There would be two issues for
25 you to vote on, yes.

1 **MR. SCHAD:** I think we ought to vote on this
2 motion first and then have another motion about
3 changing the legislation.
4 **MR. TUDOR:** Okay. And I think that would be
5 fine.
6 Do you want to -- we talked about the three
7 different ways of voting. Mr. Schad, I believe, is
8 recommending that we vote today for those members that
9 are here on the issues. And what about the issue of
10 those members who are not here, Mr. Schad? Which
11 would you think is best there?
12 **MR. SCHAD:** We're only going to vote on one
13 motion? The other ones haven't been put on the table
14 yet.
15 **MR. TUDOR:** No, I'm not talking about the
16 other issue. I'm talking about on this issue, your
17 motion.
18 **MR. SCHAD:** On this issue I think we ought
19 to vote here and then go to the other four members
20 because you're never sure when they are going to show
21 up anyhow. They may not be here for another three
22 years.
23 **MR. TUDOR:** Okay. So Mr. Schad is
24 recommending -- and let me see if we agreement on
25 that -- you would vote on Mr. Schad's motion, and then

1 we would ask by mail for the other members to vote on
2 that same issue, that same motion. Is that an
3 acceptable approach to everyone? (No response.)
4 I think I'll take silence as an agreement to
5 take that approach as Mr. Schad recommended. Mr.
6 Fleischman?
7 **MR. FLEISCHMAN:** With this motion does he
8 think that we're going to be able to put in
9 legislation action to get it in distribution?
10 **MR. TUDOR:** If I understand Mr. Schad's
11 motion, his motion would not involve any legislative
12 change. He would recommend that FTRI go ahead and
13 distribute the electrolarynx with his position that
14 the current law would allow them to do that.
15 **MR. SCHAD:** And that the committee ask the
16 Public Service Commission. Throw it right in their
17 lap and let them decide whether it has to go back to
18 the legislature or not.
19 **MR. TUDOR:** I appreciate that. But actually
20 what this would do would be to put them back in the
21 same position which they've already made a decision
22 on. And they've already reached a decision that the
23 device does not fall within the current law. So I'm
24 not sure that they would change their position.
25 But if that's -- the way you would like us

1 to take it to the Commissioners, we can do that. It's
2 your decision.
3 **MR. SCHAD:** They in the past have taken the
4 position on expanding the distribution program period.
5 That's the exact wording. So we tell them we expect
6 them to expand it, put the program under the TASA law.
7 **MS. JONES:** Is it my understanding that the
8 Public Service Commission and your attorneys do not
9 feel that this instrument comes under the FTRI
10 program, right?
11 **MR. TUDOR:** That's correct. Under the
12 definition.
13 **MS. JONES:** That is your position now.
14 **MR. TUDOR:** That's the Commission's
15 position, yes.
16 **MS. JONES:** So all you're asking us is
17 whether we agree with the great study that you have
18 done on this?
19 **MR. TUDOR:** And beyond that, whether you
20 would recommend that we go ask the Legislature to
21 change the law.
22 **MS. JONES:** Yes.
23 **MR. TUDOR:** Yes. That's correct.
24 Ms. Slater.
25 **MS. SLATER:** I'm not sure I'm clear on his

1 motion then. His motion is to ask the Commission, the
2 PSC, to go to the Legislature to change the law to
3 include electrolarynx. That's distribution. That
4 would be what the motion would have to be.
5 **MR. TUDOR:** No. Mr. Schad's motion reflects
6 his disagreement with what the law says.
7 He believes that the current law -- please
8 correct me if I'm putting words in your mouth -- that
9 the current law would allow the distribution of the
10 equipment, and that he would recommend that FTRI
11 proceed under the current law to distribute the
12 equipment.
13 **MR. SCHAD:** There's only one word you
14 neglected to put it in there and that's interpretation
15 of the law.
16 **MR. TUDOR:** Yes. This is certainly an
17 interpretation. No question about it.
18 **MS. SLATER:** Suppose that we recommend to
19 the PSC and they turn it down, have we done anything?
20 **MR. TUDOR:** This Advisory Committee was set
21 up by the Legislature --
22 **MS. SLATER:** Just prolonging and prolonging
23 the issue.
24 **MR. TUDOR:** This committee was set up by the
25 Legislature in 1991 to provide input and advice to the

