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Too The Insurance and Real Estate Committee will hold a public hearing on Tuesday, March 17, 2015 at 1:00 P.M. in Room 2D of the LOB

Support of S.B. No. 1085_____

Please change the wording from (juvenile justice system) to (any court systems) with the Need to have for protections of ADA for All.

Introduction

The Americans with Disabilities Act (ADA) prohibits discrimination against persons with disabilities in the areas of employment, public accommodations, state and local government services, and telecommunications. Both public and private hospitals and health care facilities must provide their services to people with disabilities in a nondiscriminatory manner. To do so, they may have to modify their policies and procedures, provide auxiliary aids and services for effective communication, remove barriers from existing facilities,

ADA OBJECTION PROTEST COMPLAINT

Demands for REMEDIES/on/or

About ADA All ADA Program Manager's & State of Conn Judicial Branch and All State Departments of Conn that Services the Public.

PLEASE look to the 1991 Regs coupled with the TAM for their preamble as best explanation of "public entities" ***responsibilities*****!!!**

From that, you can best tell if the Conn" was, is, will be tomorrow", compliant to Title II of the ADA and for subcontractors of state they hold not only Title II but also Title III obligations .

Please understand and Request For debating me if you wish or need, but if Conn is non compliant similar too, than you Donna the Jane and John, Doe's citizens AND you JANE and JOHN "Donna" DOE's "professional, attorneys" have the 2 (two) separate equal and the same "complaint/testimonials.

No administrative compliance = no ADA compliance = all persons and attorneys have been, are, and will continue to be excluded from participation, denied the benefits of services programs activities of Conn, and discriminated against by reason of disability by the public entity known as the Conn services to the Public.

Including but not limiting to the following:

Violation and non-compliance of Settlement Agreement between the United States Department of Justice and the Connecticut Judicial Branch, November 2003 and;

Violations and non-compliance of Settlement Agreement in Raymond v. Rowland Civil Action NO. 3:03CV0118 (MRK) May 31, 2007 (Only 1 Conn. Administration)All of State Actors & Players and State Contractors whom with invidious animus intent, effect or both of

1. Denial of 28 CFR 35.107 - Designation of responsible employee designation of responsible employee. A public entity that employs 50 or more persons shall designate at least one employee to coordinate its efforts to comply with and carry out its responsibilities under this part, including any investigation of any complaint communicated to it alleging its noncompliance with this part or alleging any actions that would be prohibited by this part. The public entity shall make available to all interested individuals the name, office address, and telephone number of the employee or employees designated pursuant to this paragraph. Denial of an ADA title II and III adoption of grievance procedures. AS today the only thing you have is a Title I grievance procedures.. We the People use your services reject as we are not employee of the state of Conn. So stop Applying Title I to the public.
2. Denying qualified individuals the opportunity to participate in or benefit from federally funded programs, services, or other benefits.
3. Denying individuals with disabilities an equal opportunity to receive State program benefits and services.
4. Denying access to programs, services, benefits or opportunities to participate as a result of physical barriers.

5. Denying employment opportunities, including hiring, promotion, training, and fringe benefits, for which they are otherwise entitled or qualified....
6. Denying the disable State of Conn. ADA Administrative Procedures for the enforcement of ADA title II and title III.
7. Denying Path for internal or external ADA Administrative hearings.
8. Denying the disable State of Conn. Policies, Procedures, grievances' and Notice of Safe Guards for the ADA of title II and title III.
9. Denying of compliance reviews of public entities under title II and title III of the ADA.
10. Denying the Civil Rights of the disable to have Association Rights with Persons with Out an Disabilities
11. Over All Denying the disabled rights for and to have modification without Applying the Denial to that persons Disability requesting.
12. Failure to develop a list of modification for a disable to review and can "pick" what "best ensures" modification will work "Best" for their "Needs" to ensure effective communication with all.
13. Failure to put in place a path for the disabled to refuses your modifications and allowing the disabled to show or get a better medication that works Best for their Disability's.
14. Willingly Excluding disabled by the effect/No effect of not recognizing the disabled needs or because of their known relationship or association with other persons.
15. No promoting of the overall effectiveness of its Enforcement Program.
16. No Fourteenth Amendment Civil Rights in Case of the disable in Sate of Conn Courts.
17. Failure to comply with the nondiscrimination Requirements.
18. Failure to create a Non-Discrimination Policy Statement for services of the judicial branch (State Actors)
19. Failure to create a Non-Discrimination Policy Statement for your Vendors (state players)
20. Failure to provide clear, strong, consistent, enforceable standards addressing discrimination against individuals with disabilities; By state actor or Players

