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Episode 52- Defending Medicaid with the MDA Advocacy Team

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Mindy Henderson: Welcome to the Quest Podcast, proudly presented by the Muscular Dystrophy Association as part of the Quest Family of Content. I'm your host, Mindy Henderson. Together, we are here to bring thoughtful conversation to the neuromuscular disease community and beyond about issues affecting those with neuromuscular disease and other disabilities and those who love them. We are here for you to educate and inform, to demystify, to inspire, and to entertain.

We are here shining a light on all that makes you, you. Whether you are one of us, love someone who is, or are on another journey altogether, thanks for joining. Now, let's get started. With me today, I have two individuals from the Muscular Dystrophy Association's advocacy team here to talk about a very serious topic that has the potential to affect a large number of individuals in the neuromuscular community.

There are daily changes happening within the federal government right now, and today, we want to talk about one of them, potential upcoming cuts to Medicaid. There is a lot to unpack, and I want to take just a moment to introduce our two guests. First, Joel Cartner is a lawyer and public policy professional working as MDA's Director of Access Policy. Joel leads MDA's efforts in conceiving, enacting, and supporting the implementation of public policy proposals that expand access to care for the neuromuscular disease community.

Joel has a background in health, disability, and education law, including complex litigation and policy. And next, Jori Houck is the manager of advocacy engagement at MDA. Jori mobilizes advocates, helps craft legislative and advocacy strategies alongside the public policy and advocacy team and works to elevate the voices of the neuromuscular community. Prior to joining MDA, Jori worked in nonprofit education and career training advocacy and spent time as a congressional staff member.

She enjoys building relationships with advocates, legislators, and partner advocacy organizations and other stakeholders. She is always looking for innovative ways to bridge gaps between lived experience and legislative action that elevates the voices of the neuromuscular and disability communities, which is going to serve us well today in our conversation. Welcome to you both. Thank you so much for being here and for agreeing to help us navigate this complicated topic.

Jori Houck: Glad to be here. Thank you.

Joel Cartner: Happy to be here.

Mindy Henderson: So Jori, let me start with you. Would you maybe give us an overview of what Medicaid is and some of the different benefits that it provides to the neuromuscular community and how many are currently served by Medicaid benefits?

Jori Houck: Yeah, so that's a great question, Mindy, to get us started. So Medicaid is a jointly administered federal and state program that provides health insurance to low-income Americans. Within these groups that it provides insurance to are pregnant women, people with disabilities, older Americans, and really anyone who may need health coverage. It is the largest insurer for the disability community, and it covers at least 72 million Americans who rely on it for low-cost health coverage.

And specifically to highlight for the neuromuscular community, the community relies on services covered by Medicaid such as occupational and speech therapies, durable medical equipment, access to doctors and specialist care to live healthy and independent lives. And so it's really vital that the neuromuscular community continues to have access to Medicaid, which is why we're having this whole conversation today.

Mindy Henderson: Absolutely. Thank you for that, Jori. It's good to set the stage for the rest of this conversation. So Joel, Medicaid has been a big topic of conversation for the disability community, recently. This is probably a tall ask, but can you tell us a little bit about what's going on in Washington, DC and what the impacts to Medicaid could be?

Joel Cartner:

Yeah, so there is a lot going on right now. Ironically, right before we started recording this podcast, the Senate dropped its version of a budget resolution. Well, not specifically with the Senate's version because obviously it having just dropped, I haven't read it yet in its entirety, but to start there at the budget resolution process. So the House and the Senate are trying to pass a budget through a process called reconciliation.

It's an arcane legislative vehicle that essentially allows Congress to legislate in matters of policy and budget navigating around the Senate filibuster. So they only need a simple majority in both the House and the Senate to pass something in the budgetary policy framework. The way that they do this is each, the House and the Senate, will pass what's called a budget resolution, which essentially sets the floor for where spending needs to come from, either cuts or spending, from the various committees of jurisdiction.

So for our purposes, that's Energy and Commerce Committee, which houses oddly the healthcare policy priorities on the House side, and the Senate Health, Education, Labor, and Pensions Committee and the Finance Committee on Senate side. Well, and also Ways and Means I should also add them in on the House side as well. The House budget resolution contains what would be \$880 trillion in cuts.

To be very clear, you cannot cut \$880 trillion from the Energy and Commerce budget without touching Medicaid. It's been very clearly outlined by, if no one else, the Office of Management and Budget, who is responsible for looking at proposals like these and coming to terms with what that means for spending proposals. So we know that Medicaid would be impacted by the House's version of the budget.

