

unanimously for this legislation. It certainly deserves it.

Those families with loved ones who do have autism, I know that their gratitude will be unending for what is built into this act. It is worthy of them, and it is worthy of our vote.

Mr. BURGESS. Mr. Speaker, I yield 2 minutes to the gentleman from Georgia (Mr. CARTER).

Mr. CARTER of Georgia. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, reauthorizing the Autism CARES Act will continue the scientific development in understanding autism and support those with autism spectrum disorder.

Since its original passage in 2006, we have invested over \$3 billion for the National Institutes of Health, the Centers for Disease Control and Prevention, and Health Resources and Services Administration to help the autism community.

We provided services through programs and grants to benefit individuals with autism. We have improved training for those working with autistic patients, including how to better detect and diagnose autism.

We have expanded prevalence monitoring to improve our understanding of our population, and we have also invested in research that transforms our understanding of autism spectrum disorder and how we were able to treat and care for that community.

In Georgia, we are able to see up close what a big impact these programs can make in our children's lives. Children's Hospital of Atlanta's Marcus Autism Center is one of the largest autism centers in the U.S. Since opening, they have treated more than 40,000 children from Georgia and across the country, and we are blessed to have them in our State.

This reauthorization builds on our good work from the past, ensuring that places like the Marcus Autism Center can continue helping our children moving forward. I encourage my colleagues to support this legislation.

Mr. PALLONE. Mr. Speaker, I yield 1 minute to the gentleman from Rhode Island (Mr. LANGEVIN).

Mr. LANGEVIN. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I thank both the chairman and the ranking member of the committee and the sponsors of this important piece of legislation. I am proud to rise in support of the Autism CARES reauthorization act.

This issue is very personal to me. As an uncle of a young man with autism, my nephew, Joshua, I know how challenging this condition can be.

I also know that, unfortunately, we still don't know the causes, let alone how to cure autism. It underscores the importance of why this legislation is so important to continue to invest in research and, at best, treatments for the condition.

We do know, Mr. Speaker, that early intervention and early treatments do make a difference in the long-term outcomes.

□ 1530

So the provisions in this bill, the Autism CARES Act, are right on point. It is well thought-out and, again, encourages both research through NIH and the talented researchers who do this important work and, again, those who also treat both children and adults with autism. It is essential we pass this bill.

We also need to pay attention to the long-term care components. There are long-term care challenges that families have to contend with. We need to do our best to support them, and Mr. Speaker, I urge passage.

Mr. BURGESS. Mr. Speaker, I yield myself the balance of my time.

Once again, I want to thank my colleague, Mr. SMITH from New Jersey, for being the intellectual driver and providing the enthusiasm for getting this bill to the floor and getting it passed.

Mr. Speaker, I urge all colleagues to support this bill, and I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I don't think I can stress enough how important this legislation is. I do want to thank my colleague from New Jersey, the chief sponsor, and also our Democratic sponsor, Mr. DOYLE, for pushing very hard to make sure that this bill went through regular order in a timely fashion. I agree with Dr. BURGESS that, hopefully, this is something the Senate will take up and will get to the President quickly.

Mr. Speaker, I ask support by all of our colleagues for the bill, and I yield back the balance of my time.

Mr. WALDEN. Mr. Speaker, I rise today in support of H.R. 1058, the Autism Collaboration, Accountability, Research, Education, and Support Act, or Autism CARES Act. This important bill, led by Representatives CHRIS SMITH and MIKE DOYLE, reauthorizes the Interagency Autism Coordinating Committee along with funding for research, public health surveillance, and workforce development programs that directly impact patients with autism spectrum disorder. Reauthorization of these important initiatives demonstrates our commitment to provide a coordinated federal response to the needs of individuals diagnosed with autism and related neurodevelopmental disabilities. I'd like to thank Representatives SMITH and DOYLE for their tireless work on this important legislation and I urge my colleagues to vote yes.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 1058, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The title of the bill was amended so as to read: "A bill to amend the Public Health Service Act to enhance activities of the National Institutes of Health with respect to research on autism spectrum disorder and enhance

programs relating to autism, and for other purposes."

A motion to reconsider was laid on the table.

#### LIFESPAN RESPITE CARE REAUTHORIZATION ACT OF 2019

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass 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, as amended.

