

Testimony Congresswoman Donna E. Shalala (FL-27)

Chairwoman Eshoo and Ranking Member Burgess, thank you for having me today. I would like to touch on a few things that are important to me and my district which I hope the Committee will consider this Congress.

Disability Integration Act

This week we will celebrate the 29th anniversary of the signing of the Americans with Disabilities Act –the ADA. This landmark civil rights legislation prohibits discrimination against people with disabilities in all areas of public life, including at work, in school, and in public accommodations.

And last month was the 20th anniversary of the Olmstead case. This case affirmed the rights of Americans with disabilities under the ADA to live independently and in their community—as most people want to do.

Despite the Supreme Court recognizing that the ADA prohibits the segregation of people with disabilities into institutions—in practice this has not come to pass. More work needs to be done.

States have long wait lists for community services and many people with disabilities are not able to receive them. Many people with disabilities live in fear that their fundamental right to live in the community that they love will be taken away from them and they will be forced into an institution.

This must change. I am hopeful that this Committee will consider in the coming months legislation to ensure a right to remain in your community.

Congressman Sensenbrenner introduced legislation called the Disability Integration Act which would provide home and community-based services as an alternative to institutionalization. This bill is bipartisan

and bicameral—I am the lead Democrat—and it now has 234 cosponsors.

I hope this Committee will consider this critical issue and legislation this Congress.

Medicaid and Disasters

In a similar vein, it is my hope that the Committee will consider H.R. 3215, The Disaster Relief Medicaid Act which I introduced earlier this year with Congressman Langevin and Congresswomen González-Colon and Holmes Norton.

Natural disasters are occurring at increased rates across this country and in the aftermath of such disasters thousands of people are often forced to abandon their homes and relocate. It happened after Hurricane Katrina when over one million evacuees relocated to another state. More recently, after Hurricane Maria an estimated 140,000 to nearly 185,000 left the island—many of whom moved to Florida.

The stress of moving after a natural disaster is immense, but it is even greater for individuals and families that are eligible for Medicaid health care and long-term services and supports. The move from one's home state to a host state as a result of a disaster can mean the loss of access to long-time services and supports.

The Disaster Relief Medicaid Act would ensure that individuals eligible for Medicaid who are forced to relocate due to a disaster are able to continue to access their Medicaid supported services. It would also provide states with resources to support the Medicaid needs of individuals forced to relocate following a disaster.

This legislation would designate an individual who resides in an area covered under a presidential disaster declaration as a Relief-Eligible

Survivor and allow them to continue to access their Medicaid services if they are forced to relocate to another state as a result of the disaster.

All of our constituents are threatened by natural disasters—whether it is a wildfire, a flood, a tornado or a hurricane. No one should have to choose between evacuating and losing access to lifesaving services and staying and possibly losing their life to a natural disaster.

Tobacco

I would also implore this Committee to consider the critical issue of youth tobacco and e-cigarette usage.

Recently, I joined Chairman Pallone in introducing the Reversing the Youth Tobacco Epidemic Act of 2019.

The FDA and CDC have reported an alarming 78 percent increase in e-cigarette use by high school students and a 48 percent increase among middle school students from 2017 to 2018.

Something must be done to combat youth use of e-cigarette products and to continue our longstanding public health battle against smoking and tobacco use.

Our legislation would raise the age to buy tobacco products to 21—which now has bipartisan and bicameral support. It would also create a universal ban on flavors in all tobacco products and prohibit the marketing of e-cigarette products to people under the age of 21.

Thank you for having me today and I look forward to working with the Committee on these issues as well as a number of other issues that you have within in your jurisdiction.