

**National Council on Disability  
Council Meeting  
January 27, 2022  
1:00 PM- 4:00 PM (ET)**

**ATTENDANCE**

**Members**

Andres Gallegos, Chairman  
James Brett, Vice-Chairman  
David D’Arcangelo  
Jim Baldwin  
Munr Kazmir, M.D.  
Rick Rader MD, FAAIDD, DL (hon)  
Neil Romano  
Daniel Schreck  
Mary Vought

**Staff**

Anne Sommers, McIntosh  
Joan Durocher  
Lisa Grubb  
Nick Sabula  
Keith Woods  
Amy Nicholas  
Ana Torres-Davies  
Amged Soliman  
Kimie Eacobacci  
Netterie Lewis  
Stacey Brown

**NCD Contractors & Intern**

Anthony Simpson  
Kadedra Walters  
Cindy Smith  
Jack Ottenwess

**Guests**

Susan Havercamp, Professor of Psychiatry and Behavioral Health, Ohio State University Nisonger Center; Sandra Carpenter, Associate Director, Medical Students with Disability and Chronic Illness; MD Candidate, Class of 2022, University of Connecticut School of Medicine; Zainub Dhanani, Founder and Director, Medical Students with Disability and Chronic Illness; MD Candidate, Class of 2023, Stanford University of Medicine; Doug Roland, Filmmaker; Sue Ruzenski, Ed.D., CEO, Helen Keller Services; Christopher Woodfill, Associate Executive Director, Helen Keller National Center for Deaf Blind Youths and Adults (HKNC); Divya Goel, President, Deaf Blind Citizens in Action.

### **A. Welcome and Call to Order**

Chairman Andres Gallegos called the meeting to order at 12:00 PM (ET) and welcomed Council members, staff, and the general public.

### **B. Roll Call**

Chairman Gallegos conducted a roll call of Council members, staff and contractors.

### **C. Acceptance of the Agenda**

**MOTION:** Jim Brett moved to accept the agenda as presented.

**SECONDED:** Dr. Rick Rader

#### **Roll Call Vote:**

Andrés Gallegos, Chairman

James Brett: Aye

David D’Arcangelo: Aye

Dr. Munr Kazmir: Aye

Dr. Rick Rader: Aye

Neil Romano: Aye

Daniel Schreck: Aye

Mary Vought: Aye

**Motion Passed Unanimously**

### **D. Acceptance of the January 27, 2022, Council Meeting Minutes**

**MOTION:** Dr. Kazmir moved to accept the draft minutes of the January 27, 2022, quarterly minutes.

**SECONDED:** Mr. Brett

#### **Roll Call Vote:**

Andrés Gallegos, Chairman

James Brett: Aye

David D’Arcangelo: Aye

Dr. Munr Kazmir: Aye

Dr. Rick Rader: Aye

Neil Romano: Aye

Daniel Schreck: Aye

Mary Vought: Aye

**Motion Passed Unanimously**

### **E. Chairman’s Report**

Chairman Gallegos reported the following:

- The council entered an agreement with the University of Illinois at Chicago Law School for the creation of an internship program;

- Puerto Rico and Medicaid reports were approved in November via email vote by council members;
- Nine projects that are underway;
- Some projects focus on past projects and recommendations, and some are new based projects that have been approved by the Council for the FY '22;
- Tribal Tool Kit is being written and going through review (Amy Nicholas lead staff);
- Tax policy project;
- Communications with CMS requesting information on states use of QALY's in Medicaid plans;
- Sent a letter to the Senate Committee on Armed Services on the AbilityOne Program;
- A letter was sent to Congress recommending a definitive federal quality ban in the Build Back Better Act;
- Statement to the US Hof Representatives, emergency preparedness response and recovery subcommittees and examination on effective communications during emergencies;
- Letter to the directors of the National Institute in Minority Health and Health Disparities and the Agency for Healthcare Research and Quality requesting a meeting to discuss the designation of people with disabilities as a health disparity population;
- The Council continues to work with FEMA and other departments within CMS who has funding authority for emergency planning and disaster relief;
- The Council met with FEMA's director urging them to issue quick guidance to funding availability, sets centers for independent living to be reimbursed for transitioning people with disabilities out of congregate settings and into safe locations in the community during the pandemic.

