



FAMILY VOICES[®]

Washington DC Update
March 15, 2017

Did you know that ONE in FIVE families has at least one child with special health care needs? [Join the Family Voices One-in-Five Awareness Campaign.](#)

Greetings from Washington! At this point, the news in the DC health policy world is all about the American Health Care Act, the House Republicans' legislation to repeal and replace the Affordable Care Act and to restructure the Medicaid program. Last week, the relevant House committees approved the legislation along party lines. This week, the Congressional Budget Office and Joint Committee on Taxation (nonpartisan bodies that work for Congress) released their estimates of how this legislation would affect the number of uninsured, the cost of insurance, and the cost to the federal government. Read all about it in this week's Update.

UPCOMING WEBINARS AND CALLS

[Connecting to Chronic Care Management Services](#)

Wednesday, March 15, 3:00-4:00 pm ET

Sponsored by the Centers for Medicare & Medicaid Services (CMS) Office of Minority Health and the Federal Office of Rural Health Policy at the Health Resources and Services Administration

This webinar will provide an overview of the new [Connected Care: The Chronic Care Management Services Resource initiative](#), which is designed to educate health care professionals and consumers of the benefits of chronic care management (CCM) services for Medicare and dual-eligible beneficiaries.

[ACA Repeal and Replace: What's Next?](#)

Thursday, March 16, 1:00-2:00 pm ET

Sponsored by Avalere Health

[2017 Learning and Reflection Forums](#) of the Leadership Institute for Cultural Diversity and Cultural and Linguistic Competence at the National Center for Cultural Competence:

[Getting Buy In and Implementing Cultural and Linguistic Competence Organizational Assessment](#)

Thursday, March 16, 2:00-3:30 pm ET

[Developing Organizational Policies that Reflect the Values of Cultural & Linguistic Competence](#)

Thursday, April 6, 2:00-3:30 pm ET

[Medicaid's Role in Prevention, Population Health, and Building a Culture of Health at the State Level](#)

Monday, March 20, 3:30-4:45 pm ET

Sponsored by the National Academy of Social Insurance, Nemours, and the National Academy of State Health Policy

[Medicaid 201: Managed Long-Term Services and Supports for State and Local Ombudsman](#)

Tuesday, March 21, 3:00-4:00 pm ET

Sponsored by the National Association of States United for Aging and Disabilities

Webinar Series for Youth and Young Adults (only)

Sponsored by the National Center for Family/ Professional Partnership (NCFPP), in collaboration with the Autistic Self-Advocacy Network, Kids As Self-Advocates, and Youth MOVE, is pleased to offer a 3-part *webinar series* for youth and young adults *only*:

- **[Participating in Advisory Groups](#)**
Tuesday, March 21, 7:30-8:30 pm ET
- **[Telling Your Story for a Public Policy Purpose](#)**
Tuesday, April 11, 7:30-8:30 pm ET
- **[Working with Adult Allies](#)**
Tuesday, May 16, 7:30-8:30 pm ET

[Family Engagement Strategies from the Broader MCH Community](#)

Wednesday, March 22, 1:00-2:00 pm ET

Sponsored by the National Center for Hearing Assessment and Management
Utah State University

[The National Limb Loss Resource Center: A Critical Tool to Help You Meet the Needs of your Clients with Limb Loss](#)

Wednesday, March 22, 3:00-4:00 pm ET (pre-registration required)

Sponsored by the Amputee Coalition National Limb Loss Resource Center

[Being the Difference in Difficult and Shifting Times: Is It Lobbying? Is It Not?](#)

Thursday, March 23, 3:00-4:00 pm ET

Sponsored by National Parent Leadership, Advocacy, and Community Empowerment (PLACE)

SAVE THE DATES: Webinar Series on Engaging Family Leaders

Sponsored by the Family Voices National Center for Family Professional Partnerships and the Association for Maternal and Child Health Programs

Registration information for the last two to be provided later.