What we do know from the Senate version that just dropped is they're asking for 1.5 trillion from the Senate Finance Committee and 800 billion from Energy and Commerce. So again, massive programmatic cuts would have to happen there if these proposals were passed. Probably the biggest, or maybe not the biggest, but one of the biggest cuts that would need to happen there is from voluntary programs from the states.

The biggest bucket there are home and community-based services, which as we know are huge for the neuromuscular community. Those services are what allow people in the community to get up out of bed in a lot of cases and go out and do things like have jobs and see their friends and families and things like that. So cuts like these have a massive potential impact for the community for sure.

Mindy Henderson:

That's a lot. So Jori, is there anything that you can share right now about how individuals currently receiving Medicaid will also be impacted in addition to what Joel just said? Do we have any glimpses into... I mean, those are big cuts that Joel just outlined for us. Do we have any indications right now of what those cuts will look like and how it is going to translate into the real-life benefits

that people are receiving? I think everybody really is biding their time waiting to know, but what does this mean for me in my daily life?

Jori Houck:

Yeah, Mindy, and you nailed it exactly. When we talk about, we're still trying to figure everything out, what does this look like for members of the neuromuscular community? And that's something that's definitely going to be ongoing. I think Joel highlighted the lightning-fast nature of how this legislative text is created and dropped and analyzed because we're doing it all in real time.

We're trying to figure out what it means, but we do have a little bit of a roadmap where things would end up. So I think it's also important to note that no matter how the federal government goes about enacting Medicaid cuts, it will result full stop in a loss of coverage for potentially millions of Americans. And this is for a reason that I think it's also important to highlight, and that is that state budgets are...

Being that Medicaid is a jointly administered program between the federal government and states, states are not prepared to absorb the blows that would result from a cut in federal funding. So as Joel highlighted, this could lead to states have to make up the difference. So how do they do that? They might have to cut optional services. Wait lists for services become longer.

Providers may not be reimbursed, so that leads to workforce shortages. Who's going to be your specialist? Who's going to be your provider? Personal care attendance, who's going to be coming into your home and helping you live a healthy and independent life? Are you going to have to seek care in a facility that doesn't really meet your medical needs because that's the only option available to you?

Of course, this also increases strain on the healthcare system. So there are many out of pocket costs that could result in really devastating consequences for folks. And I just want to highlight that while we don't know exactly what this will look like for every member of our community listening, we do have an idea. And if I missed anything, Joel, please feel free, but definitely the list of consequences is getting longer.

Joel Cartner:

The other thing that I would highlight there is there's every potential with cuts like these that we would also see a sharp increase in what's called uncompensated care, which leaves both providers and states in a little bit of a lurch because they don't have the funds to cover the care that they're being asked to cover, and that's going to cause potential coverage losses, hospital closures, things like that as well. So there's really a lot of volatility around what these cuts could potentially mean.

Mindy Henderson:

I just want to say, for anyone listening right now, I know that this all sounds really heavy, and it is. There's simply no denying that what we're currently facing, it is an uphill battle and there are very real significant consequences that

could come about as a result of this. I do want to assure you if you're listening that we're also at the end of this conversation going to move into some ways that you can get involved and make your wishes known.

There are some actionable things that we're going to talk about here in just a few minutes if you are growing more and more concerned as we are. So Joel, I'm going to keep ping-ponging back and forth between the two of you, but Joel, can you walk us through what the rest of this process looks like to determine how much these cuts are actually going to be, where the cuts are going to come from, what exactly is going to be cut, and then what the process looks like to decide how those budget cuts will be implemented?

Joel Cartner:

Yeah. So the good news, as far as there is good news, is that we are near the beginning of what is a very long and windy road to get to where we're going. So the House and Senate versions of the budget resolutions, so again, setting those floors for where cuts need to come from in terms of committees, they still have to agree, and right now they don't. So the House has passed its version. The Senate's passed its version. There will need to be some version that it's the same from both of those entities.

The Senate, again, just dropped its text, so we'll see probably a vote on that at some point this week. The House could move on a combined budget resolution as early as next week probably. Assuming that we get clean versions of those things that agree passed through both chambers, then it goes to committees, and that's, again, where advocates are going to have the opportunity to speak up and make their voices heard all over again along with these votes upcoming, of course.

