

REPORT OF THE EXECUTIVE BOARD
NEW YORK STATE COMMISSION
FOR THE
BLIND AND VISUALLY HANDICAPPED

2011

NEW YORK STATE
COMMISSION FOR THE BLIND AND VISUALLY HANDICAPPED

2011

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ACKNOWLEDGEMENT

The Executive Board would like to acknowledge the valuable and distinguished service rendered to the Board by Dr. Alan R. Morse, who served as Co-Chairman of the Board from its establishment in 2007 until June 2011. Dr. Morse's organizational skills, insights into the medical perspectives of blindness, and intimate familiarity with the workings of state government were indispensable in guiding the Board through its formative period and production of the Board's initial comprehensive report on the status of services to New Yorkers with vision impairments. His contributions to the betterment of New Yorkers who are blind are too numerous to list. We warmly acknowledge and thank Dr. Morse for his many contributions to the Board's work.

INTRODUCTION

The Executive Board of the Commission for the Blind and Visually Handicapped ("the Board" or "Board") was established by Part J of Chapter 57 of the Laws of 2007. The enabling legislation directed that the Board "shall meet on a regular basis to discuss and recommend resolution of differences, if any, between state or local agencies regarding services and programs provided to blind and visually impaired persons." (Chapter 57 of the Laws of 2007, Part J. Section 1-A).

In spite of funding problems, the Board must continue to carry out its core statutory mandate by producing periodic reports on the needs of the growing and economically vulnerable population of visually impaired and blind New Yorkers. As specified in its statutory charter, the Board's responsibilities cover:

Identification of problems and deficiencies in services and programs to blind and visually impaired persons and recommendations to improve the coordination of program and fiscal resources of state and local, public and private not-for-profit services for blind and visually impaired persons.

Consistent with its broad legislative mandate, the Board has elected to focus on critical issues detailed in the 2009 and 2010 Reports. The Board reported its initial findings and recommendations on the condition of blind and visually impaired New Yorkers, barriers affecting the delivery of rehabilitation services, especially to the very young and the elderly, as well as recommendations to address the transportation, technology and employment needs of blind and visually impaired New Yorkers in its 2009 Report. (Available at <http://ocfs.ny.gov/main/cbvh/execbrd.asp>) In the following pages, we draw out four key program areas where the Board believes that action is urgently required.

BUSINESS ENTERPRISE PROGRAM

The Board's 2010 Report, available at <http://ocfs.ny.gov/main/cbvh/execbrd>, recommended performance goals to assure that the revamped Business Enterprise Program ("BEP") fulfills its potential as a source of self employment for Blind New Yorkers wishing to operate their own businesses. The 2010 Report stressed the need to aggressively implement the expansion of the Business Enterprise Program. The Board is gratified to learn that the Commission has taken steps in that direction, but seriously concerned about the very slow pace now projected by the Commission for the Program's future growth.

The Commission informed the Board that plans are under way for the opening of two new facilities in 2012. While this is a positive move, two new facilities per year only compensates for facilities which close due to economic changes. It was estimated by the Board, the Legislature and CBVH that passage of the previously mentioned legislation would result in at least 200 new opportunities for self employment for New York's blind men and women. The pace for program expansion outlined by the Commission will not achieve the expectations for this important employment initiative anticipated by the community, the Board and the Legislature.

RECOMMENDATION

We reiterate our recommendation that a more aggressive plan be developed to address the serious underemployment rate in the blind community, by assuring that the Commission is provided by the Legislature with sufficient resources, authority and, if necessary, more specific numeric goals to more aggressively implement expansion of the Business Enterprise Program.

INFANT/EARLY CHILDHOOD VISION SCREENING

In its 2010 Report, the Board recommended the establishment of a mandatory infant/early childhood vision screening program so that vision-related deficits that can result in significant developmental delays can be detected and prompt referral for vision related rehabilitation services can be made.

Creation of such a registry will facilitate the prompt identification of serious vision impairments and referral for services. A mandatory registry and referral program is vital to any effort to reduce vision related developmental delays and long term dependency. The need for early identification of severe vision problems and prompt provision of services is well recognized; yet in 2011, when Board members reached out to social workers at two major agencies in New York City to glean information regarding early intervention issues, the social workers reported that parents were told by pediatricians that perceived vision problems in preschoolers would "sort themselves out" and that no action was necessary. The Board has heard of a number of additional instances where

the lack of a mandatory infant vision screening program has delayed identification of vision problems and referral for services. The degree to which delayed referral for vision services is a persistent problem or reflects an occasional lapse cannot be determined without further legislative inquiry.