21. Failure to make the authority to conduct compliance reviews consistent with that available under section 504 and title VI. See, e.g., 28 CFR 42.107(a).
22. Failure of 28 CFR 42.107 "(b) The designated agency may conduct compliance reviews of public entities in order to ascertain whether there has been a failure to comply with the nondiscrimination requirements of this part."
23. Failure to providing services to qualified individuals with disabilities in community-based settings, as long as such services are appropriate to the needs of those individuals. These agencies should provide technical guidance and work cooperatively with States to achieve the goals of Title II of the ADA [42 U.S.C. 12131 et seq.]
24. Failure to comply with the ADA's integration requirement, a state must reasonably modify its policies, procedures, or practices when necessary to avoid discrimination. 28 C.F.R. § 35.130(b)(7).

Title II ADA obligation

Please refer your self to the ADA Regulations (<http://www.ada.gov>)and the ADA Technical Assistance Manual(<http://www.ada.gov/ta-pubs-pg2.htm>)

In particular to begin with, the TAM section (Title II Technical Assistance Manual)

The Americans with Disabilities Act

Title II Technical Assistance Manual

Covering State and Local Government Programs and Services

<http://www.ada.gov/taman2.html>

and "Administrative Responsibilities" and the same in the Reg's

II-8.0000 ADMINISTRATIVE REQUIREMENTS

II-8.1000 General.

II-8.2000 Self-evaluation.

II-8.3000 Transition plan.

II-8.4000 Notice to the public.

II-8.5000 Designation of responsible employee and development of grievance procedures.

Covered Health Care Providers

Q. Which health care providers are covered under the ADA?

A. Private hospitals, nursing homes, psychiatric and psychological services, offices of private physicians, dentists and health clinics are among the health care providers covered by the Title III of the ADA. Title III applies to all private health care providers, regardless of size. It applies to providers of both physical and mental health care. If a professional office is located in a private home, the portion of the home used for public purposes is covered by the ADA.

Hospitals and other health care facilities that are operated by state or local governments are covered by Title II of the ADA.

Health care providers that offer training sessions, health education, or conferences to the general public must make these events accessible to individuals with disabilities.

Q. Do hospitals with religious affiliations have to comply with the ADA?

A. Yes and No. Religious organizations or entities controlled by religious organizations are exempt from Title III of the ADA. However, they are subject to the employment obligations of the ADA if the facility has 25 or more employees 15 or more employees as of July 26, 1994. Also, if a hospital with religious affiliations receives federal funding, it is obligated under Section 504 of the Rehabilitation Act to make its services accessible to persons with disabilities. In addition, even though hospitals run by religious organizations are exempt from the ADA, they may be subject to other federal, state or local laws prohibiting discrimination and requiring accessibility such as the Minnesota Human Rights Act.

Policies and Procedures

Health care providers are required to modify policies and procedures when necessary to serve a person with a disability. The ADA, however, does not require providers to make changes that would fundamentally alter the nature of their service.

Q. What kinds of modifications to policies or procedures might be required?

A. Modifying standard policies, practices or procedures can be an inexpensive but effective way to provide access to health care services. This may mean taking extra time to explain a procedure to a patient who is blind, providing assistance to help a patient with a mobility impairment through the cafeteria line, or arranging to meet a patient at an accessible entrance that is normally kept locked after hours.

Q. Must hospitals allow service dogs in their buildings?

A. The ADA requires admission of service animals to hospitals and the offices of health care providers unless it would result in a fundamental alteration or jeopardize safe operation. The determination of a direct threat to health or safety must be based upon medical or other evidence not on stereotype or conjecture.