#### **F. Finance Report**

Mr. Schreck stated that the finance committee will do the following:

- review and discuss the Council's spend plan through February 18, 2022;
- status of funds through the remainder of the calendar year;
- discuss the possibility of the continued resolution and its impact on the agency's budget.

Mr. Schreck stated that the Council's appropriated FY '22 budget is anticipated to be \$3.75 million.

#### **G. Finance Representative Report**

Dr. Schreck stated that there needs to be three votes made today. They are as follows:

- Spend plan through August 31<sup>st</sup>;
- Approval of status of funds;
- FY'22 Budget

**MOTION:** Dr. Kazmir moved to approve the spend plan through February 18, 2022.

**SECONDED:** Dr. Rader

Roll Call Vote:

Andrés Gallegos, Chairman

James Brett: Aye

David D’Arcangelo: Aye

Dr. Munr Kazmir: Aye

Dr. Rick Rader: Aye

Neil Romano: Aye

Daniel Schreck: Aye

Mary Vought: Aye

**Motion Passed Unanimously**

**MOTION:** Dr. Kazmir moved for the approval of the spend plan through January 27, 2022.

**SECONDED:** Dr. Rader

Roll Call Vote:

Andrés Gallegos, Chairman

James Brett: Aye

David D’Arcangelo: Aye

Dr. Munr Kazmir: Aye

Dr. Rick Rader: Aye

Neil Romano: Aye

Daniel Schreck: Aye

Mary Vought: Aye

**Motion Passed Unanimously**

**MOTION:** Dr. Kazmir moved to approve the status of funds through December 31, 2022.

**SECONDED:** Mr. Brett

Roll Call Vote:

Andrés Gallegos, Chairman

James Brett: Aye

David D’Arcangelo: Aye

Dr. Munr Kazmir: Aye

Dr. Rick Rader: Aye

Neil Romano: Aye

Daniel Schreck: Aye

Mary Vought: Aye

**Motion Passed Unanimously**

Mr. Schreck stated if the Council continues to operate throughout the fiscal year under a continuing resolution the anticipated increase of \$400,000 will not be received. He

added the Council continues to monitor saving opportunities and present options as more information about the budget becomes available.

## **H. Health Equity Framework**

Chairman Gallegos stated that in the past year the Council has engaged in an ongoing initiative to have persons with intellectual and developmental disabilities designated as a special medically underserved population. The work has developed into a broader goal which has become a health equity framework for all people with disabilities.

The Council has undertaken this work for the following:

- Research that underscores indifference, inattention and ignorance have prolonged significant health disparities between people with disabilities and non-disabled;
- Despite the decades' long existence of federal nondiscrimination mandates, people with disabilities are still subject to systematic discrimination by health providers;
- The Council's health equity framework calls for an all-government approach to address the health needs of the 64 million people with disabilities
- The framework requires action from Congress, the Departments of Health and Human Services, Justice, Education and Veterans Affairs.

The Framework contains many discreet components. They are as follow:

- Special medically underserved population;
- Disability cultural competency;
- Curricula development;
- Adoption;
- Disability clinical care competency;
- Education;
- Training development;
- Disability data capture;
- Accessible medical diagnostic equipment and enforceable standards.

Chairman Gallegos stated that individually and collectively the foundational components are critical to achieving health equity for people with disabilities and the remaining components flow from their adoption and implementation.

Council members briefing discussed the various components.

Chairman Gallegos stated that the accessible medical diagnostic equipment, that the Council has published a report on enforceable accessible medical equipment standards in May 2021. The component intended to address the needs of people with paralysis and mobility disabilities who are experiencing systematic barriers throughout the healthcare system and receiving comparable care as their nondisabled counterparts. There is a lack of accessible medical diagnostic equipment, as a result of the height and adjustability of examination tables and chairs and wheelchair accessible weight scales. Without accessible available equipment, people with mobility disabilities will remain less

likely to receive recommended preventive health services. (i.e., cervical cancer screening, colorectal cancer screening, obesity screening and breast cancer screening.)

Chairman Gallegos stated in 2017 the Access Board completed the development of its final accessible standards for medical diagnostic equipment which included minimum technical criteria to ensure that medical diagnostic equipment used by healthcare providers for diagnostic purposes are accessible to and usable by individuals with disabilities.

Chairman Gallegos stated that the Council is recommending that DOJ and HHS Office of Civil Rights adopt the Access Board's standards into binding regulations under the ADA and Section 504 of the Rehabilitation Act of 1973.