1 Commissioners. And the Commissioners decision -- as a
2 part of that, they wanted to include this Committee's
3 advice to them about whether the law should be
4 changed. And that's why they asked for us to bring
5 the question to you.
6 **MR. SCHAD:** And the vote at the last meeting
7 was three-to-two against other Commissioners -- three
8 took up your position, argued the number one
9 recommendation, and the other two Commissioners took
10 up your recommendation to immediately distribute them
11 through the TASA law. That's my interpretation of the
12 minutes of that meeting.
13 **MR. TUDOR:** Yes. And at the Internal
14 Affairs meeting where we discussed the cost analysis,
15 they asked that we bring this to the Advisory
16 Committee and ask your position on whether to
17 distribute -- whether to change the law; whether to
18 recommend changing the law to the Legislature. And so
19 that's where we are at this point. They are waiting
20 to hear from the Advisory Committee; what your
21 position is whether the law should be changed to
22 expand the program so that it could allow the
23 distribution of electrolarynxes.
24 **MR. SCHAD:** The way I read it, three of the
25 Commissioners said that the interpretation of the law,

1 might go back to the Legislature, and two of the
2 Commissioners said, "We'll pass it as it is with the
3 specialized communication devices to include the
4 electrolarynx." That's my interpretation of the
5 three-to-two vote.
6 **MR. TUDOR:** But following the Commission's
7 vote they also asked us to prepare an analysis of the
8 cost of the program.
9 **MR. SCHAD:** That was done.
10 **MR. TUDOR:** And when we brought that to the
11 Commissioners, they asked that before they go any
12 further on a decision, after having seen the
13 numbers -- before they go any further on making a
14 decision about legislation, that they wanted the input
15 of the Advisory Committee before they did that.
16 **MR. SCHAD:** I don't see anything about the
17 change in legislation.
18 **MR. TUDOR:** Are you reading from the agenda
19 conference?
20 **MR. SCHAD:** Right.
21 **MR. TUDOR:** Or Internal Affairs?
22 **MR. SCHAD:** I don't know what it was. It
23 was voted to request the Advisory Committee to take a
24 position on expanding the distribution program to
25 include electrolarynx before the Commission moves

1 forward with the decision on whether they should
2 change legislation to allow the expansion of the
3 distribution program. That's at the January meeting
4 of the Commissioners.
5 **MR. TUDOR:** I'm not sure where we're
6 differing here. But what the Commissioners asked was
7 that the Advisory Committee provide input to them as
8 to whether it recommends changing -- taking a law
9 change to the Legislature to incorporate the
10 electrolarynx distribution.
11 **MR. SCHAD:** I don't read that in this. I do
12 not read that in this.
13 **MR. TUDOR:** Well, I'm not sure what you're
14 reading from, Mr. Schad, but what I would like for the
15 committee to do is to give me that advice that I can
16 take back to the Commissioners, as to whether the
17 program should be expanded by making a law change.
18 We have Mr. Estes.
19 **MR. ESTES:** I hate to put you on the spot,
20 but could you provide a sense of what would happen,
21 what would the sense be if this question was taken
22 back to the Commission with the statement that the
23 Advisory Committee feels that they will permit the
24 device to be distributed and requests -- what would
25 the effect be with the Commissioners?