However, enactment of Section 2500-g of the Public Health Law establishing a mandatory early infant hearing screening program is indicative of legislative recognition of a high likelihood that sensory-related impairments can go undetected through infancy and early childhood unless providers of services are specifically directed to adopt and implement early childhood screening programs to detect deficits.

RECOMMENDATION

The Board reiterates the need to establish an infant/early childhood vision screening program modeled on the infant hearing screening program establish pursuant to Section 2500-g of the Public Health Law.

CHILDHOOD REHABILITATION SERVICES

The 2010 Report detailed the need to assure that appropriate developmentally based rehabilitation and special educational services are being provided to children, so that they are ready to derive maximum benefit from both their academic experience and the broad array of federally funded quality vocational rehabilitation services that the Commission provides. These services are largely comprised of subject areas known in blindness educational circles as the Expanded Core Curriculum ("ECC"). They were outlined in the Board's 2009 report (p. 27 and following) and include:

- Both braille and, where appropriate, after a functional vision assessment, large print instruction
- Compensatory skills that permit access to the general curriculum (such as communication skills, study skills and concept development)
- Independent living skills
- Orientation and mobility skills
- Recreation and leisure skills
- Assistive technology
- Social interaction skills
- Career education
- Sensory efficiency (including visual, tactual and auditory skills)
- Self-determination (problem recognition, problem solving and self-advocacy skills)

The critical role of the ECC was recently underscored by findings published in the Journal of Vision Impairment and Blindness. The study "assessed the relationships between post-high school outcomes for youths who were totally blind and their receipt

of ECC-type services". The authors of the study report:

“significant relationships between these youths using assistive technology such as Braille note takers and computers to access the Internet or send e-mail ... and attending a postsecondary institution after leaving high school ...) or having a paid job. ... Likewise, there were significant relationships between these youths' receipt of instruction in braille and O&M [Orientation and Mobility] and having a paid job other than work around the house (if out of high school a year or more).”

(Karen Wolffe and Stacy M. Kelly Instruction in Areas of the Expanded Core Curriculum Linked to Transition Outcomes for Students with Visual Impairments. Journal of Vision Impairment and Blindness, Vol. 105, p. 343-349, June 2011)

The 2010 Report recommended that the Legislature empower the Commission as the agency established to address issues of blindness throughout the State to serve as the lead agency in working with the Department of Education and other interested stakeholders to develop a comprehensive approach to assure that the rehabilitation needs of pre-vocationally eligible school aged children are addressed through existing resources.

During 2011, the Board received feedback on potential barriers to implementing this recommendation. The Board became convinced that, although the benefits of providing expanded rehabilitation services to children who are blind or have significant vision impairments are well documented and the desire to see these services provided has broad based community support, commitment at the highest levels of the legislative and executive branches of State government will be required to assure that existing resources are effectively aligned to meet the total educational and rehabilitation needs of this population.

The Commission has reported some progress in efforts to provide rehabilitation services to children below the age of 14. During 2011, the Commission reports success in securing a measure of acquiescence from the United States Department of Education, Rehabilitation Services Administration, (RSA), to allow the provision of rehabilitation services to a limited number of 10-year old children. The Commission's success in securing permission from the federal government to provide some services to a limited number of children under the age of 14 is commendable and represents important progress in this area.

It has long been acknowledged within the field of special education, however, that failure to include ECC work as the blind or visually impaired child develops will result in a diminished ability to benefit from both the standard educational curriculum and the vocational rehabilitation services that lead toward employment. The adverse outcomes of failing to provide ECC based services appears to be reflected in a recent preliminary and very informal survey of disability services personnel at a large university in New York State. They reported that only 15% of their blind and visually impaired students had assistive technology skills that were average or better. The other 85% were reported to have skill levels that were either basic or nonexistent. In a program such as

Excel, overall skill level was reported as basically nil. Also reported informally by these professionals is the fact that most blind students are failing at math. It is reasonable to suspect that a lack of academically-focused training in assistive technology and a lack of braille instruction, particularly in the Nemeth Code (mathematical braille) might well be contributing to this troubling outcome.

The Board is strongly committed to assuring that all blind and visually impaired children in New York State receive the vital rehabilitation and educational services embodied in the ECC consistently throughout their pre-school, elementary and secondary school experiences. To that end, the Legislature must assure that all currently available sources of federal and state funding that could be utilized to meet the rehabilitation needs of infants, preschool and school aged legally blind and/or severely visually impaired children be identified, and expenditures between the various state agencies, and where appropriate, private sector non-governmental organizations that provide special education, medical assistance services, transportation, recreation and other services and programs to children with vision impairments are being coordinated to meet this need.