Dr. Radar discussed the second component which was the adoption of disability clinical care education and competency training.

He noted that the Council has stated the need for medical school and post-graduate training in the management of patients with disabilities as a high priority. The Council has assembled the country's most respected and prominent medical educators and clinicians in the field of disability healthcare and provided a framework for creating, implementing, and evaluating a real-life curriculum.

The curriculum recommends the following:

- Didactic lectures and clinical time;
- Opportunities for students to become comfortable in communicating with complex patients;
- Appreciating healthcare goals;
- Challenges in compliance;
- Consent;
- Self-determination;
- Problems with aging with a disability;
- Sensory issues;
- Diagnostic overshadowing, polypharmacy; need for appropriate medical durable equipment;
- Housing,
- Transportation;
- Allocation of resources;
- Health literacy and community services

Dr. Rader added that repeated research studies have shown that the majority of medical school graduates do not have the competence to treat patients with disabilities. The Council has identified eight core competencies of skills that students in training be exposed to.

In conclusion, the Council looks forward to seeing the curriculum component of the Council's health equity report being valued, implemented and embraced.

Mr. Brett spoke on the third component-specially underserved populations. He stated that this has been a year-long project to achieve the health equity for people with disabilities. He stated that it is imperative that people with disabilities to be legally identified as special medically underserved population under the Public Health Service Act to gain benefits associated with the designation. The benefits include:

- Federal funding for health centers and public health centers;
- Eligibility to apply for funding to operate community health centers;
- Access to loan repayment and health resource services administration workforce and development and training programs (National Health Service Corps);
- Incentives for physician to treat designated populations in the form of higher CMS reimbursement rates for Physician services and preference given to research of federal agencies including the National Institutes of Health that studies the medically underserved population.

Mr. Brett stated that the Council thinks that people with disabilities must be designated by Congress as a special medically underserved population through the revision of Section 330 of the Public Health Service Act.

Mr. Romano discussed the robust disability data capturing. With this you have to consider data collection and individuals security including one's death certificates.

Mr. Romano stated that the Council supports the current federal agencies' efforts to include disability status in healthcare data collection through proposed rulemaking. The council has also recommended that the National Academies of Science, Engineering and Medicine conduct comprehensive collection and reporting systems requiring under any of the programs or activities of HHS relating to the collection of data on disability. It should include other federal data collection systems as Social Security Administration (SSA), which interacts with HHS, the collection of relevant data on disability and the linkage of CMS and the SSA for research purposes is vital and must be prioritized through funding.

Chairman Gallegos stated with the four components in mind, the Council has developed a framework with the vital assistance of our dream team who are the 13 advisers who have dedicated their professional lives to addressing health equity and healthcare accessibility needs for people with disabilities. He added the Council met with:

- disability advocacy organizations;
- federal partners;
- Domestic Policy Council
- Congressional staff

**MOTION:** Dr. Kazmir moved to approve the health equity framework.

**SECONDED:** Mr. Brett

Roll Call Vote:

Andrés Gallegos, Chairman

James Brett: Aye

David D’Arcangelo: Aye

Dr. Munr Kazmir: Aye

Dr. Rick Rader: Aye

Neil Romano: Aye

Daniel Schreck: Aye

Mary Vought: Aye. Ms. Vought requested that note be made of a concern. Ms. Vought stated that it is a very important framework and that she appreciates the work and all that has been invested in it. Ms. Vought expressed concern that some of the individuals associated with studies cited in this framework are people who are pushing critical race theory, which she views as a divisive ideology that could cause the Council to lose support from some key individuals. She stated that she believed some review of the citations and minor edits to the sources cited could help ensure that no one incorrectly associates the framework with the ideology that is not part of the framework.

**Motion Passed**

## **I. Policy Project Updates**

Ms. Durocher reported on the latest policy projects and council members and staff discussed according to their respective areas. They are as follows:

### **Community-based services project-Daniel Shrek**

- The Council in August 2021 entered a cooperative agreement to develop a report that would examine the nation’s home and community-based services;
- Disproportionate high number of deaths with intellectual and developmental disabilities living in congregate settings during the COVID-19 pandemic;
- Report goal is to propose a plan to increase states’ capacity to provide non-congregate housing options in service to people with I/DD who want to live in the community with adequate funding for direct care workforce to support them;
- Dr. Kara Ayres is the contractor;
- six convening sessions with stakeholders including those with disabilities;
- final report is expected on March 4.

