

APRIL 1, 2019.

Hon. SUSAN COLLINS,  
U.S. Senate, Washington, DC.Hon. TAMMY BALDWIN,  
U.S. Senate, Washington, DC.Hon. JIM LANGEVIN,  
House of Representatives, Washington, DC.Hon. CATHY McMORRIS RODGERS,  
House of Representatives, Washington, DC.

DEAR SENATOR COLLINS, SENATOR BALDWIN, REPRESENTATIVE LANGEVIN AND REPRESENTATIVE McMORRIS RODGERS: We, the undersigned national organizations representing all ages and disabilities, are writing to offer our fervent support for and endorsement of the Lifespan Respite Care Reauthorization Act to reauthorize the Lifespan Respite Care Program at \$200 million over five years. We also want to thank you for your leadership in supporting the nation's family caregivers.

Every day, millions of American families are faced with unexpected illness, disease, or disability. A soldier is injured in war, a spouse develops multiple sclerosis or Alzheimer's disease, or a child is diagnosed with a developmental or physical disability or chronic illness. These are but a few examples of events that can forever change an individual's and family's trajectory.

While each situation is unique, the one thing that they often have in common is the incredible value of family caregivers. Forty-three million family caregivers provide a vast majority of our nation's long-term care, permitting individuals of all ages to remain in their communities and avoid or delay nursing home or foster care placements. AARP has estimated that in 2013, family caregivers provided \$470 billion in uncompensated care to adults, a staggering statistic that exceeds federal and state spending on Medicaid health services and long-term services and supports that same year.

While the benefits of family caregiving are plentiful, caregiving can take its toll—with older spousal family caregivers experiencing higher mortality rates, rates of acute and chronic conditions, and depression than non-caregivers. Respite—short-term care that offers individuals or family members temporary relief from the daily routine and stress of providing care—is a critical component to bolstering family stability and maintaining family caregiver health and well-being. Respite is a frequently requested support service among family caregivers, but 85% of family caregivers of adults receive no respite and the percentage is similar for parents caring for their children with special needs. Not surprisingly, high burden family caregivers (defined as those who assist their loved one with personal care such as getting dressed or bathing) cite lack of respite as one of their top three concerns.

To help provide family caregivers the support they need, the Lifespan Respite Care Program was enacted in 2006 with strong bipartisan support. The program provides competitive grants to states to establish or enhance statewide Lifespan Respite systems that maximize existing resources and help ensure that quality respite is available and accessible to all family caregivers. With more than half of care recipients under age 75 and more than one-third under age 50, Lifespan Respite rightly recognizes caregiving as a lifespan issue and serves families regardless of age or disability.

Though the program has been drastically underfunded since its inception, thirty-seven states and the District of Columbia have received grants and are engaged in impressive work such as identifying and coordinating respite services available through various state agencies, including veterans caregiver services; helping unserved families pay for respite through participant-directed voucher programs or mini-grants to community and

faith-based agencies; building respite capacity by recruiting and training respite workers and volunteers; and raising awareness about respite through public education campaigns. Originally authorized through Fiscal Year 2011, enactment of the Lifespan Respite Care Reauthorization Act is necessary to continue this excellent momentum, better coordinate and supply respite care to our nation's 43 million family caregivers through statewide Lifespan Respite programs and ensure that states are able to sustain the great work they have begun and still allow new states to receive a grant.

We thank you for your commitment to individuals living with disabilities, older individuals in need of assistance and support, and the loved ones who care for them and we look forward to continuing to work with you as the bill moves forward. If you would like more information, please contact Jill Kagan.

Sincerely,

AARP; Alzheimer's Association; Alzheimer's Foundation of America; Alzheimer's Impact Movement; American Association of Caregiving Youth; American Association on Intellectual and Developmental Disabilities (AAIDD); American Dance Therapy Association; American Music Therapy Association; The Arc of the United States; Association of University Centers on Disabilities (AUCD); Autism Society of America; Brain Injury Association of America; Caregiver Action Network; Caring Across Generations; Christopher & Dana Reeve Foundation; Easterseals.

Elizabeth Dole Foundation; Epilepsy Foundation; Family Caregiver Alliance; National Center on Caregiving; Family Voices; Generations United; The Jewish Federations of North America; Justice in Aging; LeadingAge; Lupus Foundation of America; The Michael J. Fox Foundation for Parkinson's Research; National Alliance for Caregiving; National Alliance of Children's Trusts and Prevention Funds; National Association for Home Care and Hospice; National Association of Area Agencies on Aging (n4a); National Association of Councils on Developmental Disabilities; National Association of Social Workers (NASW).

National Association of State Directors of Developmental Disabilities Services; National Association of State Head Injury Administrators; National Association of States United for Aging and Disabilities; National Down Syndrome Congress; National Down Syndrome Society; National Hospice and Palliative Care Organization; National Military Family Association; National Multiple Sclerosis Society; National Respite Coalition; Paralyzed Veterans of America; Program to Improve Eldercare, Altarum; Rosalynn Carter Institute for Caregiving; Sibling Leadership Network; TASH; United Spinal Association; Well Spouse Association.

#### SUBMITTED RESOLUTIONS

SENATE RESOLUTION 134—EXPRESSING THE SENSE OF THE SENATE THAT THE DEPARTMENT OF JUSTICE SHOULD REVERSE ITS POSITION IN TEXAS V. UNITED STATES, NO. 4:18-CV-00167-O (N.D. TEX.)

