

LIFESPAN RESPITE CARE REAUTHORIZATION ACT OF
2019

JULY 23, 2019.—Committed to the Committee of the Whole House on the State of
the Union and ordered to be printed

Mr. PALLONE, from the Committee on Energy and Commerce,
submitted the following

R E P O R T

[To accompany H.R. 2035]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 2035) to amend title XXIX of the Public Health Service Act to reauthorize the program under such title relating to lifespan respite care, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

CONTENTS

	Page
I. Purpose and Summary	2
II. Background and Need for the Legislation	2
III. Committee Hearings	2
IV. Committee Consideration	3
V. Committee Votes	3
VI. Oversight Findings	3
VII. New Budget Authority, Entitlement Authority, and Tax Expenditures	3
VIII. Federal Mandates Statement	4
IX. Statement of General Performance Goals and Objectives	4
X. Duplication of Federal Programs	4
XI. Committee Cost Estimate	4
XII. Earmarks, Limited Tax Benefits, and Limited Tariff Benefits	4
XIII. Advisory Committee Statement	4
XIV. Applicability to Legislative Branch	4
XV. Section-by-Section Analysis of the Legislation	5
XVI. Changes in Existing Law Made by the Bill, as Reported	5

The amendment is as follows:

Strike all after the enacting clause and insert the following:

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. 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.”.

I. PURPOSE AND SUMMARY

H.R. 2035, the “Lifespan Respite Care Reauthorization Act of 2019” was introduced on April 2, 2019, by Reps. Langevin (D–RI) and Rodgers (R–WA) and referred to the Committee on Energy and Commerce. H.R. 2035 would reauthorize the Lifespan Respite Care program at \$20 million in fiscal year (FY) 2020 and increase the authorization by \$10 million each year thereafter through FY 2024. H.R. 2035 would also add new reporting requirements for program grantees.

II. BACKGROUND AND NEED FOR LEGISLATION

The Lifespan Respite Care program was first authorized by Congress in 2006.¹ Respite care is defined as “planned or emergency care provided to a child or adult with a special need in order to provide temporary relief to the family caregiver of that child or adult.”² Respite services may be provided in settings such as a person’s home, adult day care centers, or residential care facilities.³ States have flexibility to use program funds to support the availability of respite services in a variety of ways. For example, some states use funds for consumer-directed respite vouchers, training of volunteer and paid respite providers, or educating families about how to access respite care. The program is administered by the Administration for Community Living (ACL) and currently 20 states receive grants. Since 2009, ACL has contracted with the ARCH National Respite Network and Resource Center to provide technical assistance to program grantees. The authorization for the Lifespan Respite Care program expired in FY 2011.⁴

III. COMMITTEE HEARINGS

For the purposes of section 103(i) of H. Res. 6 of the 116th Congress the following hearing was used to develop or consider H.R. 2035:

¹Pub. L. No. 109–442.

²*Ld.*

³Administration for Community Living, The Lifespan Respite Care Program (acl.gov/programs/support-caregivers/lifespan-respite-care-program).

⁴42 USC 300ii–4

The Subcommittee on Health held a legislative hearing on June 25, 2019, to consider H.R. 2035, the “Lifespan Respite Care Reauthorization Act of 2019” and three other bills, entitled “Reauthorizing Vital Health Programs for American Families.” The Subcommittee received testimony from:

- Amy Hewitt, Ph.D., Director, Institute on Community Integration, University of Minnesota;
- Joseph Bocchini, M.D., Professor, Department of Pediatrics, Louisiana State University Health, Shreveport;
- Patricia Kunz Howard, Ph.D., RN, President, Emergency Nurses Association, Director, Emergency Services, University of Kentucky Healthcare; and
- Jill Kagan, Director, ARCH National Respite Network and Resource Center.

