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**Calendar No. 283**

116TH CONGRESS
1ST SESSION

# S. 995

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 SENATE OF THE UNITED STATES

APRIL 2, 2019

Ms. COLLINS (for herself and Ms. BALDWIN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

NOVEMBER 5, 2019

Reported by Mr. ALEXANDER, with an amendment

[Strike out all after the enacting clause and insert the part printed in italic]

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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.

*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 2019".~~

**SEC. 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 (Public Law 109–442) was originally enacted to improve the delivery and quality of respite care services available to families across all age and disability groups by establishing coordinated lifespan respite systems.

(9) Thirty-seven States and the District of Columbia have received grants under the Lifespan Respite 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 lifeline for families in their new roles as lifelong family caregivers.

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

(12) The increased utilization of, and costs to, long-term care systems requires the continued development 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 paragraphs (1) through (5) and inserting the following:

''(1) $20,000,000 for fiscal year 2020;

~~"(2) $30,000,000 for fiscal year 2021;~~

~~"(3) $40,000,000 for fiscal year 2022;~~

~~"(4) $50,000,000 for fiscal year 2023; and~~

~~"(5) $60,000,000 for fiscal year 2024.".~~

***SECTION 1. SHORT TITLE.***

*This Act may be cited as the "Lifespan Respite Care Reauthorization Act of 2019".*

***SEC. 2. REAUTHORIZATION OF LIFESPAN RESPITE CARE PROGRAM.***

*(a) DATA COLLECTION AND REPORTING.—Section 2904 of the Public Health Service Act (42 U.S.C. 300ii–3) is amended to read as follows:*

***"SEC. 2904. DATA COLLECTION AND REPORTING.***

*"(a) IN GENERAL.—Each State agency awarded a grant or cooperative agreement under section 2902 shall report such data, information, and metrics as the Secretary may require for purposes of—*

*"(1) evaluating State programs and activities funded pursuant to such grant or cooperative agreement, including any results pursuant to section 2902(d)(2)(B)(xii); and*

*"(2) identifying effective programs and activities funded pursuant to section 2902.*

*"(b) REPORT.—Not later than October 1, 2023, the Secretary shall submit a report to the Committee on Health,*

*Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives regarding the outcomes of the programs and activities funded pursuant to section 2902, including any effective programs and activities identified.".*

*(b) FUNDING.—Section 2905 of the Public Health Service Act (42 U.S.C. 300ii–4) is amended by striking "title" and all that follows through the period and inserting "title, $10,000,000 for each of fiscal years 2020 through fiscal year 2024.".*

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