But when things go to committee, it'll go through the normal process. So there will be a hearing that basically is just the representatives and senators talking to each other and to experts about where these cuts could potentially be. And then there will be a markup where in the old days you literally used to go through with a red pen and mark up a bill on the floor.

That's not really how it works these days. It's more of a process whereby amendments get raised and you can talk them through. But again, hearing and then markup in the various committees of jurisdiction. Then it'll go to the House floor where there will be yet another vote, where each chamber will have to pass independent bills themselves. And then that, of course, then goes to the president for his signature.

So there are still a lot of steps along the way, and that's assuming that we get a unified version here this week and next week as well. We could be going back to the table all over again if we don't get a unified version as well. So there are a lot, a lot of steps between us and the final budget.

Mindy Henderson: Well, here's the crystal ball question. So the things that you just described that need to happen, do you have a ballpark estimate or range for how long all of that could take until something goes to the president for signature?

Joel Cartner: So they keep laying out timelines and then they keep saying, "Well, we thought it going to be this and now it's going to be this." The latest we had heard as of late last week was, "Oh, we think we're going to get a unified version passed through by Easter." And that's the first floor setting passage. I think that's maybe still a possibility.

In terms of it's all said and done, I honestly think these committee decisions about what gets cut from where could really be knocked down, drag out fights. So I don't think it's terribly realistic to assume that we're out of committee. And forgive me, I don't have my legislative calendars up in front of me. But if I had to guess, I would say probably July would be my guess.

Mindy Henderson: And we won't hold you to it. I understand you're making some educated guesses and you're well-versed, both of you are, in what you do. So then I guess my next question is, because I think probably the two biggest questions that people in the community are wondering are what and when. And so the second part of this when question is, so let's say that everything goes to the president to sign, but then there's an implementation process that has to happen, right?

So can you talk a little bit about that? I mean, if you're talking about making, for the sake of argument, \$800 million worth of cuts, it feels to me like that could take a minute to figure out how to roll that out. It might take some time, but I could be wrong. Is that something that would happen over the course of a few months, a few years?

Joel Cartner: No, yeah, it would absolutely take a lot of time. And you've teed me up to say my favorite joke, or one of them, which is when we work with Medicaid, if you know one state's Medicaid program, you know one state's Medicaid program. They're all vastly different beasts, that's for sure. But we saw this with the Medicaid unwinding from the pandemic. That took a solid year, and things happened over the course of that year.

And there were opportunities for us to say things as things were unwinding, but it did take a year plus for them to totally unwind that process. And I wouldn't want to presume things. It's all going to depend on the size of the state and how much Medicaid money they're potentially losing. But I would think it would take several months to possibly even a year to fully realize exactly what this new program under this new funding regime would really look like.

In terms of when cuts happen and timelines for that, that's really going to depend on individual state legislatures because they have to do their own budgetary crafting, and some of them are only in for the front half of the year. I would imagine some emergency sessions probably get gaveled into session as

well. So it's really going to be a stepwise process when we do eventually find ourselves in the implementation phase as well.

Mindy Henderson: Okay. Okay. Thank you for that. Jori, I'm going to go back to you now. MDA has made a very concerted effort to help lead the conversation around these cuts and to defend Medicaid. Can you tell us a little more about what MDA has been doing as an organization to try to prevent what we're seeing, what we're potentially looking at?

Jori Houck: Yeah, absolutely. And I'll share that we're also pulling out all of the stops. We are trying every technique we know of, every story collection, everything we can do to get lawmakers to understand the human impact of these potential cuts, what it would just do to the daily living tasks of many in our community. So just to give you an idea, we've been sending letters to Capitol Hill very, very regularly, sharing our thoughts, our concerns, where we think lawmakers need to be actually dedicating their time, which is not to putting Medicaid, but rather to strengthen and protect the program.

So we're sharing that on Capitol Hill as often as we possibly can to get both those in leadership, but also just all 100 senators and all 435 some House representatives to understand there is someone in each one of your states and districts who is facing real challenges that Medicaid helps them address in healthcare, in care at home, just really anything that goes into living a healthy life and ensuring that you have the tools to be set up for success in doing that.

We've also been really leaning hard into sharing personal family stories about Medicaid and what the Medicaid program has meant to so many of our advocates. We've been able to share quite literally snapshots from the community of what having access to Medicaid looks like in terms of going out to concerts, going out to the grocery store, going to bake a cake in your kitchen, things that the rest of us just take for granted.