The Clerk read the title of the bill. The text of the bill is as follows:

H.R. 2035

*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. 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."*

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Texas (Mr. BURGESS) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

#### GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 2035.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 2035, the Lifespan Respite Care Reauthorization Act of 2019 sponsored by my colleague from Rhode Island, Congressman LANGEVIN. I am proud to support this program because it provides much-needed respite services and educational resources to family caregivers of children and adults of all ages with special needs.

Caring for a loved one can be incredibly rewarding but also demanding work. Surveys have shown respite is among the most frequently requested services by family caregivers. However, only a small percentage of caregivers can afford respite care. By reauthorizing and growing this program, we can expand access to these services across the country.

States who receive grants under the Lifespan Respite Care program have the flexibility to support family caregivers in a variety of ways. For example, some States use funds for consumer-directed vouchers or for the training of volunteer and paid respite providers.

My home State of New Jersey received a grant in 2011 and today still offers robust scheduled and emergency respite services to family caregivers. Without this program many families cannot afford these services.

In addition to helping relieve the emotional and financial stresses associated with caregiving, respite care can also save families and the healthcare system money. Research has shown that supporting caregivers with respite services reduces the odds of hospitalization and nursing home entry.

We know that more than 43 million adults are family caregivers of an adult or child with a disability or chronic condition, and the estimated economic value of family caregiving is approximately \$470 billion annually. As our population ages, the need for long-term services and supports delivered in the home will continue to increase and, as a result, so will the burden on family caregivers.

The Lifespan Respite Care program is the only Federal program that supports respite services for all ages and conditions, so I am glad that we are renewing our commitment to the program today.

Mr. Speaker, I urge support for the passage of H.R. 2035, and I reserve the balance of my time.

Mr. BURGESSION. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise to speak in favor of H.R. 2035, the Lifespan Respite Care Reauthorization Act of 2019. As many of us know from personal experience, being a caregiver for a loved one is a challenging and exhausting job, and for many Americans, it is a second full-time job. A number of those Americans are also caring for both aging parents and their own children. That is over 40 million Americans who have taken on the role of unpaid caregiver in the past year, and as our Nation's population ages, there will be an increasing number of caregivers who are struggling to balance the demands of caregiving with the rest of their lives.

The Lifespan Respite Care program aims to assist caregivers by providing them with the opportunity for a small, much-needed break from those responsibilities. H.R. 2035 would reauthorize funding for this program through fiscal year 2024, which is important because

this authorization had technically expired but continued to receive appropriations. Respite care is a critical resource for our caregivers who spend much of their time helping their loved ones each day.

Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield 5 minutes to the gentleman from Rhode Island (Mr. LANGEVIN), who is the sponsor of this legislation.

Mr. LANGEVIN. Mr. Speaker, I want to thank the gentleman for yielding and his important leadership on this bill and on the committee.

Mr. Speaker, I rise today in strong support of H.R. 2035, the Lifespan Respite Care Reauthorization Act of 2019, legislation that I introduced with my good friend and colleague from Washington State, Mrs. RODGERS.

In 2002, I authored the Lifespan Respite Care Act to create a network of services and supports for family caregivers across the Nation. In the years since the bill was signed into law in 2006, the Lifespan Respite Care program has provided grants to 37 States and the District of Columbia to streamline the delivery of planned and emergency respite services, provide access to direct care services, and address the direct service worker shortage by training respite providers. I am thrilled to be here today to continue building on Lifespan Respite Care's successes and reauthorize the program.

Mr. Speaker, family caregivers are a critical part of the long-term services and supports system in the United States. Approximately 43 million family caregivers provide hundreds of billions of dollars—and yes, that is billions with a B—in uncompensated care each year. In fact, in 2013, the last time that statistics were updated, uncompensated family care totaled—if you had to put a dollar figure to it—approximately \$470 billion. That is more than Medicaid spending for that year.

Respite care services provide short-term relief for family caregivers, allowing them time to account for their own health and wellness needs. Despite respite care being one of the services most often requested by caregivers, 85 percent of family members caring for adults don't receive any respite services at all.

For many older adults and people with disabilities, receiving care in the home is preferable, both from a quality of life perspective and a financial perspective. In addition to improving caregiver health, researchers also found that providing access to services such as respite care can reduce the need for admission to more costly institutional settings and allow individuals to remain in their own homes.