1 **MR. TUDOR:** I think the impact or the result
2 would be that the Commissioners would have to decide
3 whether to change their mind on the decision they've
4 already made, that the current law does not allow
5 distribution of electrolarynx. And so the Advisory
6 Committee, if they took that position, would be saying
7 they disagree with the Commission's legal
8 interpretation and would like them to reconsider it.
9 Their position is different. That would be, I think,
10 the ultimate result there. Then the Commissioners
11 would have to decide whatever they want to decide.
12 However they feel it should work.
13 **MS. JONES:** Well, after reading the agenda
14 here, on your first page, you will be asking the
15 Advisory Committee to vote on whether to recommend to
16 the Commission that the TASA law be modified to
17 include electrolarynx distribution. That's how I see
18 it.
19 Now, I take it you have the question whether
20 the four members here form a quorum or whether -- you
21 and we would prefer to do this by mail. Is that the
22 issue?
23 **MR. TUDOR:** Work we have a motion on the
24 table.
25 **MS. JONES:** Yes.

1 **MR. TUDOR:** Yes. The question would be how
2 do you want to proceed in terms of stating what the
3 Advisory Committee.
4 **MS. JONES:** I forgot his motion. What is
5 the motion on the floor?
6 **MR. TUDOR:** The motion that's on the floor
7 is whether the Advisory Committee should respond back
8 to the Commission that it believes that the current
9 law allows distribution of the electrolarynx device.
10 I believe that's the current motion.
11 **MS. JONES:** Okay. And the question is,
12 whether we would vote by mail on that or whether we
13 would vote now. Is that correct?
14 **MR. TUDOR:** Yes. Or whether you would split
15 that and the ones that are here vote today and the
16 ones not here, vote by mail.
17 **MS. JONES:** Well, if that is the question,
18 can we take a vote on just that aspect of whether you
19 take the votes here or whether it is sent by mail?
20 **MR. TUDOR:** Surely.
21 **MS. JONES:** I think that's the only way to
22 resolve it.
23 **MR. SCHAD:** You have a motion on the table
24 that's got to be voted on before you can have any
25 other motion.

1 **MR. TUDOR:** We could do that. We could vote
2 on the motion by those that are here, and then after
3 the motion is decided by the ones that are here, we
4 could then decide whether we want to also ask those
5 that are not here to vote by mail. So we have a
6 motion on the table. We have four Advisory Committee
7 members here. Mr. Fleischman.
8 **MR. FLEISCHMAN:** What was the first motion.
9 The second one could be an amendment to that first
10 motion. If the second motion succeeds, then it would
11 be a full motion. If not, we would go back to the
12 first one. It's not two motions at the same time.
13 It's one and an amendment and then --
14 **MR. TUDOR:** Then does someone have an
15 amendment to propose to the motion?
16 **MS. SLATER:** I feel a little confused as to
17 what is going on here.
18 Okay. Do we have -- from the memo of January
19 12th, 1999, the last paragraph says "Attachment is
20 whether to recommend to the Legislature as to whether
21 the law needs to be changed." And the added issue as
22 to whether --
23 **THE INTERPRETER:** I'm so sorry. She said
24 cochlear implant -- what paragraph are they talking
25 about?

1 **MS. SLATER:** Wait up. Attachment 4 is
2 suggested legislative language that can be used if the
3 Commission chooses to pursue a legislative change.
4 Any legislation to address this issue should be
5 specifically stated that the electrolarynx device is a
6 type of specialized telecommunication device, rather
7 than changing the existing terminology otherwise.
8 This will limit any problem with other devices also
9 being authorized by the law change when the intent
10 would be to only add the electrolarynx. So are we --
11 this seems to be an opposing -- the two issues,
12 motions seem to be opposing.
13 **MR. TUDOR:** Yes, they are. They are
14 different interpretations or approaches of how to deal
15 with this.
16 Again, before we leave, I'd like for us to
17 decide on the issue that the Commissioners asked. But
18 at this point we have -- which is whether to recommend
19 a change in the law. But at this point we have a
20 motion on the table by Mr. Schad asking that the
21 Advisory Committee recommend to the Commission that
22 the current law is adequate to allow distribution of
23 the electrolarynx. And I'm assuming as a part of that
24 motion you're recommending not only is the law
25 adequate, but you would recommend that distribution.