And it's really important to note that all of these everyday little things are things then become threatened if these cuts go through. These are all things that will harm our community, harm members of the broader disability community. So we need to put that human face on there. So we're sharing personal stories with the Hill and really trying to get lawmakers to understand who is affected and why.

Actually just a couple hours ago, we've had great success with encouraging our advocates to go to the district offices of their congressmen and congresspeople and senators and introduce themselves and introduce MDA and introduce the impact of Medicaid on themselves and their families. And some connections that have historically been hard to get into different offices, we've actually found a window into that through our advocates.

The proof is in the pudding that our advocates are hands down the best tellers of their own experiences, the best messengers to share why this is not good for our community, and that's been really, really impactful. We've had over 8,000 MDA advocates take action through our... We have a very easy... I'll do a little plug for it now. It's [MDA.org/Medicaid](https://www.mda.org/Medicaid), and that's our one stop shop for how we're asking our advocates to send their letters into Congress and they personalize them.

So over 8,000 messages, at least half of those have included personal stories, which is an incredible statistic. I know we're talking about putting a face to the name, but I just want to highlight that as a really, really strong metric of our advocates engagement. We've also been leaning into things like earned media opportunities. So we've been doing letters to the editor, encouraging our advocates to share why Medicaid is important to them in their local communities because those local touch points are often the same touch points that members of Congress have.

So it's important to meet them on the ground in their states and districts where they're seeing the most impact to this. We're also doing things like podcast ads. We're doing things like YouTube ads, social media posts that we have never really had an outlet to do that before, but we're changing with the times. And as digital media has grown, so are we at MDA Advocacy and making sure that we can meet everyone who has a stake in this campaign exactly where they're at.

And so that's how we've been able to really drive a lot of attention towards our campaign. Not just our campaign, but there are so many other... Strength in numbers, right? So many other organizations who are working hand in glove with us to make sure that these cuts are not enacted and share the impact.

We've also been sharing public statements through our MDA Press Room, on social media as well, joining our coalition partners for both in-person and virtual education opportunities for congressional staff to make sure that they have an opportunity to right in their backyard to hear exactly why Medicaid's important. And then also we've been pitching ourselves as experts, as policy experts, to share why this is something that we don't want to have happen.

We've had the grassroots voice, but we have room for grassroots voices as well. We're being told by Capitol Hill that this message is breaking through, so we're not giving up the fight and we're going to be here until the last bill is signed.

Mindy Henderson:

Amazing. I mean, that's a ton of stuff, and I work alongside your team regularly and I've been watching it all unfold and it's been so impressive. And you've set me up for the perfect transition. I'm going to ask Joel, are we seeing any response to... It sounds like we are from what Jori just said, but what is the response to the community-wide efforts to prevent cuts to Medicaid? How are individuals in Congress responding and do we have any indication that makes you feel hopeful?

Joel Cartner:

Yeah, we absolutely are seeing a response from members of Congress. Every meeting that I'm in these days, and trust me, between MDA's work and our work with coalition partners, we're in a lot of meetings these days. And every meeting that I'm in, we're hearing from staff members of members of Congress saying just how inundated they are with stories and phone calls and concerns from their constituents about the direction these cuts are headed in.

So they are absolutely hearing from us. They're also constantly asking us nonstop and to continue sharing their individual stories. Just a few weeks ago, a member of Senator Schumer's staff asked us if we had specific stories from constituents in New York that the senator could use as he was reading statements on the Hill. Just last night, Senator Booker during his marathon speech mentioned Medicaid and the impacts therein several times throughout his long, long remarks.

So we are absolutely seeing the impact, we're absolutely hearing the impact, and we're absolutely seeing that impact in action. And we do see some wobbly members of both the House and the Senate who are less than thrilled about being asked to make these cuts. So just continuing to knock on those doors and continuing to make sure that people know that we see and hear the plans that are being banded around and that they have real world impacts to their constituents is super, super important as we continue to go forward.

Mindy Henderson:

That's really good news. And I promised everyone that we would get to the silver lining and the bright side and the actionable tactics. So let's talk about that for just a second, either of you who wants to catch this one. For anyone that's listening who does want to join efforts to stop cuts to Medicaid, what would you suggest? I know, Jori, you mentioned the website that I'll let you mention again in addition to anything else either of you want to mention.

