

112TH CONGRESS  
1ST SESSION

# H. R. 3266

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

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## IN THE HOUSE OF REPRESENTATIVES

OCTOBER 26, 2011

Mr. LANGEVIN (for himself and Mrs. McMORRIS RODGERS) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

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

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Lifespan Respite Care  
5 Reauthorization Act of 2011”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) There are an estimated 62,000,000 family  
9 caregivers nationwide that provide care for loved

1 ones with chronic, disabling health conditions across  
2 the lifespan.

3 (2) The economic value of uncompensated fam-  
4 ily caregiving to the United States economy was esti-  
5 mated at \$450,000,000,000 in 2009, more than  
6 total Medicaid spending of \$366,000,000,000, in-  
7 cluding both Federal and State contributions for  
8 medical and long-term care in the same year.

9 (3) While caring for the aging population re-  
10 mains a growing concern, more than half of care re-  
11 cipients are under age 75, and almost one-third are  
12 under age 50.

13 (4) Respite provides temporary relief to care-  
14 givers from the ongoing responsibility of caring for  
15 individuals of all ages with special needs.

16 (5) Respite care is the most frequently re-  
17 quested family support service.

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

23 (7) Delaying nursing home, institutional, or fos-  
24 ter care placement of just one individual for several

1 months can save Medicaid, child welfare, or other  
2 government programs tens of thousands of dollars.

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4 originally enacted to improve the delivery and qual-  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

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

12 (10) For the Nation's wounded service members  
13 and veterans with traumatic brain injuries and other  
14 conditions, respite systems could be an integral life-  
15 line for families in their new roles as life long family  
16 caregivers.

17 (11) The Department of Veterans Affairs and  
18 Congress have both acknowledged the unique chal-  
19 lenges facing caregivers of returning service mem-  
20 bers and veterans, as well as the need for increased  
21 caregiver services.

22 (12) Only 15 percent of caregivers caring for  
23 veterans have received respite services from the Vet-  
24 erans Administration or some other community or-  
25 ganization in 2010.