RECOMMENDATION

The Board reiterates its 2010 recommendations and strongly encourages the Legislature to initiate legislative action during 2012 by holding hearings on the rehabilitation/education needs of blind and visually impaired children throughout the state.

REHABILITATION SERVICES TO OLDER NEW YORKERS EXPERIENCING VISION LOSS

The Legislature has charged the Executive Board with investigating the condition of blind and visually impaired New Yorkers with particular reference to those who are aged, homeless or needy and the need for additional means of the State in caring for such individuals. (Chapter 57 of the Laws of 2007, Part J.) (Emphasis added)

An area of continuing concern to the Board remains the limited opportunities for rehabilitation available to non-veteran, older New Yorkers who experience vision loss. Veterans who are eligible for blind and low vision related rehabilitation services provided by the Department of Veterans Affairs have access to a broad range of residential and community-based rehabilitation services to assist them in adapting to loss of vision. These services include opportunities to obtain training to utilize state-of-the-art access technology and training on a broad range of independent living skills.

In sharp contrast, other older New Yorkers have access to a narrow range of community-based services which are limited both as to scope, duration, and period of eligibility. This circumstance is the product not only of the severe constraints imposed

by the limited funds specifically allocated in the state budget for the rehabilitation needs of this population, estimated to have remained in the area of \$3 million to \$4 million per year since the early 1990's; it may also reflect the need to examine and/or develop opportunities that may exist to utilize third-party health care funding to meet at least some aspects of the rehabilitation needs of older New Yorkers experiencing vision loss.

RECOMMENDATION

The Legislature should convene hearings to examine the rehabilitation needs of older New Yorkers experiencing vision loss with the goals of:

- A. Determining the magnitude of the problem and rehabilitation needs of this population
- B. As an aspect of this examination the Legislature should direct the appropriate state department/agency to undertake a statistically valid statewide survey of New Yorkers over age 55 to determine the prevalence of legal blindness, severe vision loss, and the prevalence of medical conditions in this population reasonably likely to lead to severe vision loss and/or blindness and provide financial support to cover the costs of this study
- C. As an aspect of these hearings, the legislature should examine the fiscal and programmatic resources currently available within the state to provide for these rehabilitation needs and determine how these resources and programs can be more effectively coordinated to provide appropriate and adequate services to this population of New Yorkers

FINDINGS FOR 2011: LEGAL BLINDNESS IN NEW YORK -- A HIDDEN CRISIS?

Demographic information on legal blindness in the state is limited. A picture emerges, however, of a significant gap between the needs of a growing older population experiencing vision loss and the fiscal and programmatic resources available to meet the needs of the state's blind and visually impaired elderly.

In New York State, a person is considered to be legally blind if he or she: "has central visual acuity of 20/200 or less in the better eye with the use of a correcting lens". (Social Services Law § 208(4)). A person whose good eye accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than twenty degrees is also considered to be legally blind (Id.)

The Commission notes that: "A person is considered visually impaired but not legally blind if "when he/she has a visual acuity of 20/70 or less in the better eye with best correction, or a visual field of 40 degrees or less in the better eye."

There is no specific definition of what would constitute severe vision impairment. However, recognizing the critical role that the ability to drive has assumed in today's highly mobile society, a vision impairment that precludes safe driving should certainly be considered severe. Another indicator of severe vision loss is the inability to read print without specialized reading aids and/or adaptive technology.

As reported in 2009, the leading causes of visual impairment in New York State remain diabetic retinopathy, cataracts, glaucoma, and age-related macular degeneration (AMD).

The Board's efforts to report on the prevalence of legal blindness in New York continue to be hampered by the lack of comprehensive state-specific data. To cite but one example, the New York State Department of Health omitted persons who are legally blind from its vision related reports in its 2007 Chartbook on Disabilities in New York ("Chartbook"). In spite of this lack of comprehensive data, it appears that the population of visually impaired people in New York is generally older, sicker and poorer and, thus, at a high risk of dependency or extreme poverty.