Effective Communication, Auxiliary Aids & Services

Health care providers must find appropriate ways to communicate effectively with persons who have disabilities affecting their ability to communicate. Various auxiliary aids and services such as interpreters, written notes, readers, large print or braille text can be used depending on the circumstance and the individual.

Q. Why are auxiliary aids and services so important in the medical setting?

A. Auxiliary aids and services are often needed to provide safe and effective medical treatment. Without these aids and services, medical staff run the risk of not understanding the patient's symptoms, misdiagnosing the patient's medical problem, and prescribing inappropriate treatment. Similarly, patients may not understand medical instructions or warnings that may have a serious impact on their health.

Q. For whom must a health care provider offer effective communication?

A. A health care provider must ensure that its staff can communicate effectively with customers, clients and other individuals with speech, hearing or visual impairments. Such individuals may not always be patients of the health care provider. For example, if a parent is blind and is required to grant consent for her child's surgery, the contents of the consent form must be communicated effectively to her.

Q. Are there any limitations on the ADA's auxiliary aids and services requirements?

A. Yes. The ADA does not require the provision of any auxiliary aid or service that would result in an undue burden or fundamentally alter the nature of the goods or services provided by a health care provider.

Q. When would providing an auxiliary aid or service be an "undue burden"?

A. An undue burden is something that involves a significant difficulty or expense. Key factors include the cost of the aid or service and the overall financial resources of the health care provider. Undue burden will always be determined on a case by case basis. The ADA recognizes that what constitutes an undue burden for a small office in a rural setting is different than for a large metropolitan hospital.

Q. How does a health care provider determine which auxiliary aid or service is best for a patient?

A. The health care provider can choose among various alternatives consulting with the person and carefully considering his or her expressed communication needs in order to achieve an effective result.

Q. Can a patient be charged for part or all of the costs of receiving an auxiliary aid or service?

A. No. A health care provider cannot charge a patient for the costs of auxiliary aids and services, either directly or through the patient's insurance carrier.

Q. In what medical situations should a health care provider obtain a sign language interpreter?

A. If a patient or responsible family member usually communicates in sign language, an interpreter should be present in all situations in which the information exchanged is lengthy or complex (discussing a patient's medical history, conducting psychotherapy, communicating before or after major medical procedures, and providing complex instructions regarding medication).

If the information to be communicated is simple and straightforward, such as prescribing an X-ray or a blood test, the physician may be able to communicate with the patient by using pen and paper.

Q. Can a health care provider require family members and friends to interpret for deaf patients?

A. Generally, no. Family members often do not have sufficient sign language skills to effectively interpret in a medical setting, especially in high stress situations. The patient may also wish to keep some matters confidential from other family members.

Q. What does the ADA require regarding telephone accessibility for patients and visitors who use TDDs (Telecommunication Devices for the Deaf)?

A. A TDD (also called TTY) must be made available where a voice telephone is made available for outgoing calls on more than an incidental convenience basis. This includes areas such as inpatient rooms and emergency department or recovery room waiting areas. Outpatient medical and health care facilities will probably be able to rely on relay systems for making and receiving calls from patients or clients with hearing or speech impairments.

Q. Does the ADA require access to closed captioned devices for individuals staying in health care facilities on a temporary or permanent basis?

A. Yes. Where hospital and nursing home patients are able to watch television, the ability to access closed captioned programs must be offered to those who are deaf and hard of hearing. This can be done by buying a decoder, which is connected to a standard television, or by purchasing a television with a built-in decoder chip. If health care providers offer information to clients and patients in the form of videotapes, films or slide shows, captioning can also be used to make this information accessible to viewers who are deaf or hard of hearing.

MEDICAL

Accessing Health Care: How the Americans with Disabilities Act and Section 504 of the Rehabilitation Act Apply to Health Insurance and Providers of Care

Are you encountering barriers in trying to get appropriate medical treatment, medication and accessing your healthcare providers? The ADA and the Rehabilitation Act provide some protection in the health care arena. There are informal and formal administrative routes you can pursue to adverse decisions. Participants will learn how these laws can help you, as well as strategies to get your complaints resolved. Specific issues that are addressed include:

- Employer-provided health plans (Title I);
- Accessibility of providers;
- Scope of Title III;
- Disparate impact theories;
- Discrimination among disabilities;
- Applicability of integration mandate;
- Challenges to specific managed care practices;
- Insurance safe harbor;
- Medical treatment decisions;
- Enforcement, remedy, and damage issues; and
- Special outreach obligations.