1 **MR. SCHAD:** It's there on one of the
2 leaflets I gave out.
3 **MR. TUDOR:** So we have a motion. Are there
4 any other -- any other discussion on that motion?
5 **MS. JONES:** I' d like to hear it again
6 because I'm very confused at this point.
7 **MR. SCHAD:** Give her a copy of it. I gave
8 them eight copies.
9 **MR. MOGK:** It's right next to you.
10 **MR. TUDOR:** The item you have there with all
11 of the dates on it, the very last paragraph, I
12 believe, contains the motion.
13 **MS. JONES:** Okay.
14 **MR. TUDOR:** So what that motion says --
15 **MS. JONES:** Is what he said?
16 **MR. TUDOR:** Yes. As we talked about
17 earlier, yes, there are two different approaches here
18 that we'd like to ask you to vote on. One is
19 Mr. Schad's motion that's on the table now. And then
20 subsequently we'd like your input on whether -- if the
21 interpretation is that the current law does not allow
22 distribution of the equipment, what your position is
23 on whether the law should be changed.
24 But at this point we have a motion on the
25 table that deals with Mr. Schad's position that the

1 current law does allow it and that FTRI should go
2 ahead and distribute the electrolarynx. So that's the
3 motion that's on the table right now. And it is
4 confusing.
5 Mr. Schad.
6 **MR. SCHAD:** There are two basic questions:
7 What was the intent of the law and what is the
8 definition of specialized telecommunication devices.
9 Those are the only two questions under consideration.
10 Specialized telecommunications is mentioned in the law
11 at least three times. And the electrolarynx is a
12 specialized telecommunication device.
13 **MR. TUDOR:** I understand that is your
14 position. So we have this one motion before us right
15 now, and we need to decide if there are any amendments
16 to the motion, we need those; any other discussion.
17 And then we need to vote on that motion.
18 **MS. JONES:** On his motion.
19 **MR. TUDOR:** This motion. Mr. Schad's
20 motion. Are you ready for a vote on Mr. Schad's
21 motion?
22 **MS. SLATER:** I think that this motion is on
23 the table. And the second motion is how we can vote.
24 Because we need to vote on this motion, so we need to
25 take care of how to vote first. So if he can table it

1 to get that out of the way and then come back to it.
2 Because then we can take care of those issues as to
3 whether to vote now, or, you know, how to proceed.
4 **MR. TUDOR:** I think Mr. Fleischman suggested
5 earlier that there could be an amendment to the motion
6 dealing with how to vote on the motion. So if someone
7 has an amendment they'd like to propose, we need to
8 hear that now.
9 **MS. SLATER:** I propose an amendment to that
10 first motion. Exactly -- to cover what Richard had
11 discussed as an amendment for voting. And Alex will
12 second that motion to vote on the amendment first.
13 **MR. TUDOR:** Yes. You would vote on the
14 amendment first, but we need to know what the
15 amendment is. Ms. Slater, are you suggesting what
16 kind of way to go about voting?
17 **MS. SLATER:** That we vote through the mail.
18 That all of the members vote through the mail.
19 **MR. TUDOR:** Okay. We have an amendment
20 proposed by Ms. Slater that the vote be taken on
21 Mr. Schad's motion by mail. Is there any discussion
22 on that amendment to the motion?
23 **MR. FLEISCHMAN:** Move it.
24 **MR. TUDOR:** Mr. Fleischman moves that we
25 close and vote on the amendment. So we're just voting