- **[Family Voices Leaders Engaging with Title V](#)**
Monday, March 27, 2:00-3:30 pm ET

- **MCH and Title V Leaders Engaging Family Leaders**
Wednesday, March 29, 1:30-3:00 pm ET
- **Engaging Diverse Families in Leadership for Systems Change**
Thursday, April 20, 3:00-4:30 pm ET

[Changing the System for Complex Patients: Nursing Innovation in Action](#)

Tuesday, March 28, 11:00 am-12:00 pm ET

Sponsored by the AARP Public Policy Institute

[Irritable Kids: What the Research Teaches Us](#)

Thursday, March 30 1:00-2:00 pm ET

Sponsored by the National Institute of Mental Health

[What to Do \(And Not Do\) When Children Are Anxious](#)

Thursday, April 20, 1:00-2:00 pm ET

Sponsored by the National Institute of Mental Health

[Understanding Depression in Teenagers](#)

Thursday, April 27, 1:00-2:00 pm ET

Sponsored by the National Institute of Mental Health

THE ADMINISTRATION

Nomination for FDA Administrator

The White House [announced](#) that the president will nominate [Scott Gottlieb, MD](#), to head the Food and Drug Administration (FDA). Dr. Gottlieb served as an FDA deputy commissioner under George W. Bush, and is now a resident fellow at the American Enterprise Institute. He has had a career in finance, and writes and speaks on medical innovation. The Senate’s Committee on Health, Education, Labor, and Pensions, and then the full Senate must approve his nomination.

HHS Encourages States to Apply for Innovation Waivers for High-Risk Pools

As explained in a [March 13 press release](#), the Department of Health and Human Services (HHS), in partnership with the Department of the Treasury, issued a [letter to Governors](#) encouraging them to apply for [State Innovation Waivers](#) under Section 1332 of the Affordable Care Act (ACA). Specifically, the letter encourages states to pursue approval of waiver proposals that include high-risk pool/state-operated reinsurance programs.

Administration’s Budget Proposals

On March 16, the president is expected to issue part of his proposed budget for FY 2018, which begins on October 1, 2017. Administration officials have indicated that they will propose a \$54 billion **increase** in defense spending, with an equivalent **cut** in “non-defense discretionary” (“NDD”) spending, also known as “domestic discretionary” spending. Accordingly, many programs would be subject to a cut of [11 percent or more](#) compared to this year’s level. If such a cut were implemented, it would have a significant impact on medical research, special education, the Maternal and Child Health Block Grant, and other programs of importance to children and youth with special health care needs. But the

president's budget is only a proposal. Ultimately, Congress will decide how much to spend on these programs through appropriations bills, which require 60 votes to proceed in the Senate.

CONGRESS

Nominations

On March 13 the Senate voted (55-43) to confirm [Seema Verma](#) to head the Centers for Medicare and Medicaid Services (CMS), which oversees Medicare, Medicaid, and the ACA. Ms. Verma has been a health care consultant, helping states to redesign their Medicaid programs. She consulted for then-Governor Mike Pence to redesign the Indiana program.

Budget

As noted above, on March 16 the administration is expected to deliver a **FY 2018** budget proposal to Congress that would significantly increase defense spending (by \$54 billion) and cut non-defense spending by a commensurate amount. At that point, Congress may develop a budget resolution, which would establish spending levels for that fiscal year. Then, the House and Senate appropriations subcommittees would develop specific appropriations bills for their respective departments and agencies, which would go through the normal legislative process. Meanwhile, Congress still must finish its appropriations for the current fiscal year (**FY 2017**). Previous legislation (a "continuing resolution") provided funding for this year through April 28, at basically the same level as appropriations for FY 2016. It is possible that Congress will again pass a continuing resolution to provide funding for the remainder of the year. Continuing resolutions must be signed by the president. [Note: Funding for Family-to-Family Health Information Centers (F2Fs) is not provided through the appropriations process. For F2F funding to continue beyond FY 2017, legislation must be enacted to reauthorize the program, from which funding would automatically follow.]

ACA Repeal and Medicaid Restructuring

The big news in last week's Update was the release of the House Republican leadership plan to repeal and replace the Affordable Care Act (ACA or "Obamacare") - the [American Health Care Act \(AHCA\)](#). Later in the week, the legislation was approved by the relevant House committees – the [Energy and Commerce Committee](#) and the [Ways and Means Committee](#) (hyperlinks to information about the legislation). This week, the House Budget Committee will combine the parts of the legislation reported out of each committee to create a so-called "reconciliation" bill. (A reconciliation bill enjoys special privileges that make it easier to pass in the Senate, but also must comply with special rules in the Senate that restrict its content.) It is expected that the bill will be considered by the full House during the week of March 20, and will be taken up in the Senate prior to the beginning of the next congressional recess on April 8.