ACCESSIBLE ELECTRONIC AND INFORMATION TECHNOLOGY

Accessible Electronic & Information Technology

What is Accessible Electronic & Information Technology? Why should anyone care?

Participants will be introduced to the terms and the categories of E&IT (websites, software applications and operating systems; telecommunication products; video and multimedia products; instructional technology; and desktop and portable computers). An overview of the access barriers E&IT presents to people with disabilities will be included. We will demonstrate the barriers to electronic and information technology for people who are blind, have low vision, are deaf, are hard of hearing or have mobility impairments. What is assistive technology (AT) and how does it help people access E&IT? What is the interface between E&IT and AT? What makes websites/software/hardware accessible? Examples and demonstrations for each category of E&IT will be provided.

Planning for Universally Designed Electronic & Information Technology

Participants will learn how to address the process of planning for universally designed E&IT, the importance of an accessibility policy, ways to determine what is and what is not accessible (standards, guidelines, checklists), as well as procurement policies and procedures. Sample policies and promising practices will be included. We will review various accessibility standards for the web, software, distance learning programs, multimedia products and more.

Sections 508 and 255

Sections 508 and 255 are revolutionizing the web and other information technology such as software and kiosks. We will clarify federal and state agencies' obligations under Sections 508 and 255, plus the role of businesses that contract with the government. Participants will learn what Sections 508 and 255 require for accessible websites, software, distance learning programs, office equipment, kiosks and more, including examples of websites that comply and ones that don't comply with 508 standards, and the consumer's role in enforcement.

Web Sites and Access

Learn the principles of web accessibility and why it matters to you and your students, staff, and educators. DBTAC training staff will demonstrate the barriers for people who are blind, have low vision, are deaf, are hard of hearing, have mobility impairments, or those with cognitive disabilities. We will show websites that are and websites that are not accessible to people with disabilities. You will learn the Section 508 access standards and the Web Accessibility Guidelines for web accessibility. We will review the resources for more technical questions and accessibility of web authoring tools.

Accessible Distance Learning

What makes distance-learning programs accessible? What are accessibility barriers in distance learning? What accessible distance learning tools can be used to create on-line distance learning programs? Participants will learn the answers to these questions and more.

Accessible Technology in Learning

To benefit from instruction in modern classrooms, students with disabilities need to be able to operate computers, participate in online discussions and access curricula presented using multi-media. This participation is growing in importance as students in classrooms across the United States continue to rely more and more on technology to deliver and enhance educational experiences, engage in research, prepare reports and demonstrate learning. Materials and technologies that are universally designed are key in making it possible for students with disabilities to fully participate and benefit from instruction today. As schools acquire and use an array of technologies it is critical that they consider the needs of students with a variety of abilities and disabilities. Participants in this session will learn about how to create a technology infrastructure that addresses the needs of all students and how making accessible information technology can improve outcomes for all students.

ETIQUETTE AND CUSTOMER SERVICE

Serving Customers Who Have Disabilities

Strong communication skills are essential to creating a welcoming work environment. Enhance your communication skills by learning how to effectively serve people with diverse disabilities. How do you offer to shake hands with a person who is blind? Should you pet a service dog? When a deaf person uses an interpreter, who should you address, the interpreter or the person who is deaf? Come learn the answers to these critical questions and many more.

ADA & SENIORS

Often times, seniors don't think of themselves as people with disabilities. This session will examine how to educate the escalating number of seniors about the ADA and highlight the more applicable sections of the ADA to the 50+ population. This training will also cover specific disability/senior etiquette and awareness exercises.

DISABILITY RIGHTS LAWS - IT'S NOT JUST THE ADA!