### **Puerto Rico Report-Chairman Andres Gallegos**

- Report is in final edit;
- Complex and lengthy;
- April due date.

### **QALY’s Project-Mary Vought**

- 6-month research project as a follow-up to the Council’s 2019 report on quality-adjusted life years and the devaluation of life with a disability;

- Focused on the use of ICER by state Medicaid programs to make coverage determinations, the report will describe how states are using cost effectiveness reports; and how this information is being used as a benchmark or cost threshold;
- Terdal Consulting submitted a framework paper in December;
- first draft received January 22.

### **Employee Misclassification Project-Kimie Eacobacci**

Ms. Eacobacci stated consistent to the Council's statutory authority, we have notice that under there's a lot of existing revenue rulings that still consider people with disabilities who work in segregated work environments are not employees. The Fair Labor Standards Act has a broad definition of an employee, but the tax law does not. The employees are considered to be trainees. Under FLSA they are considered employees but under tax law they are considered clients or trainees.

Ms. Eacobacci stated that it is important that people with disabilities should be treated as employees and their counterparts and receive the same benefits (i.e., health care and retirement benefits).

### **Voting Rights Project**

Chairman Gallegos is collaborating with two law students from the University of Illinois, Chicago to research the discriminatory impact of past, present and pending states voting rights laws on voters with disabilities. Ms. Nicholas is working with former Council chair Clyde Terry and the intern to refine the research.

### **Employment Program Inventory**

Ms. Durocher stated that this program is intended to look across the federal government employment programs those different agencies have and how well coordinated they are.

### **2022 Progress Report**

Ms. Durocher stated that the progress report will address the impact of extreme weather events on people with disabilities and the Council has a cooperative agreement with CAN. The report is in its early stage but will have there will be more to report on at the May Council meeting.

### **I/DD Medicaid Dental Reimbursement Project**

Dr. Rader commended Mr. Soliman on his outstanding leadership. He stated that oral healthcare remains the number one unmet need for people with complex disabilities. Adults with I/DD often have difficulty obtaining preventive oral healthcare due to insufficient Medicaid coverage. This leads to having to have healthcare in emergency departments and the lack of preventive care can lead to the development of chronic health conditions also.

Dr. Rader stated that various states provide extensive coverage and more generous expenditure caps annually while others have limited coverage and shorter caps while others have limited coverage and shorter caps while some states only have emergency relief.

Dr. Rader stated that the Council explored whether to recommend to Congress and the President that increasing Medicaid coverage for people with intellectual and developmental disabilities will actually provide a return on investment vis-à-vis the money ultimately spent on preventable illness and in emergency rooms due to untreated problems. The Council's findings show some helpful recommendations that adding Medicaid preventive care benefits for people with I/DD in 11 of 12 states that provide no benefits or emergency benefits alone would indeed provide a monetary return on investment beyond the cost of providing such benefits.

The report has been approved by the Council and is in its final editing before its publication earlier this year.

### **American Indian Alaska Native Tool Kit**

Ms. Durocher stated that this is an update the Native American Tool Kit of 2003 and it will be very lengthy providing different resources for tribal communities.

Ms. Nicholas stated the Council entered an MOU with the National Indian Coalition on Aging (NICOA), who have done the majority of the edits and gathering of resources. They are eager to tarin their communities on the project and have scheduled conferences in which the Council will participate.

### **Sexual Assault**

Dr. Kazmir stated the Council in 2008 lead an approach on sexual assault on college students with disabilities which highlights the need of students are not addressed under the existing college policies.

Dr. Kazmir reported that Representative Debbie Dingell and Senator Bob Kelsy reintroduced bi-partisan legislation to improve response to sexual violence against students with disabilities. The Safe Equitable Campus resources and Education Act targets to shoe the need of people with disabilities are included in campus planning and response to incidents of sexual assault, domestic violence, dating violence and will track the progress.

Dr. Kazmir stated Ms. Torres-Davis will and staff will start a review of current Department of Justice policy to determine if the recommendations that the Council made to DOJ have been implemented.

### **Tax Policy Project**

Ms. McIntosh stated that the contract once allocated will be in the amount of \$100,000. The Council is looking at sole sourcing or an organization or doing it entirely in house as a slow-paced project.

