



## SENATE STANDING COMMITTEE ON LABOR

### NOTICE OF PUBLIC HEARING

**SUBJECT:** The recording of workers' compensation hearings

**PURPOSE:** To study the proposed use of a digital-audio recording system instead of a stenographer to record workers' compensation hearings.

**October 6, 2009**

**10:00 a.m.**

**Senate Hearing Room**

**250 Broadway, 19<sup>th</sup> Floor**

**New York, NY 10007**

Stenographers have always recorded the testimony of injured workers and other parties at workers' compensation hearings in New York. Their training provides the skills needed to accurately capture the diverse dialects and limitations of witnesses who testify. The ability of stenographers to provide a prompt read back of testimony also helps attorneys and judges by eliminating delays during the hearing and ensures the accuracy of the recorded testimony in the event of an appeal. As a result of the growing interest in the stenography profession, the number of court reporting schools in New York State has increased in recent years.

The New York State Workers' Compensation Board has proposed a pilot program to use an audio-digital recording system instead of stenographers to record certain workers' compensation proceedings. The use of electronic devices to record testimony in certain other jurisdictions has been criticized or rejected following complaints of recording inaccuracies that jeopardized the fairness of hearings and appeals.

The Senate Labor Committee will receive testimony to study the proposed use of digital-audio recording by the Workers' Compensation Board for its proceedings. Public input is requested concerning:

- (1) The accuracy of digital-audio recording systems to record and transcribe witness testimony.
- (2) The experience of other jurisdictions that have used electronic devices to record witness testimony.
- (3) The impact on attorneys, judges and witnesses if a stenographer is not present during a workers' compensation hearing to record testimony.
- (4) The impact on New York's court reporting profession from the proposed use of digital-audio recording for workers' compensation hearings.

Persons wishing to present testimony at the hearing should complete and return the enclosed reply form as soon as possible. It is important that the reply form be fully completed and returned so that persons may be notified in the event of postponement or cancellation of the hearing.

Witnesses are asked to keep oral testimony to no more than ten minutes in length. Written testimony will also be accepted and may be sent to the contact person listed on the reply form. In preparing the order of witnesses, the Committee will attempt to accommodate individual requests to speak at particular times in view of special circumstances. If you are testifying, please submit ten copies of any prepared testimony at the hearing registration desk. In order to further publicize the hearing, please inform interested parties of the Committee's interest in receiving written testimony from all sources.

In order to meet the needs of those who may have a disability, the New York State Senate has made its facilities and services available to all individuals with disabilities. Accommodation will be provided for individuals with disabilities, upon reasonable request, to afford such individuals access and admission to Senate facilities and activities.

**George Onorato, Chair**  
**New York State Senate Standing Committee on Labor**

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**PUBLIC HEARING REPLY FORM**

Persons wishing to present testimony at the public hearing on the recording of workers' compensation hearings on October 6, 2009 are requested to complete this reply form as soon as possible and mail, e-mail or fax it to:

Sarah Coligan  
Legislative Office Building, Room 310, Albany, NY 12247  
(518) 426-6929 (fax)  
coligan@senate.state.ny.us  
(518) 455-3486 (phone)

- I would like to testify at the hearing on October 6, 2009.
- I plan to attend, but do not wish to testify at the hearing on October 6, 2009.
- I will require assistance and/or handicapped accessibility information. Please specify the type of assistance required:

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**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**ORGANIZATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**FAX:** \_\_\_\_\_