What the AHCA would do. As detailed in the [March 8](#) Washington Update, the AHCA, among other things, would repeal the Affordable Care Act (ACA) requirement that individuals have health insurance or pay a penalty (the "individual mandate"); would reduce the subsidies for purchasing insurance; would repeal the provisions to reduce cost-sharing; and would allow insurance companies to charge more for older individuals than they can under the ACA. In addition, the AHCA would reduce the federal match for state coverage of newly enrolled childless adults with incomes up to 138 percent of the federal poverty level after 2020.

Perhaps of even greater significance are the changes that the AHCA would make in the structure of the Medicaid program, capping federal payments to states based on the number of enrollees (per capita cap) rather than matching state expenditures (at different rates for each state) regardless of the amount the state spends to provide covered services for the covered population.

The AHCA would **not** change the ACA's provisions that: allow young adults to stay on their parents' insurance policies until age 26; prohibit annual and lifetime insurance coverage limits; and prohibit discrimination against individuals with pre-existing conditions. In order to encourage people to have insurance, however, the legislation would allow insurers to temporarily charge higher premiums for individuals who have had not had continuous insurance coverage.

CBO estimates. This week, the big news is the release of the Congressional Budget Office (CBO) and Joint Committee on Taxation (JCT) estimates of the AHCA's impact on the federal budget, number of people with insurance coverage, and cost of insurance.

Number of uninsured. According to the [CBO summary](#), by 2018, about 14 million more people would be uninsured under the AHCA than under current law. Most of this increase would stem from repealing the individual mandate. This number would increase to 21 million in 2020 and to 24 million in 2026. About 5 million of those would be losing Medicaid coverage. After 2018, this increase would stem in large part from changes in Medicaid enrollment—both because of the changes related to the expansion population and because of the per capita cap. **In 2026, it is estimated that about 52 million total people would be uninsured if the AHCA is enacted, while about 28 million would be uninsured under current law.** These 52 million people would constitute about 19 percent of the non-elderly population. In contrast, the percentage of non-elderly individuals who would be uninsured under current law would remain at the current level of about 10 percent.

Cost of insurance. With respect to the cost of insurance, CBO and JCT estimate that the AHCA would have the short-term effect of increasing premiums by about 15 to 20 percent in 2018 and 2019, but a long-term effect of reducing premiums by about 10 percent.

Medicaid enrollees and expenditures. CBO estimates that over the next 10 years, about 14 million fewer people (17 percent fewer) would receive Medicaid benefits under the AHCA as compared to current law. Primarily as a result of these lower enrollment numbers, Medicaid direct spending by the federal government would decrease by about \$880 billion over the 2017-2026 period. By 2026, Medicaid spending would be about 25 percent less than what CBO projects it would be under current law. Most of the enrollment and expenditure changes would begin in 2020, when the AHCA would terminate the enhanced federal matching rate for new "expansion" enrollees and would place a per capita cap on federal payments to states.

Interestingly, [Politico has reported](#) that the White House's Office of Management and Budget (OMB) estimated that even more people (26 million) would lose insurance under the AHCA than did the CBO and JCT.

Outlook. It is likely but not certain that the bill will pass the House. Members of the conservative Freedom Caucus do not think the AHCA goes far enough in repealing the ACA. One of their objections is that the Medicaid expansion is not repealed soon enough. But, despite his lukewarm support of the bill when its outlines were first released, it seems the president is now supporting the House bill, and

has been wooing the conservative House Members. To appease them, it is [possible that he would be willing to negotiate](#) changes to the legislation, including a quicker repeal of the Medicaid expansion, but there have been mixed signals from the White House about this and [House leaders may not be willing](#) to make these changes. If more than 21 House Republicans oppose the bill, it will not be approved by the House. (All the Democrats are expected to oppose it.)

At this point, it [seems that the Senate Democrats will stick together](#) in opposition to the bill. If they do, then it will not pass if three or more Republican Senators oppose it, and more than three have expressed outright opposition or serious concern about the House bill. Rand Paul (R-KY), Ted Cruz (R-TX) and Mike Lee (R-UT), like the House conservatives, do not think the bill goes far enough in repealing the ACA. On the other end of the spectrum, some of the more moderate Republican Senators - Capito of West Virginia, Gardner of Colorado, Murkowski of Alaska, and Portman of Ohio - wrote a [letter to Majority Leader McConnell](#) expressing concern about reductions in funding for the Medicaid expansion, which their states have adopted. Other moderate Republicans, e.g., Senators Collins of Maine, are concerned about the AHCA's one-year prohibition on Medicaid reimbursement to Planned Parenthood. Senator Paul Cotton (R-AR) has expressed concern about the swift action on the legislation. Many health advocacy groups are mobilizing in opposition to the bill, attempting to make sure that the Members get feedback from constituents who oppose ACA repeal and/or the fundamental changes to the Medicaid program.