Although the Chartbook omits people who are legally blind, it does provide some interesting insights into vision impairment in New York State. The 2007 Chartbook on disabilities reports that, among non-legally blind adults over 40 who currently report no disability 3.4% already had a history of glaucoma and 3.6% already reported a history of age related macular degeneration. At least 13.3% of adults over 40 reported distance vision impairments, specifically recognizing a friend across a street even when wearing glasses or contact lenses. (Chartbook on Disabilities in New York State, 2007, Figures 24, 25 and 26, p. 31-33)

Moreover, among the adult population reporting no disability, 5.5% reported having diabetes (Id., at p. 1).

These statistics point to a growing population of New Yorkers with vision impairments, or with diabetes, a health condition known to substantially increase risk of blindness.

The Community Survey is a tool used by the Census Bureau in connection with the Census to gather detailed information about individuals. An extrapolation of data from the 2010 American Community Survey to New York, depicted in the following table, provides a rough approximation of the prevalence of vision impairment/blindness in the State.

ESTIMATED PREVALENCE OF VISION IMPAIRMENT
IN NEW YORK STATE BY AGE

Age	Total population within this age group	Percentage of people in this age group with vision impairment	Total number of people in this age group with vision impairment
Persons under 5 years of age	1,162,686	0.4	4,651
Persons aged 5-17 years of age	4,321,317	0.7	30,049
Persons 18-64 years of age	11,471,836	1.7	195,507
Persons 65 years of age and over	2,616,444	13.5	180,507
Total New York population as of 2010	19,378,102	Not Reported	410,914

* Disability Characteristics, American Community Survey, U.S. Census Bureau, 2010

This is a very rough extrapolation which does not address the severity of the impairment. The data does not address whether vision impairment is accompanied by one or more additional disabilities, including a hearing impairment, or the percentage within this rough estimate that have received or could benefit from blindness or low vision related rehabilitation services.

Yet another measure of the potential prevalence of vision loss in New York State can be gleaned from a Report issued by the Pew Research Center. According to that Report, 7% of Americans report being either legally blind or having trouble seeing even when wearing glasses that is significant enough to interfere with daily functioning. Extrapolated to New York State, that statistic suggests that close to 1.4 million New Yorkers may be experiencing vision loss that is significant enough to create some level of difficulty with one or more daily tasks. The Pew Report notes that:

“Americans living with disability are more likely than other adults to live in lower-income households: 46% of adults with a disability live in households with \$30,000 or less in annual income, compared with 26% of adults who report no disabilities and live in households with that level of income. They are also likely to have low levels of education: 61% of Americans living with a disability have a high school education or less, compared with 40% of adults who report no disabilities and have that level of educational attainment. Americans living with a disability are also likely to be older: 58% are age 50 or older, compared with 36% of adults who report no disabilities who are that age.”

(Pew Research Center, Americans Living with Disability and Their Technology Profile, February 2011)

The 2007 New York State Disability Chartbook supports these findings, noting that adults with disabilities are:

“Disproportionately poor, making it difficult for them to make required co-payments or to purchase essential services and equipment for their rehabilitation. Moreover, adults with disabilities may have greater difficulty finding physicians who are knowledgeable about their ongoing health care needs. They may also have problems obtaining timely medical care and assistive technology that can help prevent minor health problems from becoming significant complications. Adults with disabilities should have access to appropriate care during the full course of disabling conditions. Such care should be provided in a way that prevents secondary conditions and maximizes individuals’ functional abilities in everyday social and work roles.” (Id., at p. 11)

While obtaining demographic data that is specific to New Yorkers who are blind has proven a challenge, it is critical to make an effort to generate data based on actual people rather than relying on extrapolations and estimates as has traditionally been the case. In order to better plan for services to the growing population of visually impaired older New Yorkers, New York State should examine the extent to which the socio economic picture for blind New Yorkers mirrors or differs from the picture of persons with disabilities that emerges from the data that are readily available. That is, a population that is older, poorer, less healthy and less able to provide for adequate housing, personal services, technology, other adaptive equipment and transportation that could maintain independence prolong productivity and allow for a healthier and more inclusive life.

In better economic times, the indispensable human need for dignity, self esteem and for many the continuing need to feel useful and productive, would be sufficient important social objectives which alone would have justified additional investments in meeting the rehabilitation needs of non-vocationally rehabilitation eligible New Yorkers with severe vision loss. However, as a matter of public health, assuring that all New Yorkers experiencing severe vision loss are able to maintain cleanliness, prepare nutritious meals, manage medications, and ambulate safely in the home and in the community would seem to be essential prerequisites to the prevention of additional medical complications that could result in prolonged and costly premature institutionalization.

