

HONORING EGGLESTON SERVICES  
AND THE SARAH BONWELL  
HUDGINS CENTER

REPEAL THE DON'T ASK, DON'T  
TELL POLICY

SPEECH OF

**HON. SHELLEY BERKLEY**

OF NEVADA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, September 29, 2009*

**HON. ROBERT J. WITTMAN**

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, October 7, 2009*

Mr. WITTMAN. Madam Speaker, I am privileged to rise today to honor Eggleston Services for the meaningful opportunities they provide for individuals with disabilities. Eggleston Services is a company in southeastern Virginia that has close to 600 employees, and upwards of three fourths of those employees have a disability. Many of these workers are able to work through a federal program called Ability One. Ability One encourages federal entities to work directly with agencies like Eggleston to provide valuable work at a fair price, all the while utilizing the skills of persons with disabilities.

Eggleston Services is dedicated to providing a broad array of programs and services for individuals with disabilities. Since 1955 their goal has been to assist people in obtaining meaningful work opportunities, and to help them participate fully in their communities. Eggleston Services helps individuals with disabilities gain freedom from dependence on government support by providing them on-the-job training and stable work opportunities.

Just recently, I had the honor to visit the Sarah Bonwell Hudgins Center in Hampton, Virginia. The center is owned by the Sarah Bonwell Hudgins Foundation and managed by Eggleston Services, Inc. The center provides dynamic programs for individuals with mental and/or physical disabilities. Through its partnership with Eggleston Services, the Foundation helps persons with disabilities by providing a place to work, a place to live in a safe caring environment, and a place to learn to live independently.

The profound work and programs that are available at the center help many and are invaluable. At the Sarah Bonwell Hudgins Center, Eggleston Services operates a Life Enhancement Program, which provides specialized services, activities, and residential care. Eggleston Services also provides programs at the center, including Eggleston Document Destruction, a full-service secure document destruction and shredding business, a business fulfillment center, and a ceramics manufacturing facility.

These remarkable programs serve as a way for people with disabilities to find independence and a sense of one's own. None of this would be possible without the Ability One Program and the dedication of Eggleston Services. Businesses can look to Eggleston Services and the Ability One program and use their successful programs as a model for their own business practices. Persons with disabilities can be key contributors in the workplace and I commend Eggleston Services in conjunction with the Ability One program and the Sarah Bonwell Hudgins Foundation for their work in providing opportunities for individuals with disabilities.

Ms. BERKLEY. Mr. Speaker, I would like to thank Congressman MURPHY for providing me with the opportunity to speak on this important issue. As a cosponsor of the Military Readiness Enhancement Act, I fully support the repeal of the unjust, unnecessary, and unsound "Don't Ask, Don't Tell" policy. I believe we must reject current practices that have institutionalized discrimination against many valuable members of our armed services for too long. Instead, we must establish a new policy of nondiscrimination on the basis of sexual orientation.

"Don't Ask, Don't Tell" is simply unjust. It flies in the face of the fundamental American value of equality for all. No individual, including those in our armed forces, should be discriminated against based on his or her sexual orientation. Members of our armed services have fought honorably to protect our safety and freedom, so the least we can do in return is to fight to protect their freedom and equality as well. My hometown of Las Vegas includes Nellis Air Force Base, one of the premier Air Force facilities in the U.S., and I believe the courageous men and women who serve there deserve to be treated with equality and respect, regardless of their sexual orientation.

The "Don't Ask, Don't Tell" policy is also completely unnecessary. The vast majority of Americans believe our troops deserve the opportunity to serve with honesty and honor. And most importantly, a majority of servicemembers have said they would have no reservations about serving alongside gay and lesbian troops, proving the problems this policy supposedly prevents are not, in fact, problems at all.

Not only is this practice unjust and unnecessary, it is also unsound. Our military should not fire valuable servicemembers simply for being gay, particularly during a time of war when we need every American who is willing and able to serve. Furthermore, repealing "Don't Ask, Don't Tell" would increase, not undercut, unit cohesion by fostering openness and trust among troops.

Ultimately, "Don't Ask, Don't Tell" does nothing to contribute to our national security. In reality, it only undermines the strength and integrity of our military system. I believe this practice should be repealed immediately, not only for the benefit of our armed forces, but for the safety of Nevada and our Nation as a whole.

RECOGNIZING OCTOBER AS  
BREAST CANCER AWARENESS  
MONTH

**HON. DARRELL E. ISSA**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, October 7, 2009*

Mr. ISSA. Madam Speaker, today I rise in support of October as Breast Cancer Awareness Month.

Many of us have concerns for family and friends impacted by breast cancer. This month we must take those concerns and turn the emotion into action.

According to the American Cancer Society, breast cancer is the most commonly diagnosed form of cancer in women in California and the United States as a whole. It is the second most common cause of cancer death. The California Cancer Registry estimates that each year, more than 25,000 California women develop breast cancer and over 4,000 die as a result. California represents a large portion of the 192,370 new cases of breast cancer that have been diagnosed in 2009 alone.