For more information, see:

- [NCSL's Summary of the American Health Care Act](#) (National Conference of State Legislatures)
- [Republicans' Changes to Medicaid Could Have Larger Impact Than Their Changes to Obamacare](#) (New York Times, March 7)
- [CBO Ignites Firestorm with ObamaCare Repeal Score](#) (The Hill, March 13)
- [CBO Health Score Stirs Alarm in the Senate](#)

More Information Related to Health Care Reform

In anticipation of new health care proposals, a number of organizations released resources about current insurance coverage for children, families and people with disabilities; how Medicaid restructuring and other anticipated changes might affect states, families, and health care providers; and how to evaluate proposals for change.

- [State Snapshots of Children's Health Coverage](#) (Georgetown Center for Children and Families and the American Academy of Pediatrics)
- [2017 State Medicaid Fact Sheets](#) (Children's Hospital Association and the American Academy of Pediatrics; data about the importance of the Medicaid program to children, pediatricians and children's hospitals)
- [Multiple fact sheets on kids and Medicaid, including EPSDT](#) (Georgetown Center for Children and Families)
- [Evaluating Medicaid Block Grant & Per Capita Cap Proposals](#) (National Health Law Program)
- [Data Points to Consider When Assessing Proposals to Cap Federal Medicaid Funding: A Toolkit for States](#) (Robert Wood Johnson Foundation State Health Reform Assistance Network)
- A new [tool from the Kaiser Family Foundation](#) allows users to compare some of the different proposals to replace the ACA.

MEDICAID NEWS, INFORMATION AND RESOURCES

WORTH REPEATING: EPSDT Directory

Medicaid provides quality health coverage for 31 million children, including essential medical, vision, hearing and dental screenings and services under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services. The National Health Law Program (NHELP) website now features an interactive map - [State EPSDT Information](#) - providing direct links to the Medicaid agencies' EPSDT divisions in all 50 states and the District of Columbia.

The Georgetown Center for Children and Families' [State Snapshots of Children's Coverage](#) provides state-by-state fact sheets on children's health coverage through Medicaid, the Children's Health Insurance Program (CHIP), and the Affordable Care Act (ACA).

WORTH REPEATING: Updated TEFRA State Plan Option Chart

The Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982 includes an option for states to create an additional pathway to Medicaid for children, birth to age 18:

- Who have family incomes that are too high to qualify for Medicaid, and
- Whose medical, mental, and emotional health needs are described by the [childhood listing of impairments on the Social Security website](#), and
- Who also require an institutional level of care, but can be cared for at home, rather than in an institution. [Note: The definition of an "institutional level of care," varies from state to state.]

The Catalyst Center has updated its [TEFRA State Plan Option Chart](#) and included links to more about this option in each state.

WORTH REPEATING: Parity Compliance Toolkit Applying Mental Health and Substance Use Disorder Parity Requirements to Medicaid and Children's Health Insurance Programs

In March 2016, the Centers for Medicare and Medicaid Services (CMS) finalized the [Mental Health and Substance Use Disorder Parity rule for Medicaid and CHIP](#). To support states in their efforts to ensure compliance with the rule, CMS has issued a [Parity Compliance Toolkit](#).

OTHER NEWS, INFORMATION, RESOURCES

CDC Health Literacy Resources and Training

The [Health Literacy Training website](#) of the Centers for Disease Control and Prevention (CDC) provides training materials produced by CDC and references to reliable training sources outside the CDC. The "[Training from Organizations other than CDC](#)" webpage links to online training courses on Health Literacy, Plain Language, Culture and Communication, Consumer and Patient Skill Building, and Shared Decision-Making. The CDC's [Clear Communication Index](#) is a research-based tool that helps develop and assess communication materials for the intended audience.

WORTH REPEATING: Bright Futures Update

The American Academy of Pediatrics (AAP) announced the publication of the updated [Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents](#), which outlines guidelines for 31 health supervision visits, plus the prenatal visit. AAP also updated its [Bright Futures Periodicity Schedule](#), adopted by many state EPSDT programs to schedule screenings and assessments recommended at each well-child visit from infancy through adolescence. (See also the National Health Law Program's [State EPSDT Information](#), providing direct links to the Medicaid agencies' EPSDT divisions in all 50 states and the District of Columbia.)