1 now on the amendment, about how to do the voting.
2 The issue is whether the vote should be taken by mail.
3 So all in favor of the amendment please raise your
4 hand. (Voting takes place.) All opposed. (Voting
5 takes place.)
6 So the vote is three-to-one on the
7 amendment. So now the motion as amended is
8 Mr. Schad's motion with the caveat that the vote will
9 be taken by mail.
10 Now, the item that I would like to ask you
11 to vote on is the question the Commission, asked which
12 is -- and this assumes a different interpretation of
13 the law -- that the current law does not permit
14 distribution of the equipment. And so the question
15 the Commission asked for input on would be whether the
16 current law -- whether you would recommend to the
17 Commission that it propose a change in the law to
18 allow the distribution of electrolarynxes. And I
19 would assume based on your motion, the amendment just
20 a moment ago, that it would make sense that that would
21 also be done by mail.
22 So what we'll do is we'll send out to each
23 of the Advisory Committee members, along with the
24 transcript of this meeting today, those two questions.
25 And then we'll take the input back by mail from each

1 of the members. We'll give you -- not a long time,
2 maybe a could of weeks to respond. And anyone that
3 has not responded in that time period, their vote
4 would not be counted. We'll put a deadline in there.
5 **MR. SCHAD:** The ball goes back and forth
6 between the Public Service Commission, the Staff and
7 this Advisory Committee. I don't know. It sound to
8 me like a baseball game.
9 **MR. TUDOR:** Well, as you indicated earlier,
10 this is -- you know, it is a difficult question. But
11 the Commissioners, before they make any further
12 decision, they really felt like they wanted the input
13 from the committee. So what we'll do is we'll take
14 the mail vote back to the Commissioners and let them
15 know what the committee has recommended to them. At
16 that point, they'll take that information and decide
17 how to proceed based on the two questions that are
18 going to be asked.
19 Ms. Slater.
20 **MS. SLATER:** When you send it out you're
21 going to have a deadline on it, correct? Yeah.
22 You're going to list a deadline on the vote?
23 **MR. TUDOR:** Yes. I'll probably try to give
24 you about two weeks just in case you're out of town or
25 something like that.

1 **MR. SCHAD:** The last time you asked that we
2 reply by the end of January. Out of eight members you
3 had two replies.
4 **MR. TUDOR:** Well, that's up to each
5 individual member how they respond. Is two weeks a
6 reasonable amount of time? Because we can do
7 otherwise. Okay. All righty.
8 We'll do that. We'll send out, along with
9 the transcript of this meeting, those two questions
10 and ask you to respond in a couple of weeks.
11 **MR. SCHAD:** Is someone going to make a
12 motion to advise they change the law? I think that's
13 in order at this time.
14 **MR. TUDOR:** You're talking about the second
15 question.
16 **MR. SCHAD:** You haven't voted on the
17 original motion yet. You only voted on the amendment.
18 You're going to send the amendment and then the motion
19 out. But now you say there's going to be a second
20 question. I think there ought to be a motion on the
21 floor that we change the law. And it should be put in
22 the law that the TASA law does not cover specialized
23 telecommunications devices. If someone wants to make
24 that motion.
25 **MR. TUDOR:** When you first started speaking

1 I thought you were asking a different question. But
2 the question I thought you were asking -- let me
3 address it first, because I don't believe we voted on
4 Mr. Schad's motion with the amendment. We voted on
5 the amendment but we did not vote on Mr. Schad's
6 motion with the amendment. Let's do that.
7 With that motion being Mr. Schad's motion,
8 but in addition the decision that it would be voted on
9 by mail -- so it's kind of an interesting -- I think
10 the vote will actually come in the mail vote.
11 So on Mr. Schad's motion, we'll send it out
12 with the understanding you have a couple weeks to
13 respond to it.
14 Now, going to Mr. Schad's question, I'm not
15 an Advisory Committee member. I'm here to tell you as
16 Staff that the Commission asked that question of you.
17 So it won't be to you in the form of a motion by any
18 member of your committee. It's a request from the
19 Commission as to your advice to it of whether the law
20 should be changed. And that's assuming, of course,
21 that you believe the current law does not allow
22 distribution of the equipment. The Commission is
23 asking your position on whether the law should be
24 changed. So I'll include that in the questions that
25 come to you.