Mr. Speaker, the Lifespan Respite Care program is the only Federal effort that provides family caregivers access to respite care services regardless of the age or type of disability of their loved one. This is especially important for family members caring for individuals

with chronic illnesses or disabilities with an early onset, such as multiple sclerosis, brain injury, spinal cord injury, or ALS. Programs that are predicated on age or a certain degree of disability can often struggle when adapting to the needs of a young person with a degenerative disease, and the Lifespan Respite Care program helps to bridge those gaps.

For example, Lifetime Respite Care funds were used in my home State of Rhode Island to establish the CareBreaks program which helps family members caring for an individual of any age access respite when they have nowhere else to turn.

Reauthorizing the Lifespan Respite Care program at \$20 million in the first year and steadily increasing funding each year after will allow each State and territory to establish and maintain a respite care program. In authoring the original bill, I recognized that different States have different needs for caregivers. Expanding funding will grow additional, unique programs that directly address community needs. By taking this important step to support family caregivers, we move forward in our efforts to provide quality, community-based care for the millions of Americans with special needs.

Mr. Speaker, as an American with a disability—in fact, the first quadriplegic elected to the United States Congress—I know the immense service that caregivers provide. I am privileged enough to have paid home health aides, and I want to thank my CNAs, Dave, Valerie, Carolyn, Kelly, and many others over the years, for the vital assistance they provide me each and every day. But, injured as I was at the age of 16, I also relied on my family members; my brothers, Rick and Dave, and my sister, Joanne, and especially my mother and my late father, Richard, for their support over the decades. I would not be here before you today without their help, and I am forever grateful to them for their love and their care.

For so many families in a similar position around the Nation, this bill recognizes their sacrifice and the immense support that they provide to their loved ones while reducing the strain on our healthcare system. Indeed, Mr. Speaker, our family caregivers are truly unsung heroes.

Beyond those who helped me personally, Mr. Speaker, I want to recognize the many people who were instrumental in bringing this bill to the floor. In addition to the chair and the ranking member, I also want to recognize Jill Kagan with the ARCH National Respite Network for her coalition and her coalition partners for their tireless work to help families access respite care and provide technical assistance to States building respite programs.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. PALLONE. Mr. Speaker, I yield the gentleman from Rhode Island an additional 1 minute.

Mr. LANGEVIN. Mr. Speaker, on my staff, I am indebted to my health and disabilities LA Katie Lee and also Todd Adams, my Chief of Staff, who has been intimately involved in these issues for more years than he probably would like to admit.

I also want to thank again Chairman PALLONE and his staff, as well as Ranking Member WALDEN, for supporting this effort through the committee.

I also must acknowledge the leadership of Senator COLLINS. I hope that our actions today will help her in her effort to get this important bill through our sister Chamber.

Finally, again, I want to thank the gentlewoman from Washington State, my colleague, Mrs. RODGERS, for partnering with me on this bill when we first attempted to reauthorize this program in 2011 and for her continued leadership on this issue in Congress and on many others in the disability community.

Mr. Speaker, I urge my colleagues to support family caregivers and vote in favor of the Lifespan Respite Care Reauthorization Act. I thank the gentleman for yielding.

Mr. BURGESS. Mr. Speaker, I yield 5 minutes to the gentlewoman from Washington State (Mrs. RODGERS).

Mrs. RODGERS of Washington. Mr. Speaker, I want to first just say how much I admire and appreciate the leadership of Mr. JAMES LANGEVIN from Rhode Island on this important legislation. I am proud to have joined with him partnering to lead the legislation this year, the Lifespan Respite Care Act of 2019.

This is important legislation. I think he laid it out really well. It is supported with bipartisan support. It would authorize \$200 million in funding over the next 5 years for improved respite care services for families caring for loved ones battling chronic, debilitating conditions.

Today more than 43 million people are providing long-term care for family members in America. The role these caregivers play cannot be understated. They ensure that their loved ones receive the care that they desperately need in their homes and often at a lower cost.

Respite care providers relieve their family caregivers, and it is an essential part of our comprehensive healthcare approach. This legislation will support respite care agencies so that they can support family caregivers in communities across the country.

Mr. Speaker, I urge my colleagues to support it. It expands services and access to care, and it will improve healthcare outcomes.

