To amend title XXIX of the Public Health Service Act to reauthorize the program under such title relating to lifespan respite care.

IN THE HOUSE OF REPRESENTATIVES

November 3, 2015

Mr. Langevin (for himself and Mr. Harper) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend title XXIX of the Public Health Service Act to reauthorize the program under such title relating to lifespan respite care.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Lifespan Respite Care Reauthorization Act of 2015”.

SECTION 2. FINDINGS.

Congress finds the following:

(1) There are an estimated 43,000,000 family caregivers nationwide that provide care for loved
ones with chronic, disabling health conditions across the lifespan.

(2) The economic value of uncompensated family caregiving to the United States economy was estimated at $470,000,000,000 in 2013, more than total Medicaid spending of $449,000,000,000, including both Federal and State contributions for medical and long-term care in the same year.

(3) While caring for the aging population remains a growing concern, more than half of care recipients are under age 75, and almost one-third are under age 50.

(4) Respite provides temporary relief to caregivers from the ongoing responsibility of caring for individuals of all ages with special needs.

(5) Respite care is one of the most commonly requested caregiver support services.

(6) Respite has been shown to provide family caregivers with the relief necessary to maintain their own health, balance work and family, bolster family stability, keep marriages intact, and avoid or delay more costly nursing home or foster care placements.

(7) Delaying nursing home, institutional, or foster care placement of just one individual for several
months can save Medicaid, child welfare, or other
government programs tens of thousands of dollars.

(8) The Lifespan Respite Care Act of 2006 was
originally enacted to improve the delivery and qual-
ity of respite care services available to families
across all age and disability groups by establishing
coordinated lifespan respite systems.

(9) Thirty-three States and the District of Co-
lumbia have received grants under the Lifespan Res-
pite Care Act of 2006 to improve the availability and
quality of respite services across the lifespan.

(10) For the Nation’s wounded servicemembers
and veterans with traumatic brain injuries and other
conditions, respite systems could be an integral life-
line for families in their new roles as lifelong family
caregivers.

(11) The Department of Veterans Affairs and
Congress have both acknowledged the unique chal-
lenges facing caregivers of returning servicemembers
and veterans, as well as the need for increased care-
giver services.

(12) The increased utilization of, and costs to,
long-term care systems requires the continued devel-
opment of coordinated family support services like
lifespan respite care.
SEC. 3. REAUTHORIZATION OF LIFESPAN RESPITE CARE PROGRAM.

(a) DATA COLLECTION AND REPORTING.—Section 2904 of the Public Health Service Act (42 U.S.C. 290ii–3) is amended to read as follows:

“SEC. 2904. DATA COLLECTION AND REPORTING.

“Each eligible State agency awarded a grant or cooperative agreement under section 2902 shall collect, maintain, and report such data and records at such times, in such form, and in such manner as the Secretary may require to enable the Secretary—

“(1) to monitor State administration of programs and activities funded pursuant to such grant or cooperative agreement; and

“(2) to evaluate, and to compare effectiveness on a State-by-State basis, of programs and activities funded pursuant to section 2902.”.

(b) FUNDING.—Section 2905 of the Public Health Service Act (42 U.S.C. 300ii–4) is amended by striking “to carry out this title” and all that follows and inserting “to carry out this title $15,000,000 for each of fiscal years 2016 through 2020.”.