1 **MR. SCHAD:** You will be leaving out the word
2 "interpretation"; interpretation of the law. Not that
3 the law should be changed, the interpretation of the
4 law.
5 **MR. TUDOR:** No, sir. What they are asking
6 for is whether the law, itself, should be changed.
7 Should there actually be a wording change in the law
8 to make it clear so that it's not an issue of
9 interpretation but so the law is clear; change in the
10 law. A bill before the Legislature, if the Commission
11 recommends it, that would recommend a wording change
12 in the law. The Commissioners are asking about
13 whether they should recommend an actual wording change
14 in the law. That's what they want the Advisory
15 Committee's advice on.
16 **MR. SCHAD:** If through the mail vote you get
17 an overwhelming approval of my motion, then they say
18 the motion is unnecessary.
19 **MR. TUDOR:** In all likelihood, the vote on
20 those two questions will be the opposite answer.
21 **MR. SCHAD:** Right back where we started
22 from. Right back where we started from.
23 **MR. TUDOR:** No, sir. If the vote on whether
24 the law should be changed is a majority, then that's
25 the advice that we will take to the Commissioners;

1 that the Advisory Committee recommends a law change.
2 So we'll see how the vote turns out. And if
3 there's some issue about how to interpret it, we'll
4 talk about that with the Commissioners.
5 But we'll present to you those two
6 questions. Mr. Schad's motion and the question raised
7 by the Commissioners. And we'll send that to you.
8 Give you a couple of weeks to respond.
9 Are there any other matters that you would
10 like to discuss today? Anything that's going on with
11 relay or FTRI that you'd like to discuss today?
12 **MR. FLEISCHMAN:** I have a question. How
13 much more time is left for MCI? How many more for the
14 contract, one, two, three years?
15 **MR. TUDOR:** Yes, sir. The contract expires
16 on May 31st of the Year 2000, so a little over a year.
17 At the end of May it will be one year.
18 **MR. FLEISCHMAN:** My consideration for this
19 is, is now the right time for us to discuss an
20 extension or should we wait further down the line?
21 **MR. TUDOR:** We probably should wait just a
22 little longer. If we decide to do a new RFP, request
23 for proposals, we would probably want to be discussing
24 that, perhaps, this fall; late summer or fall. The
25 contract is a three-year contract, with the option of

1 two one-year extensions. So we could extend it for an
2 additional year and then even another year after that.
3 So we will need to be discussing that later on. But I
4 think it's a little early. Probably want to watch and
5 see how the service develops for a few more months
6 before we try to make a decision on that.
7 **MR. FLEISCHMAN:** I have a comment. Our FAD
8 conference is coming up in June. I'll be stepping
9 down for a new president to come on in, just to let
10 you know.
11 **MR. TUDOR:** At that time do you believe that
12 you will not be serving on the Advisory Committee and
13 that the new president will, or will that be a
14 decision yet to be made?
15 **MR. FLEISCHMAN:** Okay. I guess we're making
16 it better.
17 **MR. TUDOR:** If you'd just keep us up to date
18 on that, we'd appreciate it.
19 **MR. FLEISCHMAN:** The president will make the
20 selections, so --.
21 **MR. TUDOR:** Okay. If you'd just keep us up
22 to date on that we'd appreciate it.
23 **MR. FLEISCHMAN:** Okay.
24 **MR. TUDOR:** Is there any other business?
25 **MR. SCHAD:** One other piece of business I'd