Ms. McIntosh stated that staff is up to the task to do the work in house which means it will be at a slower pace given their workload.

## **J. State Advisory Highlight**

Dr. Susan Havercamp, Professor of Psychiatry and Behavioral Health, Ohio State University, Nisonger Center.

Dr. Havercamp stated the importance of healthcare professionals training for the caring for patients with disabilities and the false assumptions and people's beliefs including healthcare providers have about disability. Many non-disabled people assume that people with disabilities cannot lead normal lives and therefore would be better off not living. They think of disability as being a tragedy, that it is rare in society and if you have a disability have a poor quality of life. Health providers are taught to perceive disability as negative health outcome and only as a negative health outcome. They believe that disability is incompatible with good health.

Dr. Havercamp stated the following health impacts to people with disabilities:

- Large systematic analysis on of different countries looking at marginalized groups including people with disabilities; racial ethnic gender groups;
- Health care providers are bias across the marginalized groups;
- Bias has an impact on clinicians' judgement and behavior towards patients in these groups;
- Reproductive health care of women with disabilities is often overlooked by primary care providers and gynecologists, which leads to a later diagnosis of breast cancer, cervical cancer, undiagnosed STD's and poor health outcomes for women with disabilities;
- Cultural, economic, social backgrounds and identities are overlooked;
- Patients with disabilities report poor access to healthcare, high rates of unmet healthcare needs; and dissatisfaction with the healthcare they receive;
- Healthcare providers report that they are unprepared and uncomfortable treating patients with disabilities; requirements must be changed, and it has to be mandatory for healthcare training programs, for licensure boards to expect disability training;
- Ther has to be robust training protocols;
- Evidence-based;
- Training for future physicians and measure the quality of healthcare that they give to people with disabilities'

Dr. Havercamp stated that there are six core competencies that have to be done. They are as follows:

- Contextual and conceptual framework on disability;
- Professionalism and patient-centered care;

- Legal obligations and responsibilities;
- Teams and systems-based practice;
- Clinical assessment;
- Clinical care

Sandra Carpenter, Associate Director, Medical Students with Disability and Chronic Illness.

Ms. Carpenter stated that she met with a LCME student representative via email and in person to discuss the recommended changes through communications with the medical schools.

### **K. Virtual curriculum on Disability Culture and Inclusive Storytelling**

Doug Roland, Filmmaker stated that he has worked with the Helen Keller Center and collaborated with hundreds of individuals in the disability community.

Mr. Roland stated that he is working on a video-based virtual platform that will educate the masses on the very important topics pertaining to the disability community and will include people with disabilities. He added that his project will be a continuation of the Oscar nominated *Feeling Through* which was collaborated with the Helen Keller National Center which created an accessible screening event around the film.

Mr. Roland that he's had the opportunity to highlight dozens of people in the disability and deafblind community. The events that were done there were 75% of panelists were disabled and 40% individuals of color. In person events has had as many as 50 interpreters and support staff to provide one-on-one accessibility to the deafblind, low vision, deaf and hard of hearing alongside the non-disabled audiences so that they have the shared experience.

Mr. Woodfill, Associate Executive Director, Helen Keller National Center for Deaf Blind Youths and Adults stated that he has worked with the Doug Roland in which we conducted a 45-minute discussion with panelists regarding the movie.

Mr. Woodfill stated that there are three audiences that will assist with the project. They are as follows:

- Middle school, high school, college and community college students;
- VR professionals and specialists;
- Employers

Divya Goel, President, Deaf Blind Citizens in Action stated that that the film, *Feeling Through* was in inspiration to her for she stated she felt connected to the passions and dreams she has and the advocacy work that she would like to do for people who are deafblind as well as the disability community overall.

Ms. Goel stated she wanted to continue advocacy work to show what deafblind people are capable of doing. She stated that it is essential that young people see the work that deafblind adults are doing.

Ms. Goel stated that *Feeling Through* has been enlightening and believed that it has changed the world and individuals' perspective on what it means to be deafblind. We want the deafblind community to have the opportunities for family, friends, pleasures and recreation that all people have.

Sue Ruzenski, Ed.D., CEO, Helen Keller Services shared her experiences working with the filmmaker. She stated that she has developed so very ambitious goals and outcomes from the project. We have learned how impactful the collaboration with a filmmaker can be to raise awareness about the deafblind community in a profound way.