In 2009, the Commission completed a second needs assessment report, but acknowledged that: “A randomized statewide survey is an expensive undertaking.” In order to overcome this limitation, the needs assessment focused instead on a randomized survey of then current Commission consumers eligible for vocational rehabilitation services to corroborate information obtained from key informants and focus group participants. (Statewide Needs Assessment Follow Up Survey of Consumers of the Commission for the Blind and Visually Handicapped, September 2009) While this survey produced

useful information on the population which was the actual subject of the survey, it is not clear whether this information is sufficiently representative to permit inferences as to the service needs of New Yorkers coping with vision loss who are not vocational rehabilitation eligible clients.

The first step in determining the magnitude of the apparent gap between the growing need for non-vocational blindness and low vision rehabilitation services for New Yorkers at both ends of the age spectrum should be to obtain better information as to the prevalence of vision impairment. At its November 10, 2011 meeting, the Board learned that the current New York State registry provides no mechanism for removing persons who have died and thus contains the names of individuals added from the registry's inception at the turn of the 20th century. The Board also learned that perhaps no more than 30% of legally blind New Yorkers are being added to the registry. As a result, the legal blindness registry no longer appears to represent an accurate, viable source of data.

The Commission's funding is largely from restricted federal sources, therefore, the overwhelming portion of CBVH expenditures are for vocationally oriented activities to meet the needs of legally blind New Yorkers seeking to obtain or retain employment. For that population, the Commission provides a comprehensive range of rehabilitation services that includes support for education and training. By way of example, in 2010, the Commission reported that over 270 clients were enrolled in 35 institutions of higher education or other post high school training.

The Commission's current funding mandate requires that it focus its rehabilitation services largely only on New Yorkers who are legally blind with a vocational goal. Therefore, unless the Commission is provided with sufficient funds to conduct a comprehensive statewide survey using a randomized sample of all New Yorkers, the Commission review of needs must, of necessity, continue to focus on clients whose goals are vocational in nature. The Board remains concerned that this very vocational rehabilitation focused approach to needs assessment is not sufficiently broad to examine and address the rehabilitation needs of blind and severely visually impaired New Yorkers whose vision related rehabilitation needs are not covered by federal vocational rehabilitation funding.

RECOMMENDATION

In order to gain a clearer picture of the magnitude of legal blindness and vision impairment in New York State, the Legislature should allocate sufficient funding to conduct a statistically valid study of the State population along the lines of the American Community Survey that examines in more detail vision related questions and allows for a needs based follow up of survey participants who indicate that they are experiencing vision related difficulties in one or more daily living activities.

PROGRESS TOWARDS IMPLEMENTING THE BOARD'S PRIOR RECOMMENDATIONS

COMPUTER ACCESS TECHNOLOGY

The 2010 Report concluded with a review of the progress being made towards implementing the 2009 recommendations. In the area of providing access to adaptive technology, the Commission has made significant progress in implementing the Board's recommendations.

In 2010, the Board adopted a resolution calling upon the State to take specific steps to assure that all its electronic information and web site content is accessible to New Yorkers who are blind or have severe vision impairments. (A copy of the Resolution is attached to this Report as Exhibit "A".) One of the major barriers traditionally associated with severe vision loss has been the lack of access to, and ability to independently utilize, printed information.

Overcoming this barrier is essential to advancing the goals of self-sufficiency, independence – and, for working age New Yorkers who are blind or severely visually impaired, attaining and retaining employment.

The preponderance of digital and online information systems has created the potential to significantly reduce this barrier. Vast repositories of accessible printed material are now available, including Benetech Corporation's Bookshare service, National Federation of the Blind's News Line service (available to residents of states that have elected to financially support the service), the National Library Service's downloadable talking and braille books library, the American Council of the Blind's vast array of audio broadcast content Learning Ally (formerly Recordings for the Blind and Dyslexic), and numerous other public and private content providers. It remains critical, however, that online resources, especially those concerned with the submission of forms, applications for documents, or other transactional matters be checked for accessibility and usability.

The Board reiterates the recommendations contained in its 2010 Resolution and pledges to work with all interested stakeholders, the Commission, the Governor's office, the Attorney General and the Legislature to implement them.

STAFF DEVELOPMENT

The Commission has also made significant efforts to promote training of professionals in the field of blindness and in attempting to address language and cultural barriers to vocational rehabilitation services.

CONCLUSION

Since its establishment, the Board and the Commission have made great strides in addressing the technology needs of Commission vocational rehabilitation services clients. The Board strongly supports the Commission's efforts to overcome cultural and linguistic barriers to its services and to promote increased awareness of professional opportunities available to provide services to New Yorkers experiencing vision loss. These are significant accomplishments that serve as a springboard for further progress.