1 like to bring up, and that is the Florida
2 Laryngectomee Association be appointed to replace the
3 two organizations, one of the two organizations that
4 have been dissolved.
5 **MR. TUDOR:** Okay. We have two
6 organizations, at least two, that no longer exist,
7 that the law says could recommend people for seats on
8 the Advisory Committee. One of those was the Florida
9 League of Seniors -- well, as an example. I know
10 there's another one. But at any rate --
11 **MR. FLEISCHMAN:** Blind organizations.
12 **MR. TUDOR:** Yes. Since those organizations
13 do not exist, the dual sensory capabilities
14 organization also is one of those. And so as a result
15 of that we have three positions on the committee that
16 really can't be filled because there's no organization
17 to recommend someone.
18 Mr. Schad has suggested that the Florida
19 Laryngectomee Association could be a new organization
20 to take the place of one of those that no longer
21 exists. Again, this is an interpretation, but either
22 that could be done by the Commission, or it may be
23 that it would require a law change, since those
24 organizations are specifically listed in the law.
25 But at any rate, regardless of how it would

1 be done, we would like to have the Advisory
2 Committee's input about whether one of those
3 organizations could be replaced, or a new organization
4 added to the current group of organizations, and that
5 group being the Florida Laryngectomee Association.
6 **MR. SCHAD:** The original base of the
7 association was the Florida something-or-other and
8 they just dropped out. There used to be 11. Now they
9 are down to ten. I'm sorry, they were nine and they
10 dropped down to eight. They are now eight. There
11 were actually nine. On the original TASA law there
12 were nine. And this lady -- I forgot her last name --
13 she dissolved it; didn't bother to be represented on
14 this board anymore. They are not listed here. But if
15 you go back to the 1992 Annual Report, you can pick up
16 the name of the organization. They are not list here
17 anymore, but they have just gotten out of the
18 representation. That one should be replaced anyhow.
19 The law says nine organizations. We've only got
20 eight.
21 **MR. TUDOR:** Yes. And the law also
22 specifically lists who those will be. So we would
23 have to decide again whether that would require a law
24 change to add an organization.
25 **MR. SCHAD:** When one of them dropped out, we

1 ought to find out if they dropped out officially or if
2 they just asked not to be represented anymore. If
3 they dropped out officially, I think the Public
4 Service Commission can appoint Florida Laryngectomee
5 Association. Its within their power to do that.
6 **MR. TUDOR:** It's not clear that it's within
7 the Commission's power, because those organizations
8 are listed very specifically. And I don't believe
9 there's language that says "and any other organization
10 the Commission chooses." There's no language like
11 that. So, again, that would be something the
12 Commission would have to decide.
13 But I believe what you would like to know is
14 does the Advisory Committee recommend to the
15 Commission that the Florida Laryngectomee Association
16 be added?
17 **MR. SCHAD:** That's correct. I don't care
18 whether it represents one of the dissolved
19 organizations. Her name is Peggy Schmidt. I don't
20 know if you know her. She has something to do with
21 the Florida Deaf Association. That organization just
22 dropped out and is not there anymore. Going back to
23 '92, '93. They are listed in the Annual Report.
24 **MR. TUDOR:** Yes. Would you like to make
25 that in the form of a motion?

1 **MS. JONES:** I'll make a motion, that the
2 members of this Advisory Council, and maybe in your
3 next agenda for the next meeting -- ask for
4 suggestions from members about organizations which the
5 council would vote on as a whole rather than just
6 recommending one off-the-cuff today.
7 **MR. FLEISCHMAN:** I have a question. Tell me
8 the name of the organization that you represent.
9 **MR. SCHAD:** The Florida Laryngectomee
10 Association. It's a unit.
11 **MR. FLEISCHMAN:** Are you only speaking of
12 that one? Or is there another one that you've
13 mentioned in your --
14 **MR. SCHAD:** That's the only one. Mr. Mogk.
15 Mr. Mogk is president of the Florida Laryngectomee
16 Association and he's present here today.
17 **MR. FLEISCHMAN:** Okay.
18 **MR. TUDOR:** So we have a motion for
19 Ms. Jones --
20 **MS. SLATER:** I second Ms. Jones' motion.
21 **MR. TUDOR:** Thank you.
22 **MS. SLATER:** Should we close the vote, and
23 how are we voting on it?
24 **MR. TUDOR:** Is there any amendment to motion
25 about how to vote on the motion?