WORTH REPEATING: Well Visit Planner Now in Mobile Format

The Child and Adolescent Health Measurement Initiative has recently optimized its free online [Well Visit Planner \(WVP\) tool](#) for mobile use. The WVP helps parents of children ages four months to six years plan for their child's next preventive care visit by answering questions about the child's growth and development, choosing priorities for discussion, and getting a personalized visit guide. The tool takes less than 10 minutes to complete and is based upon recommendations established by the American Academy of Pediatrics' Bright Futures Guidelines. (For more information on the WVP, see [Frequently Asked Questions for Families](#) or see [past newsletters](#).)

WORTH REPEATING: [Gathering of Native Americans Fact Sheet](#)

The Substance Abuse and Mental Health Services Administration (SAMHSA) has developed a [fact sheet](#) for American Indian/Alaska Native (AI/AN) audiences and organizations serving Indian Country to provide an overview of the *Gathering of Native Americans* (GONA) curriculum. For Alaska Native villages, this curriculum is called a *Gathering of Alaska Natives*.

YOUR INPUT SOUGHT

NEW: Parent/Guardian Survey Opportunity Regarding Children with Autism Spectrum Disorder and School Based Services

Researchers at the University of South Dakota are conducting research on behalf of the *South Dakota Leadership Education in Neurodevelopmental and Related Disabilities* (SD LEND) program regarding the services your child receives in their school.

They are interested in what autism symptoms your son/daughter exhibits, what kinds of social-emotional services they receive at school, and MOST IMPORTANTLY **your** opinions about what could be improved with these services.

The completely anonymous online survey will take 20-25 minutes to complete. Your contributions to this research might help further inform the professionals serving your child, and hopefully benefit the wider ecosystem in which your child will spend her/his life.

Please click on the link to participate in our research:

https://usdsoe.qualtrics.com/SE/?SID=SV_5cnEfOytThLu65n

Request for Information (RFI) on Improving Pediatric Care for High-Need/High-Risk Beneficiaries (deadline March 28)

The Centers for Medicare and Medicaid Services (CMS) announced today a [Request for Information](#) (RFI) seeking input on approaches to improve pediatric care. Through the RFI, CMS is specifically seeking input on approaches to improve the quality and reduce the cost of care for children and youth enrolled in Medicaid and the Children's Health Insurance Program (CHIP). Furthermore, CMS is exploring concepts that encourage pediatric providers to collaborate with health-related social service providers at the state, tribal, and local levels and share accountability for health outcomes for children and youth enrolled in Medicaid and CHIP.

The focus is particularly on services provided to children with or at-risk for developmental, social, emotional, or behavioral health challenges, intellectual or physical developmental delays or disabilities, and/or those with complex and/or chronic health conditions (also known as "high-need, high-risk beneficiaries"). CMS invites stakeholders who share their dedication to improving the health of our nation's children, to submit comments. Please submit comments and questions via email to HealthyChildrenandYouth@cms.hhs.gov by 11:59 PM on **March 28th, 2017**. For more information about the RFI, please visit the [CMS Innovation Center website](#).

From the Child and Adolescent Health Measurement Initiative (CAHMI): CAHMI is currently leading the [Maternal and Child Health Measurement Research Network](#) (MCH-MRN), a project funded by HRSA/MCHB whose purpose is to advance the availability and effective use of valid and actionable MCH measures to ensure data-driven innovation and shared accountability for improving outcomes and systems performance on behalf of the nation's children, youth, and families.

At this time, CAHMI would like to solicit your input on: 1) what you perceive as the key priorities for MCH measurement research, 2) tools the MCH-MRN has developed so far, and 3) how you would like to participate in the MCH-MRN. Your input is extremely valuable to CAHMI, and will guide the Network's activities for years to come. In particular, your feedback will help collaboratively develop a national strategic agenda for MCH measurement research. CAHMI will also be reaching out towards the end of March to start formulating the MCH-MRN Technical Working Groups (TWGs) on particular topics. If you are interested in participating in a TWG, please indicate which one in the input tool, and look out for a TWG kick-off email from us in a few weeks. The input tool will take approximately 30 minutes to complete. We know that your time is extremely limited, so the CAHMI team is more than happy to solicit your input over the phone -- if this is preferable. Please contact Caitlin Murphy, Research Program Manager, at cmurphy@cahmi.org to schedule a time. The input tool can be found here: <https://www.surveymonkey.com/r/MCH-MRN>.