In a time of pressing fiscal constraints, our collective public challenge remains marshaling the resources needed to deliver timely and effective rehabilitation services to all New Yorkers who are legally blind or have severe vision impairment, whether or not they are categorically eligible for federally funded vocational rehabilitation services. Fiscal constraints and the lack of clearly delineated federal resources to provide blindness and low vision related rehabilitation to New Yorkers who are not categorically eligible for vocational rehabilitation services requires that all sources of funding that can be used for this purpose be identified and that all state programs and activities that can be brought to bear to address the needs of blind New Yorkers, be effectively coordinated to assure that rehabilitation services are provided to this population to the end that consistent with sound public health policy and human rights, adaptation to vision loss is maximized and independence and quality of life are preserved to the fullest extent possible.

Respectfully submitted,

Executive Board - New York State Commission
for the Blind and Visually Handicapped

Luis A. Mendez, Esq., - Chairman
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STATE OF NEW YORK
COMMISSION FOR THE BLIND AND VISUALLY HANDICAPPED
EXECUTIVE BOARD

ALAN R. MORSE, JD, PhD
Co-chairman

LUIS A. MENDEZ, ESQ.
Co-chairman

RESOLUTION ON WEBSITE AND ELECTRONIC INFORMATION ACCESS

THAT THE STATE OF NEW YORK TAKE AFFIRMATIVE STEPS TO VERIFY, AND WHERE DETERMINED NECESSARY, TO ASSURE, THAT ALL WEB SITES AND ELECTRONIC INFORMATION TECHNOLOGY DEVELOPED, PROCURED, USED OR MAINTAINED BY STATE AGENCIES, PUBLIC AUTHORITIES, PUBLIC BENEFIT CORPORATIONS AND MUNICIPALITIES TO PROVIDE INFORMATION AND SERVICES BE FULLY ACCESSIBLE TO AND USEABLE BY NEW YORKERS WHO USE SCREEN READING AND OTHER ASSISTIVE TECHNOLOGIES

WHEREAS, One of the major barriers traditionally associated with severe vision loss has been the lack of access to, and ability to independently utilize, printed information; and

WHEREAS, the development of the computer and the Internet has brought about the potential to ameliorate this aspect of blindness and severe vision loss; and

WHEREAS, fully useable access to print information will promote achieving New York's goal of promoting employment, self sufficiency and independence of New Yorkers who are blind or who have severe vision impairments; and

WHEREAS, New York has already taken significant steps to promote accessibility to its web content; and

WHEREAS, fully realizing the potential for New Yorkers who are blind or have severe vision impairments requires that the State incorporate principles and techniques of software, content and web page design that have been published and adopted by the

Federal Government and several States as New York State requirements for electronic and information technology developed, procured, maintained or used by or on behalf of State agencies;

RESOLVED, that the Executive Board requests that the Governor issue an Executive Order directing each State Agency within the Executive Branch and all State Authorities, Public Benefit corporations and municipalities receiving State financial assistance to conduct an internal review of electronic and information technologies used by each such agency to assess the extent to which all electronic documents, applications for service, applications for employment and all reports whether internal or external are fully accessible to and useable by people who are blind or visually impaired.

RESOLVED, that the Governor is requested to consider providing to CBVH from such funds as may be appropriated for said purpose sufficient resources to enable CBVH to coordinate resources for those State entities that need assistance in conducting the review and remedying any accessibility problems that are identified by the review.

RESOLVED, that the Executive Board further requests that the Governor seek from the Attorney General review of the State's civil Rights and Human Rights law to determine whether alone, or in conjunction with the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973 and the principals embodied in Section 508 of the Rehabilitation Act, provide sufficient statutory authority to require that each State Agency within the Executive Branch and all State Authorities, Public Benefit corporations and municipalities receiving State financial assistance may be required to assure that all electronic and information technology developed, procured, maintained or used by or on behalf of State agencies, including web sites, are fully accessible to and useable by New Yorkers who are blind or who have severe vision impairments.

RESOLVED, Should the New York State Attorney General determine that State and Federal law do not provide sufficient legal basis to require such accessibility, that the Attorney General recommend to the Governor for submission to the State Legislature legislation that amends, supplements or creates sufficient legal authority to accomplish the aforesaid purpose.



Alan R. Morse, JD, PhD, Co-Chair



Luis Mendez, Esq., Co-Chair