This disease is not gender specific; it will develop in approximately almost 2,000 men this year as well. Early detection and treatment for both sexes has resulted in 2.5 million breast cancer survivors in the United States.

We must continue to encourage all women and men to undergo mammography screening, as it is the most effective test to determine the presence of breast cancer. To do so, I have joined with my colleagues to cosponsor the Breast Cancer Education and Awareness Requires Learning Young Act of 2009. This bill will enhance efforts to increase public awareness regarding the threats posed by breast cancer to young women and men, as well as to enhance campaigns that will further educate the community on the risk factors of breast cancer and the importance of early detection.

I am proud to stand today with my colleagues to recognize the importance of continuing efforts to enhance awareness and preventative actions.

TRIBUTE TO JAN TITTLE

**HON. DALE E. KILDEE**

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, October 7, 2009*

Mr. KILDEE. Madam Speaker, I rise today to pay tribute to Jan Tittle, the National President of the Ladies Auxiliary to the Veterans of Foreign Wars of the United States. Mrs. Tittle will address the Veterans of Foreign Wars Fall Conference on October 10th in Sault Ste. Marie, Michigan.

The 600,000 members of the Ladies Auxiliary of the Veterans of Foreign Wars have spent the last 96 years honoring those who have sacrificed and served our Nation to preserve our freedoms. They volunteer their time maintaining memorials to the persons making the ultimate sacrifice for our country and to teach our youth about our veterans. They provide financial assistance to preserve the Statue of Liberty, have volunteered over 2 million hours in Veterans Affairs Medical Centers and other hospitals. They provide awards and scholarships to students based upon their expressions of patriotism through art, speech and volunteerism.

Jan Tittle was elected the 2009-2010 National President this past August at the 96th National Convention. She is a Life Member of the TSgt. Walter C. Fulda Auxiliary 3433 in Ladson, South Carolina. She is eligible through her father, Arlen Owens, a World War II Purple Heart recipient. As the National President she plans to focus on the Auxiliary's core programs for veterans and their families.

She also plans to lead the Auxiliary in topping \$3 million to the Cancer Aid and Research Fund.

Madam Speaker, I ask the House of Representatives to rise and applaud Jan Tittle as she brings together the Ladies Auxiliary under the theme, "It's Time for America's Military Heroes." I congratulate her and the members of the Auxiliary for their commitment to safeguarding the memory of our veterans and their sacrifice for our Nation.

GOVERNORS OF ALASKA, ALABAMA, AND ARIZONA EXPRESS CONCERNS WITH UNFUNDED MANDATES IN HEALTH REFORM

**HON. MIKE ROGERS**

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, October 7, 2009*

Mr. ROGERS of Michigan. Madam Speaker, I rise today to express concerns regarding health reform proposals which would create unfunded state mandates. Legislation currently before the House would dramatically expand the Medicaid program and place over \$35 billion in new liabilities on state budgets over the next ten years. In addition, these proposals would expand the federal government's role in administering Medicaid, which would severely handcuff states' ability to run their own programs and preempt state authority to manage Medicaid eligibility and benefits.

Over the last several weeks, governors have expressed concerns over these proposals. I would like to submit for the RECORD the following letters from the governors of Alaska, Alabama and Arizona:

SEPTEMBER 8, 2009.

Hon. MAX BAUCUS,  
*Chairman, Senate Finance Committee, Hart  
Senate Office Building, Washington, DC.*

Hon. CHARLES GRASSLEY,  
*Ranking Member, Senate Finance Committee,  
Hart Senate Office Building, Washington,  
DC.*

DEAR CHAIRMAN BAUCUS AND RANKING MEMBER GRASSLEY: States cannot afford to carry the huge costs of health care reform. States (and their businesses and residents) are struggling to recover financially. The National Conference of State Legislatures (NCSL) reports states had a \$113 billion dollar budget shortfall in 2009 and the situation is getting worse. NCSL estimates state budget shortfalls will increase to \$142 billion in 2010. I am also concerned with the proposed new federal mandates that would undercut state authority over the Medicaid program.

On fiscal impact, H.R. 3200 expands Medicaid coverage to all citizens under 133 percent of the Federal Poverty Level (FPL) while the Senate HELP committee legislation assumes an expansion to 150 percent of the FPL. The Congressional Budget Office estimates these proposed expansions would require spending hundreds of billions of dollars in new public funds. While the proposals would initially place responsibility on the federal government to pay for expanding Medicaid coverage, a shift would later occur to state treasuries and the impact would be significant. For Alaska, the National Governors Association estimates it would cost \$140 million in state general funds to expand Medicaid for all Alaskans up to 133 percent of FPL in 2015. (Assuming there is full federal funding the first two years.) This

amount would increase to \$168 million by 2019, with new state expenditures amounting to billions over time.

This fiscal hit to states would come on top of the Medicaid funding cliff created by Congress in American Recovery and Reinvestment Act. (ARRA). ARRA established a temporary increase in the Federal Medical Assistance Percentage (FMAP) rate to help states deal with Medicaid costs. This higher FMAP rate is set to expire on December 31, 2010. If the higher FMAP rate is not extended, states will face an immediate and significant increase in costs to operate Medicaid programs. In Alaska, approximately \$120 million more in state general funds will be needed to operate the Medicaid program for just one year.