□ 1545

Mr. BURGESS. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, most insurance plans do not cover the cost of respite care, but the Administration for Community Living at the Department of Health and Human Services works with the

ARCH National Respite Network and Resource Center to provide respite care to caregivers across the United States of America. This legislation is vital to ensuring that we maintain our access to respite care for our caregivers and their loved ones.

Mr. Speaker, I urge Members to support H.R. 2035, and I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield myself the balance of my time and just urge support for this legislation. Again, this is bipartisan, and I thank everyone who worked on it.

Mr. Speaker, I yield back the balance of my time.

Mr. WALDEN. Mr. Speaker, I rise today in strong support of H.R. 2035, the Lifespan Respite Care Reauthorization Act. This legislation, led by Representatives JAMES LANGEVIN and CATHY McMORRIS RODGERS, reauthorizes critical grants to states to implement coordinated systems of respite services for caregivers, provide planned and emergency respite services, recruit and train workers and volunteers, and provide information to family caregivers to help them access these critical services. Many of us have had a loved one with a caregiver—this bill provides those caregivers with the support they need and deserve. I urge my colleagues to vote yes on this legislation.

Ms. ESHOO. Mr. Speaker, I rise in support of H.R. 2035, the Lifespan Respite Care Reauthorization Act. I'm proud that my Subcommittee on Health advanced this bipartisan bill, authored by Representatives LANGEVIN and McMORRIS RODGERS.

This legislation is now being extended for five years and the funding for the program is being increased. The program is administered by the Administration for Community Living and has provided grants to 37 states and Washington, D.C. since it was created in 2009.

More than 40 million Americans serve as family caregivers and this program is their lifeline. Being an unpaid caregiver for a loved one can be physically and emotionally exhausting and isolating. The average family caregiver is a woman who works full-time and is providing care to both aging parents and children living at home.

This bill allows caregivers to take a break from their caregiving responsibilities. About 85 percent of family caregivers of adults are not receiving any respite services whatsoever but through the Lifespan Respite Care Program, caregivers can receive support services from highly qualified, well-trained staff.

Grant programs through the program support day care, transportation and summer camp for Americans living with disabilities. For their caregivers, these programs give them much needed time off, time to do chores around the house or just take a breather.

These programs are critical to the many Americans, mostly women, who are taking care of their loved ones every day. I'm proud to support this important legislation and I urge my colleagues to vote for H.R. 2035.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 2035, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

#### ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Proceedings will resume on questions previously postponed. Votes will be taken in the following order:

Ordering the previous question on House Resolution 509;

Adoption of House Resolution 509, if ordered; and

The motion to suspend the rules and pass H.R. 3375.

The first electronic vote will be conducted as a 15-minute vote. Pursuant to clause 9 of rule XX, remaining electronic votes will be conducted as 5-minute votes.

#### PROVIDING FOR CONSIDERATION OF H.R. 397, REHABILITATION FOR MULTITEMPLOYER PENSIONS ACT OF 2019; PROVIDING FOR CONSIDERATION OF H.R. 3239, HUMANITARIAN STANDARDS FOR INDIVIDUALS IN CUSTOMS AND BORDER PROTECTION CUSTODY ACT; PROVIDING FOR PROCEEDINGS DURING THE PERIOD FROM JULY 29, 2019, THROUGH SEPTEMBER 6, 2019; AND FOR OTHER PURPOSES

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the unfinished business is the vote on ordering the previous question on the resolution (H. Res. 509) providing for consideration of the bill (H.R. 397) to amend the Internal Revenue Code of 1986 to create a Pension Rehabilitation Trust Fund, to establish a Pension Rehabilitation Administration within the Department of the Treasury to make loans to multiemployer defined benefit plans, and for other purposes; providing for consideration of the bill (H.R. 3239) to require U.S. Customs and Border Protection to perform an initial health screening on detainees, and for other purposes; providing for proceedings during the period from July 29, 2019, through September 6, 2019; and for other purposes, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on ordering the previous question.

The vote was taken by electronic device, and there were—yeas 234, nays 198, not voting 0, as follows:

	[Roll No. 500] YEAS—234
Adams	Bass
Aguilar	Beatty
Allred	Bera
Axne	Beyer
Barragán	Bishop (GA)
	Blumenauer
	Blunt Rochester
	Bonamici
	Boyle, Brendan F.