Jori Houck:

Yeah, so I can chime in first. And I want to borrow an MDA Advocacy inside joke, and I have three things. So Joel will know exactly what that is. So first things first, I just want to say that for anyone listening who wants to jump in and get involved, we have that one-stop shop. So you can see that by going to MDA.org/Advocacy, and that's stop number one. Stop number two from there is MDA.org/Medicaid, but I actually want to encourage you to MDA.org/Advocacy first if you haven't already signed up to be part of our Action Network.

That will ensure that you are able to get all of our real-time updates. You can read directly from our team, many times myself, who is working on these issues and where we're at in real time. So we try to provide as comprehensive update as we possibly can, as often as we can.

And then finally, if you've already shared your story with Congress, if you sent that letter already to your members of Congress and shared why Medicaid's important to you, we also have another Share Your Story tool where basically we're asking a set of questions about what folks experiences with Medicaid in our community has been, what it means to them in more of a written format,

and then also what they want policymakers to know about Medicaid and why it's important.

So we have lots of ways for you to share your experiences with us, and then we are then stewards of those stories and then are able to, with our community members permission, of course, but we're able to then use those within our advocacy work. So it's tremendously helpful to us. I'll also share that you may have seen in the news about town halls and many members of Congress having them, or rather a lack thereof.

I would also encourage you to sign up for your lawmakers' email lists. Oftentimes they have on their websites contact me or stay in touch with me or something like that. Please sign up for those email lists because those are the first place where you will hear about upcoming opportunities to interact with your member of Congress. So whether it's a tell-the-town hall or a traditional in-person town hall, those are still options as well.

If you're interested in media engagement opportunities, myself and our advocacy team are always willing to work with community members on that. And I would encourage folks to email us at Advocacy@MDA.org and someone is happy to talk through that as well. And then finally, just keep an eye on the news. I know it's easier said than done these days, but keep an eye on the news and research your lawmakers' current stances on Medicaid because things they've been saying in public don't match what we are seeing in our policy work.

Lawmakers have been very diligent in not being totally truthful with how they're going about making these cuts and saying things like Medicaid is not mentioned in this budget resolution proposal. But as Joel shared, the reason behind that is it's actually necessitated that you have to cut the certain amount of money has to come from somewhere. Where's it coming from? It's coming from Medicaid. So things like that where we have to cut through the noise a bit and try to figure out what the real message is I would say are also very important. But Joel, if I've missed anything?

Joel Cartner:

So unfortunately, I don't have three things, I only have two. But just in addition to that, in terms of actionable things that people can be doing, one, I just want to give people what the other side of through the looking glass of you share your story with us what happens after you do that. What that allows people like me to do on the lobbying side of the house is it allows me to go into a meeting and inevitably what'll happen is I will run through the, "Okay, so this is Medicaid and this is what all the stats are and this is what it means as a practical matter."

And then what the staffer is going to ask me nine times out of 10 like clockwork is they will say, "Do you have stories from my district? Are there any constituents that would be impacted by this that you know of?" And what that allows me to do is I can then take that story and say, "Well, yes I do. And then here's someone who wrote into our advocacy inbox telling us exactly what Medicaid means to them."

And that honestly, I can spew out stats and things all day long, and it's not that that's not important, it is, but at the end of the day, what's going to land so much harder is me being able to point to a constituent of theirs and say, "Hey, this has practical implications for someone who votes for you and therefore gives you a job." The other thing along that same line is absolutely do please email us, share your story, email your member of Congress, share your story there. You can also call your member of Congress.

And speaking of someone who used to work in a district office, those phone calls have an impact. I was required to go to my superiors and say, "Hey, I got this many calls on this thing every single day," and that made its way up to Washington, DC as well. So whether you're calling the DC offices or you're calling the district offices, that's also something that has true honest impact that you can be doing as well.

Mindy Henderson: That's fantastic. And I'm going to make sure that all of those websites and email addresses and everything that you mentioned makes it into the show notes so that people have easy access to that as well. Any final words from either of you, either about just the issue in general, things that you would want people to know or additional ways they can maybe stay up to date around what the latest is? I think both of you covered that, but any final thoughts?

Jori Houck: Just want to share the notion also something we've heard of carve outs, carve outs for folks with disabilities, folks who are unable to work and what that looks like. And two quick points on that. One being, there's no way to shield folks with disabilities from coverage loss if these things are implemented, these cuts are implemented. There's just no way to do that.