Further, proposals in Congress would give the federal government a stronger role in administering Medicaid and undercut state authority. Coverage would have to be expanded to childless adults who qualify and would replace the current state option to cover parents of low-income children with a federal mandate to provide coverage to qualifying adults. Maintenance of effort requirements would prevent states from adjusting eligibility to meet ever-changing fiscal conditions. Lower limits of practitioner reimbursement and coverage limits would be imposed. New services and the coverage of additional provider groups would be mandated and state flexibility in the eligibility process would be constrained. All these mandates limit state control and flexibility to control the Medicaid program.

While I am sympathetic to the dilemma of health care reform and I applaud your efforts to find a solution, I cannot support legislation from Congress that imposes costly unfunded federal mandates on Alaska and other states. Instead, the federal government should be looking for ways to give the states increased flexibility with federal funding to meet the unique needs of each state's population. This tact would lead to innovation and cost-containment as compared to the current rout pursued in existing health care legislation.

Sincerely,

SEAN PARNELL,  
*Governor, Alaska.*

SEPTEMBER 30, 2009.

Hon. RICHARD SHELBY,  
*U.S. Senate, Russell Senate Office Building,  
Washington, DC.*

DEAR SENATOR SHELBY: Democrats and Republicans alike agree that our health care system is in need of reform; however, it appears the proposal you will likely be called to vote on has serious flaws that will have a dire budgetary impact on Alabama. As governor of our state, I am writing to express a specific concern I have about this proposal.

The Senate and House of Representatives are considering a bill that includes a major expansion of Medicaid and an increase in costs to the states. Our Medicaid Department has reviewed the cost of expanding Medicaid to 150% Federal Poverty Level and determined that it would cost state and federal taxpayers an additional \$1.2 billion per year to cover this mandate alone. Unlike the federal government, our state actually has to balance its budget. Given the effects of the current economic condition on our budgets, any additional costs will overwhelm our resources. Expecting states in the current economic climate to provide additional funding for federal mandates is not reasonable or even practical.

Instead of raising taxes, imposing mandates and charging penalties on small businesses, Congress and the White House may want to consider an approach we have begun to take in Alabama. Small businesses, those

with 24 or fewer employees, can now deduct 150% of the money they spend on health insurance premiums from their state taxes, and their employees earning up to \$50,000/year can do the same.

Rather than increasing the size and cost of government by putting more people on Medicaid, and thereby making more citizens dependent on government as Washington appears ready to do, Alabama is trying to reduce the burden of health care costs for the overwhelming majority of its employers and their employees. I believe our state can be looked to as a model for other states.

Our Medicaid program is a national innovator in the area of medical homes and health information technology. A higher percentage of Alabamians have health insurance than the nation as a whole, and Alabama has a lower percentage of uninsured children than the nation as a whole. In addition to achieving higher rates of coverage, Alabama has some of the nation's lowest health care costs. That is one reason why Alabama has been so successful in attracting national and international companies and the thousands of jobs they have created in our state.

Not only is health care less expensive in Alabama than just about anywhere else in the country, we are also an open market for insurers. More than 300 companies are licensed to sell health care insurance in our state. We encourage competition and welcome insurers to help in the effort to drive down costs.

We, as a nation, must address the problems of our existing health care system, but simply unloading them on the states will not work. I thank you for your interest in this very important matter and look forward to working with you to find common sense ways to reform our health care system.

Sincerely,

BOB RILEY,  
*Governor, Alabama.*

JULY 16, 2009.

Senator JOHN MCCAIN,  
*U.S. Senate, Russell Senate Bldg.,  
Washington DC.*

Senator JON KYL,  
*U.S. Senate, Hart Senate Bldg.,  
Washington DC.*

DEAR SENATOR MCCAIN AND SENATOR KYL: Thank you for the opportunity to provide information about Arizona's Medicaid program, the Arizona Health Care Cost Containment System (AHCCCS).

As you know, Arizona is facing one of the worst financial deficits in the nation and projections show that the State is expected to make a slow recovery. In the meantime, unemployment has continued to increase and counter-cyclical programs like AHCCCS have continued to experience record-breaking enrollment. In the last four months alone, AHCCCS has grown by more than 100,000 new enrollees, and July 2009 enrollment is almost 17 percent above the same month in 2008. Total enrollment, including our Title XXI KidsCare program, in July reached 1,275,109 members, which is almost 19 percent of the state's total population.

I am proud that AHCCCS program has served as a model for other state Medicaid programs across the country in terms of cost containment. This is due, in large part, to the fact that AHCCCS is a capitated managed care model and 65 percent of its long-term care members receive home and community based services rather than institutional care. According to the Kaiser Family Foundation, AHCCCS has the lowest per member per year (PMPY) cost among Medicaid programs in the country. The average PMPY costs are: (1) \$5,645.52 for acute care; (2) \$45,960.72 for long-term care, which is a blended average of our elderly and physically