IV. COMMITTEE CONSIDERATION

H.R. 2035, the “Lifespan Respite Care Reauthorization Act of 2019” was introduced in the House on April 2, 2019, by Reps. Langevin (D–RI) and Rodgers (R–WA) and referred to the Committee on Energy and Commerce. Subsequently, the bill was referred to the Subcommittee on Health on April 3, 2019. Following a legislative hearing, the Subcommittee met in open markup session, pursuant to notice, on July 11, 2019, for consideration of the bill H.R. 2035. During consideration of the bill, an amendment in the nature of a substitute was offered by Ms. Eshoo (D–CA), Chairwoman of the Subcommittee, and was agreed to by a voice vote. Subsequently, the Subcommittee on Health agreed to a motion by Ms. Eshoo that H.R. 2035 be forwarded favorably to the full Committee on Energy and Commerce, amended, by a voice vote.

On July 17, 2019, the full Committee met in open markup session, pursuant to notice, to consider the bill H.R. 2035, as amended by the Subcommittee. At the conclusion of consideration of the bill, the full Committee on Energy and Commerce agreed to a motion by Mr. Pallone, Chairman of the Committee, that H.R. 2035 be ordered reported favorably to the House, as amended, by a voice vote, a quorum being present.

V. COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list each record vote on the motion to report legislation and amendments thereto. The Committee advises that there were no record votes taken on H.R. 2035.

VI. OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of rule XIII and clause 2(b)(1) of rule X of the Rules of the House of Representatives, the Committee’s oversight findings and recommendations are reflected in the descriptive portion of the report.

VII. NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Pursuant to 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the estimate of new

budget authority, entitlement authority, or tax expenditures or revenues contained in the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

The Committee has requested but not received from the Director of the Congressional Budget Office a statement as to whether this bill contains any new budget authority, spending authority, credit authority, or an increase or decrease in revenues or tax expenditures.

VIII. FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

IX. STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII, the general performance goal or objective of this legislation is to amend title XXIX of the Public Health Service Act to reauthorize the program under such title relating to lifespan respite care.

X. DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 2035 is known to be duplicative of another Federal program, including any program that was included in a report to Congress pursuant to section 21 of Public Law 111–139 or the most recent Catalog of Federal Domestic Assistance.

XI. COMMITTEE COST ESTIMATE

Pursuant to clause 3(d)(1) of rule XIII, the Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

XII. EARMARKS, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

Pursuant to clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 2035 contains no earmarks, limited tax benefits, or limited tariff benefits.

XIII. ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act were created by this legislation.

XIV. APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

XV. SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 designates that the short title may be cited as the “Lifespan Respite Care Reauthorization Act of 2019”.

Sec. 2. Reauthorization of Lifespan Respite Care Program

Section 2 amends Section 2904 of the Public Health Service Act to require each entity awarded a Lifespan Respite Care program grant or cooperative agreement to collect, maintain, and report certain data and records to the Secretary of Health and Human Services for the purposes of monitoring the administration of the grant and evaluating the effectiveness of different program activities. Subsection (b) would reauthorize the Lifespan Respite Care program at \$20 million in fiscal year 2020 and increase the funding level by \$10 million each fiscal year thereafter through FY 2024 to \$60 million.

XVI. CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, and existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * *

TITLE XXIX—LIFESPAN RESPITE CARE

* * * * *

[SEC. 2904. REPORT.

[Not later than January 1, 2009, the Secretary shall report to the Congress on the activities undertaken under this title. Such report shall evaluate—

[(1) the number of States that have lifespan respite care programs;

[(2) the demographics of the caregivers receiving respite care services through grants or cooperative agreements under this title; and

[(3) the effectiveness of entities receiving grants or cooperative agreements under this title.]

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.

SEC. 2905. AUTHORIZATION OF APPROPRIATIONS.

There are authorized to be appropriated to carry out this title—

- 【(1) \$30,000,000 for fiscal year 2007;
- 【(2) \$40,000,000 for fiscal year 2008;
- 【(3) \$53,330,000 for fiscal year 2009;
- 【(4) \$71,110,000 for fiscal year 2010; and
- 【(5) \$94,810,000 for fiscal year 2011.】
- (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.*

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