Ms. Ruzenski stated that the goal of the Helen Keller Services has always been to provide educational experiences to its partners, professionals, employers and other service providers, that's inclusive of the community. the goal as educators is to facilitate the perspective that perspective transformation by providing those alternative discourses and really having interaction-based learning.

## **L. Legislative and Public Affairs Report**

Ms. Eacobacci reported the following:

- NCD finalizing health equity framework;
- Feedback from Congressional offices regarding COVID-19 Progress Report;
- NCD is providing technical assistance to Hill staff.

Ms. Eacobacci stated that a bill from Representative LaTurner's office prohibiting medical providers from adding a do not resuscitate ordering a minor's medical records without notifying the parents. The Council discovered that a doctor in Kansas place a DNR order based on the assumption that people with disabilities do not live productive lives, the child died, and the parents were not aware of the DNR order.

The Sign and Closure Act HR-5656 prohibits doctors from including a DNR order in a minor's records without notifying the parents. The bill is currently in the House Energy and Commerce and Ways and Means Committees with 39 cosponsors with no Senate companion at the moment.

Ms. Eacobacci stated that Representative Moulton has introduced the Healthcare Extension and Accessibility for Developmentally Disabled and Underserved Population Act HR-6075. The bill would designate people with I/DDs as a medically underserved population under the health resources and Services Administration. The Council assisted in drafting previous versions of this bill which was based on its 2017 report

dental care for people with intellectual and developmental disabilities. she stated if passed the bill will do the following:

- Provide access to loan payments and healthcare providers who provide healthcare to people with intellectual disabilities;
- Provide incentives to providers through higher CMS reimbursement rates;
- Allow for research preferences at federal agencies, including NIH to study medically underserved populations;
- Safe Equitable Campus Resources and Education Act of 2022 (SECURE Act-HR-6371 and S-4371 relaying on the recommendations from the Council's 2018 report on sexual assault on college campuses;
- Senate Judiciary Subcommittee on the Constitution, Civil Rights, and Civil Liberties held a hearing on conservatorships which relied on NCD's 2018 guardianship report;
- October 2021, House Judiciary Subcommittee on the Constitution, Civil Rights and Civil Liberties held a hearing on oversights of the ADA of 1990 and relied on NCD's past reports which includes NCD's 2018 report from the New Deal to the Real Deal, the 2017 and 2020 progress report;
- NCD has held meetings with the Senate Health, Education, Labor and Pensions Committee (HELP Committee) along with the Bipartisan Disability Caucus to discuss NCD's 2020 AbilityOne Report, phasing in a new contracting requirement under Section 503 of the Rehab Act;
- NCD met with the HELP Committee and asked for assistance with providing information to the Senate Armed Services Committee to discuss fraud, waste and abuse that remained ongoing within the AbilityOne program that have been identified in Council's past AbilityOne reports;
- Meeting was held with ranking members of the House Energy and Commerce and Means Committee who relied on NCD's QALYs report;
- House Appropriations Committee Chair and Representative Katie Porter reached out to NCD and its QALYs report because they have had ongoing concerns about the use of QALYs. They asked for technical assistance on the inclusion of appropriation report language to encouraging the Centers for Medicare and Medicaid to study alternatives to a quality-adjusted life years drug price indexing;
- Legislative and the Policy teams had joint meetings with Hill staff. We met with Speaker Pelosi's leadership staff to discuss NCD's letter to the National Institute on Minority Health and Health Disparities and to the Agency for Healthcare Research and Quality;
- Joint Meeting with committee staff and member staff of Senator Cardin and the Chair of the Small Business Committee to discuss past recommendations from the Council for people with disabilities to be eligible for the Small Business Administration's 8(a) business development program;
- Anne McIntosh testified before the Massachusetts Joint Committee on Public Health in a hearing relating to end-of-life options presenting NCD's findings and recommendations from its 2017 report on the dangers of assisted suicide;

- Chairman Gallegos spoke on a panel for inclusion and policy innovation which discussed the role of Congress and the federal government and the role that they can play in helping people with disabilities obtain competitive integrated employment; Hill staff and ranking members of the House Education and Labor committees were in attendance;
- Chairman Gallegos discussed the need to access appropriate healthcare services;
- Pending request from the Society for Human Resource Management for NCD to speak at their upcoming conference regarding employment for people with disabilities which is scheduled for March.