Participants will leave with an overview for an array of federal laws that include:

- **ADA**
- **Rehabilitation Act**
- **Individuals with Disabilities Education Act**
- **Air Carrier Access Act**
- **Fair Housing Act**
- **Family Medical Leave Act**
- **Worker's Compensation**
- **Occupational Safety and Health Act**
- **and More**

EFFECTIVE COMMUNICATION

Providing effective communication for individuals who are deaf, hearing impaired, blind and visually impaired is a key nondiscrimination requirement under the Americans with disabilities Act. Places of public accommodation, state and local governmental entities and employers must provide auxiliary aids and services to comply with their respective obligations under the law and assure that communication provided is as effective as that provided to others. Sample policies concerning effective communication will be provided.

http://southwestada.org/html/topical/PublicAccommodations/pa_insurance.html

Regulation:

28 C.F.R. § 36.212 - Insurance

(a) This part shall not be construed to prohibit or restrict--

(1) An insurer, hospital or medical service company, health maintenance organization, or any agent, or entity that administers benefit plans, or similar organizations from underwriting risks, classifying risks, or administering such risks that are based on or not inconsistent with State law; or

(2) A person or organization covered by this part from establishing, sponsoring, observing or administering the terms of a bona fide benefit plan that are based on underwriting risks, classifying risks, or administering such risks that are based on or not inconsistent with State law; or

(3) A person or organization covered by this part from establishing, sponsoring, observing or administering the terms of a bona fide benefit plan that is not subject to State laws that regulate insurance.

(b) Paragraphs (a) (1), (2), and (3) of this section shall not be used as a subterfuge to evade the purposes of the Act or this part.

(c) A public accommodation shall not refuse to serve an individual with a disability because its insurance company conditions coverage or rates on the absence of individuals with disabilities.

Case Law:

Possible barriers:

Courts are divided over whether Title III protections extend beyond access to physical structures to encompass (a) transactions with insurers/health plans however mediated, and/or (b) the contents (terms and conditions) of an insurance policy or health plan contract.

Finding contents of insurance policy within the scope of Title III: (roughly by circuit)
***Carparts Distribution Center v. Automotive Wholesalers Assn*, 37 F.3d 12 (1st Cir. 1994).**

Pallozzi v. Allstate Life Ins. Co., 204 F.3d 392 (2nd Cir. 2000).

Doukas v. Metropolitan Life Ins. Co., 950 F. Supp. 422 (D.N.H. 1996).

Accord, e.g., Connors v. Maine Medical Center, 42 F.Supp.2d 34 (D. Me. 1999).

See *Boots v. Northwestern Mut. Life Ins. Co.*, 77 F.Supp.2d 211 (D.N.H. 1999) (Allowed claim to proceed under Title III following *Carparts* and *Doukas*; rejecting 3rd and 6th Circuits' treatment of issue).

Lewis v. Aetna Life Ins. Co., 982 F. Supp. 1158 (E.D. Va. 1997).

Winslow v. IDS Life Insurance Co., 29 F.Supp.2d 557 (D. Minn. 1998).

World Ins. Co. v. Branch, 966 F. Supp. 1203 (N.D. Ga. 1997), *vacated*, 13 NDLR 250 (11th Cir. 1998) (insurance company rescinded policy on appeal rendering decision as moot).

Limiting Title III to physical structures

Ford v. Schering-Plough Corporation, 145 F.3d 601 (3d Cir. 1998).

McNeil v. Time Ins. Co., 205 F.3d 179 (5th Cir. 2000).

Parker v. Metropolitan Life Ins. Co., 121 F.3d 1006 (6th Cir. 1997).

See also *Lenox v. Healthwise of Kentucky, Ltd.*, 149 F.3d 453 (6th Cir. 1998) (following *Parker*).

- Title III requirements relate to physical access, not the mix of goods and services offered.

Doe v. Mutual of Omaha Ins. Co., 179 F.3d 557 (7th Cir. 1999).

Weyer v. Twentieth Century Fox Film Corp., 198 F.3d. 1104 (9th Cir. 2000).

Is a managed care organization (MCO) a public accommodation?

Finding MCO subject to Title III due to control over providers:

Zamora-Quezada v. HealthTexas Medical Group of San Antonio, 34 F.Supp.2d 433 (W.D. Tex. 1998).

Cause of Action against providers (and MCO under vicarious liability theory)

Woolfolk v. Duncan, 872 F. Supp. 1381 (E.D. Pa. 1995).

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