AUCD is Seeking Stories

AUCD is seeking stories about how the ACA and/or Medicaid has played a role in the lives of people with disabilities and families (positive or negative). Please send ACA and Medicaid stories to [Christine Grosso](#). *Not sure if you or someone you know has benefited from the ACA or is on Medicaid?* Not to worry! Use these helpful guides to find out: [ACA Questions](#) and [State Medicaid Program Names](#).

Participants Sought for Precision Medicine Research

As part of the "Precision Medicine Initiative" announced by the Obama Administration last year, the [All of UsSM](#) Research Program will create a community of 1 million or more people from across the United

States to improve the future of health by contributing their health, environment, and lifestyle information over an extended period of time. By gathering information from such a large group of people, researchers will be able to learn how specific factors impact an individual's health and disease prevention and treatment, thus helping them to craft individualized treatment protocols. [You can sign up](#) to be part of this initiative.

Youth Voice Agency-Level Evaluation Study

Do you work for or with an organization that wants to include youth and young adult voice in agency decision-making? Then you're invited to take part in a study that is testing a new assessment survey of youth and young adult voice at the agency level. The survey will measure organizational support for the meaningful participation of youth in agency-level advising and decision-making. In partnership with researchers at Portland State University, this study will determine whether the survey is accurate for agencies to use. If you're interested in either of these opportunities, contact Kristin Thorp at kthorp@youthmovenational.org for more info.

The Arc Seeks Caregivers for FINDS Survey

With the new year comes a new [Family and Individual Needs for Disability Supports \(FINDS\) Survey](#). The Research and Training Center on Community Living at the University of Minnesota, in collaboration with The Arc, is seeking caregivers to share their perceptions on a range of life-span issues impacting individuals with I/DD. The Arc invites people aged 18 years or older who provide frequent primary support to a person with I/DD to participate. [Take the survey here](#).

OF POSSIBLE INTEREST (all repeated from the last Update)

Rooted in Rights and AAPD Launch Disability Rights Storytellers Fellowship

[March 15 deadline]

Do you want to hone your skills as a disability rights advocate through digital media storytelling? Apply for the 2017 Disability Rights Storytellers Fellowship hosted by AAPD and Rooted in Rights! [Applications](#) are **due by March 15, 2017**. The Disability Rights Storytellers Fellowship managed by Rooted in Rights and the [American Association of People with Disabilities](#) (AAPD) provides the opportunity for an individual with a disability to learn and apply skills in digital media storytelling, and to connect with media professionals to prepare participants for advanced careers in media production, journalism, online advocacy, or digital design. The project combines hands-on training on cutting edge technologies with a strong foundation in developing the individual's voice and using story-driven videos in advocacy. The Storytellers Fellow will produce two videos that will be launched as part of the [ongoing Storytellers video series](#) at Rooted in Rights, which has been viewed over a quarter of a million times by people all over the world. The 2017 Disability Rights Storytellers Fellowship is made possible through funding from Time Warner.

2017 Rising Leaders Mentoring Program

The US Business Leadership Network (USBLN) has an established program that works with college students and recent graduates across the country to connect them with mentors in business settings in preparation for their transition from school to employment. The USBLN is currently recruiting mentors for the 2017 Rising Leaders Mentoring Program (RLMP). They are seeking business professionals that are willing to participate in a 6-month mentoring program. The upcoming RLMP will run from March –

August of 2017. If you are interested in being a mentor, please feel free to [check out the website](#) or contact the RLMP Program Manager, Keri Gray (keri@usbln.org) for more information.

Disability Policy Seminar - Registration for the 2017 Seminar is open

The 2017 Disability Policy Seminar will be held on March 20-22 in Washington, D.C. This event, sponsored by The Arc and several other disability-related organizations, provides an opportunity to cultivate congressional relationships and advance the grassroots movement for people with intellectual and developmental disabilities (I/DD). For over 40 years, the Policy Seminar has offered the opportunity for participants to join other advocates, self-advocates, experts, and professionals in the field to learn about key issues. [Register here](#).

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We would love to hear any suggestions you might have about how to make the Update more useful to you. Does it provide the right amount of information? What parts are helpful and not so helpful? Please let us know!

And, as always, please feel free to contact us with any questions. Comments and questions can be directed to jguerney@familyvoices.org.

Yours truly,
The Family Voices Policy Team

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