Ms. McIntosh reported the following:

- Cindy Smith, contractor who performed the duties of the legislative affairs specialist has been offered a new position; we are looking to backfill the position;
- LAO team has been very busy coordinating several events for Chairman Gallegos one in particular his participation at the UN CRPD World Expo in Dubai in December.
- Chairman Gallegos presented at an American Council of the Blind podcast
- Chairman Gallagos and council member Neil Romano attended a Mel wood Inclusion Though Policy Innovation Conference;
- Chairman Gallagos and Mr. Roman met with State Department staff Sara Minkara who assumed the role once held by Judy Heumann;
- Ms. Torres-Davis met with US Access Board's health equity webinar with a key focus on accessible medical and diagnostic report;
- NCD continues to work with developers from cloud.gov on infrastructure for the new website, including creation of a graphic user interface that will be used for the management of the content.

#### **M. Public Comment on HSBS/Transactions from Congregate Settings**

Mr. Schreck reported that the public comment period is dedicated to the work the Council is doing on home-and community-based services congregate settings. The report is a direct result of the death toll from the pandemic. He stated that there were three questions asked. Those being:

- What federal policy stakeholders hold the greatest potential to transition people out of a congregate care facilities?
- What funding streams have you seen, or do you think could be effective in bolstering or building up HCBS?
- What pilots have your observed and what others, so you think are needed?

#### **N. AFO Team Update and Training**

Ms. Grubb stated that the Robert Williams, NCD Contractor, cybersecurity will be providing background information on the recent incident which prompted an immediate roll out of the cybersecurity procedure requiring notification of travel, in addition to providing an update on an alternative procedure that the Council will be implementing to

protect not only the agency's infrastructure but the network infrastructure for the entire government.

Mr. Williams stated that he is a retired U.S. Marines for 29 years with two tours one being in Iraq and the other in Afghanistan with expertise in cybersecurity and intel.

Mr. Williams stated that he started working with NCD in 2016 with cybersecurity became a real emphasis. The federal government introduced a program called the Einstein program which was created to provide an overarching identity of what was going on for it provides direct the federal government. It provides direct communication for CISA, the situational awareness which is a snapshot of the health of the federal government space in total. Mr. Williams stated the program was in the beginning stages at the time and has grown to be very valuable overall, overarching a report that has to be reported to DHS and CISA quarterly and monthly. The Council has met the requirements 100%. He has assured that the agency's network was at its securest on the budget that it was working with.

Mr. Williams stated that he met with DHS and CISA weekly and advocated for smaller micro agencies to be able to figure out have they can meet the budgetary requirements. The federal government came up with a couple of programs, one being a defund program which is a contracted program that allows the federal government to fund majority that does not fall under the CFO of the federal government.

Mr. Williams stated that there was training and security background to make things secure as possible of the physical connections as possible and things are to be sent to the cloud. He added that his first goal is to the agency's network to the point where the budget balanced out the requirement.

Mr. Williams recommended a more tighter security perspective which would be not to rely on a person but the network.

### **O. Old Business/New Business**

Ms. McIntosh responded to Mr. Romano question regarding lost funding due to the current budget and the replacement if the Council gets its full appropriated funds. She responded that project that is in in the most awkward spot is Medicaid because there is a contractor on board, but the cooperative agreement has yet to be signed. The other project would be ethe employment misclassification project and that no one has submitted proposal and we may look at reallocating those funds to either and another project or an existing one.

Chairman Gallegos stated that the future meeting dates are as follows:

- May 12, 2022 virtual 12:00pm -4:00 pm (et)
- July 25-26, 2022 in-person (tentative)
- October 6-7, 2022 in-person (tentative)

**MOTION:** Dr. Kazmir moved to adjourn the Council meeting.

**SECONDED:** Dr. Rader

Roll Call Vote:

Andrés Gallegos, Chairman

James Brett: Aye

David D’Arcangelo: Aye

Dr. Munr Kazmir: Aye

Dr. Rick Rader: Aye

Neil Romano: Aye

Daniel Schreck: Aye

Mary Vought: Aye

**Motion Passed Unanimously**

The meeting adjourned at 4:10 p.m. (ET)

Date Approved by the Council: May 12, 2022



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Signature

Andrés J. Gallegos

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Printed Name