The second thing is that in states that have piloted things like work requirements, they actually found them quite onerous to oversee. They found them difficult to communicate with their constituents in there within their states and communicating about what they were required to do, where they might've messed up in the process. If you were an applicant and you were trying to report your work search results, they are a set of red tape in and of themselves, these new restrictions or cuts.

And for all the discussion about we want to improve efficiency, evidence is really not pointing to that being the case with many of these proposals on the table. I just think that's worth mentioning as another push back to some of the messaging we've heard about these cuts.

Joel Cartner: And here I do actually have three things, piggybacking on Jori's point, the first of which is on the work requirements. Specifically, work requirements are not about work. They're about red tape. When Arkansas attempted to implement its work requirement program, it eventually got struck out by federal courts, but they very briefly had a program up and running and we saw 16,000 people lose coverage over the course of about six months just through that program alone.

And the vast majority of people who lost coverage there didn't lose coverage because they weren't working. They lost coverage because they weren't successful in getting through the red tape of that process. Ninety-four percent of people in the Medicaid expansion group are either already working or disabled themselves or students or being a caregiver for someone with a disability.

So really these programs just flat out don't work. The other piece to that pie is we have good data on the fact that work requirements also don't incentivize people to work. We had really good data showing that there was no spike in people having jobs under these programs. It's just that particular bee in the bonnet of work requirements is particularly annoying because we just have so much data showing that contravening to the goal that it's purporting to serve.

The other two things that I wanted to hammer home are I've heard over and over and over again in Hill meetings, "Well, there's just so much bloat in Medicaid now because there's so many more people in the program. And frankly, even if that were a problem, which I would argue it's not, it's people finding their way to health insurance that they need to have in order to have the services and have the coverage that they require, that's also not the fault of the patient, and it's not something that's going to be addressed by cutting Medicaid.

If you cut Medicaid and there's this massive bloat and people fall off the program, they're just going to find themselves in search of care and coverage somewhere else, which is going to present the exact same issues for both people and states regardless of whether it's on Medicaid or they're receiving care through ERs that eventually goes compensated, or they have to find their way over to ACA insurance plans and that's subsidized through tax credits.

All of it winds up in the same place, which leads me to the third and final thing that I want to raise here, which is... Well, three and a half things. One is we need to be working on healthcare affordability broadly. So there are tax credits that need to be reauthorized for people who need access to ACA plans, which if we are successful as we would like to be, and Medicaid does get impacted, that's their next stop.

And then second though, and this one I really want to hammer home here, is the waste, fraud, and abuse that they purport to be looking for in cutting these programs, which is again what you hear from a lot is, "Oh, we're not actually cutting Medicaid. We're just looking for waste, fraud, and abuse."

One, just by the text of the thing, if you were looking for waste, fraud, and abuse in the program, you would be doing things like investing in the Office of the Inspector General for Health and Human Services whose job it is to go looking for waste, fraud, and abuse. They're not doing that. They're looking to cut the program, and somehow that's magically going to impact waste, fraud, and abuse. But two, waste, fraud, and abuse is, again, not the fault of the patient who is on Medicaid.

The people that perpetrate things like waste, fraud, and abuse in the Medicaid and Medicare programs are brokers and potentially even docs who bill inappropriately and things like that. But the number of patients who are perpetrating fraud to the system is infinitesimally small. And so by impacting the patients as a way of getting at waste, fraud, and abuse is, again, just incredibly contravening to the point of these programs.

Mindy Henderson: Thank you for that. Some really important points that I'm glad you have the opportunity to raise. It's a big topic. You both are brilliant and clearly really hold a lot of expertise in this field. So I just want to encourage anyone who's listening who wants to know more, to engage with MDA's Advocacy team, send that email to us, join the Grassroots Action Network. And it's going to take a village. It's going to take the power of all of our voices making enough noise to bring this to a happy ending. Thank you both so much for your time, and we'll keep an eye on things.

Joel Cartner: Thanks so much for having us, Mindy.

Jori Houck: Thanks for having us, Mindy.

Mindy Henderson: Thank you for listening. For more information about the guests you heard from today, go check them out at [MDA.org/podcast](https://mda.org/podcast). And to learn more about the Muscular Dystrophy Association, the services we provide, how you can get involved, and to subscribe to Quest Magazine or to Quest Newsletter, please go to [MDA.org/Quest](https://mda.org/Quest).

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