1 **MS. SLATER:** Let's vote. No amendments.
2 **MR. TUDOR:** The motion is that the committee
3 come back to the next meeting with recommendations on
4 organizations to replace the no longer existing
5 organizations that are in the current law. Is there
6 any other discussion on that motion?
7 **MS. SLATER:** No. None.
8 **MR. TUDOR:** All in favor of Ms. Jones'
9 motion raise your hand, please. (Voting takes place.)
10 Okay. Motion passes four-to-zero. Anything
11 else you need to discuss today?
12 **MS. SLATER:** Let's close the meeting.
13 **MR. TUDOR:** Okay. We, again, appreciate you
14 all being here. I know these are difficult issues
15 sometimes and it's hard sometimes to figure out how to
16 feel with some of them. But we really do appreciate
17 you all's efforts and your time and being away from
18 other activities you could be involved in. Thank you
19 very much for being here today. Mr. Mogk, good to see
20 you.
21 (Whereupon, the meeting concluded at
22 4:30 p.m.)
23 - - - - -
24
25

1 STATE OF FLORIDA)
:   CERTIFICATE OF REPORTER
2 COUNTY OF LEON   )

3 I, JOY KELLY, CSR, RPR, Chief, Bureau of Reporting, Official Commission Reporter,

4

DO HEREBY CERTIFY that the Advisory
5 Committee Meeting in Docket No. 960598 was conducted by the Staff of the Florida Public Service Commission
6 at the time and place herein stated; it is further

7 CERTIFIED that I stenographically reported the said proceedings; that the same has been
8 transcribed by me; and that this transcript, consisting of 117 pages, constitutes a true
9 transcription of my notes of said proceedings.

10 DATED this 11th day of March, 1999.

11

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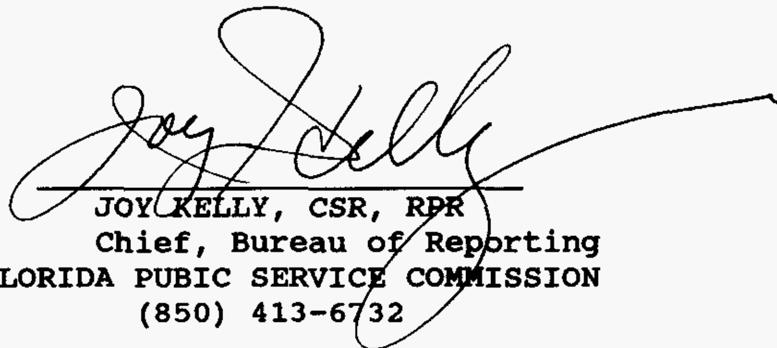

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'70s 10/25
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'92 7/22, 8/4, 8/9, 115/23
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'95 8/1, 8/4, 8/9
'96 37/9
'97 9/2, 9/9, 37/9, 38/5
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1 13/23, 78/24, 79/13
1% 74/7
1.a 71/4
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1.c 71/9, 74/14
1/2 47/13
10 80/15
10% 37/7, 37/10, 42/11, 78/5, 78/11
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100% 39/16
106 71/10, 71/14, 71/16, 72/4, 74/14
11 40/24, 80/22, 114/8
117 118/8
12 80/23
12th 101/19
13 74/6, 74/23, 74/24, 81/1
1300 73/25
1371 72/12
14 81/4
15 82/17
15% 44/25
152 1/16
16 58/24, 59/5
160-some-odd 81/10
16th 35/14
174 71/7
1800s 7/19
1970 8/10
1973 5/16
1988 54/17
1990 7/12, 56/2
1991 1/6, 95/25
1992 114/15
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1997 6/7, 10/1, 34/19, 38/2
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2.7% 82/21, 83/6
2.a 72/8, 72/11
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20 52/8, 52/15
200 46/16
2000 111/16
205 46/20, 46/22, 46/23, 47/20
20th 38/25
21 5/17, 59/24
22 57/25, 58/15
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