Mrs. SHAHEEN (for herself, Mr. SCHUMER, Mr. WYDEN, Mrs. MURRAY, Mrs. FEINSTEIN, Mr. JONES, Mr. BROWN, Mr. CARPER, Ms. ROSEN, Mr. DURBIN, Mr. MURPHY, Mr. BOOKER, Mr. REED, Mr. TESTER, Ms. HIRONO, Ms. BALDWIN, Ms. KLOBUCHAR, Mr. SANDERS, Mr.

LEAHY, Mr. VAN HOLLEN, Mr. WARNER, Mr. PETERS, Mr. WHITEHOUSE, Ms. HAS-SAN, Ms. STABENOW, Mr. UDALL, Mr. MERKLEY, Mr. MANCHIN, Mr. BLUMENTHAL, Mr. MENENDEZ, Ms. CORTEZ MASTO, Mr. CARDIN, Ms. SINEMA, Ms. DUCKWORTH, Mr. MARKEY, Mrs. GILLIBRAND, Mr. COONS, Ms. WARREN, Mr. HEINRICH, Mr. CASEY, Ms. CANT-WELL, Mr. Kaine, Mr. SCHATZ, Ms. SMITH, Mr. BENNET, Mr. KING, and Ms. HARRIS) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 134

Whereas, on February 26, 2018, 18 State attorneys general and 2 Governors filed a lawsuit in the United States District Court for the Northern District of Texas, *Texas v. United States*, No. 4:18-cv-00167-O (N.D. Tex.) (in this preamble referred to as "Texas v. United States"), arguing that the requirement of the Patient Protection and Affordable Care Act (Public Law 111-148; 124 Stat. 119) (in this preamble referred to as the "ACA") to maintain minimum essential coverage is unconstitutional and, as a result, the court should invalidate the entire law;

Whereas, in a June 7, 2018, letter to Congress, then Attorney General Jefferson Sessions announced that the Department of Justice—

(1) would not defend the constitutionality of the minimum essential coverage provision; and

(2) would argue that provisions protecting individuals with pre-existing medical conditions (specifically the provisions commonly known as "community rating" and "guaranteed issue") are inseverable from the minimum essential coverage provision and should be invalidated;

Whereas, in the June 7, 2018, letter to Congress, Attorney General Sessions also advised Congress that "the Department will continue to argue that Section 5000A(a) is severable from the remaining provisions of the ACA", indicating a difference from the plaintiffs' position in *Texas v. United States*;

Whereas, on December 14, 2018, the United States District Court for the Northern District of Texas issued an order that declared the requirement to maintain minimum essential coverage unconstitutional and struck down the ACA in its entirety, including protections for individuals with pre-existing medical conditions;

Whereas the decision of the United States District Court for the Northern District of Texas was stayed and is pending appeal before the United States Court of Appeals for the Fifth Circuit;

Whereas, on March 25, 2019, the Department of Justice, in a letter to the United States Court of Appeals for the Fifth Circuit, changed its position and announced that the entire ruling of the United States District Court for the Northern District of Texas should be upheld and the entire ACA should be declared unconstitutional;

Whereas, prior to 2014, individuals with pre-existing medical conditions were routinely denied health insurance coverage, subject to coverage exclusions, charged unaffordable premium rates, exposed to unaffordable out-of-pocket costs, and subject to lifetime and annual limits on health insurance coverage;

Whereas as many as 133,000,000 nonelderly people in the United States—

(1) have a pre-existing condition and could have been denied coverage or only offered coverage at an exorbitant price had they needed individual market health insurance prior to 2014; and

(2) will lose protections for pre-existing conditions if the ruling of the United States District Court for the Northern District of Texas is upheld in *Texas v. United States*;

Whereas, as of March 2019, employers cannot place lifetime or annual limits on health coverage for their employees, and if the ruling of the United States District Court for the Northern District of Texas is upheld, more than 100,000,000 people in the United States who receive health insurance through their employer could once again face lifetime or annual coverage limits;

Whereas, prior to 2010, Medicare enrollees faced massive out-of-pocket prescription drug costs once they reached a certain threshold known as the Medicare “donut hole”, and since the donut hole began closing in 2010, millions of Medicare beneficiaries have saved billions of dollars on prescription drugs;

Whereas, at a time when 3 in 10 adults report not taking prescribed medicines because of the cost, if the ruling of the United States District Court for the Northern District of Texas is upheld, seniors enrolled in Medicare would face billions of dollars in new prescription drug costs;

Whereas, as of March 2019, 37 States and the District of Columbia have expanded or voted to expand Medicaid to individuals with incomes below 138 percent of the Federal poverty level, providing health coverage to more than 12,000,000 newly eligible people;

Whereas, if the ruling of the United States District Court for the Northern District of Texas is upheld, the millions of individuals and families who receive coverage from Medicaid could lose eligibility and no longer have access to health care;

Whereas, as of March 2019, many people who buy individual health insurance are provided tax credits to reduce the cost of premiums and assistance to reduce out-of-pocket costs such as copays and deductibles, which has made individual health insurance coverage affordable for millions of people in the United States for the first time;

Whereas, if the ruling of the United States District Court for the Northern District of Texas is upheld, the health insurance individual exchanges would be eliminated and millions of people in the United States who buy health insurance on the individual marketplaces could lose coverage and would see premium expenses for individual health insurance increase exorbitantly; and

Whereas, if the ruling of the United States District Court for the Northern District of Texas is upheld, people in the United States would lose numerous consumer protections, including the requirements that—

(1) plans offer preventive care without cost-sharing;

(2) young adults can remain on their parents' insurance plan until age 26; and

(3) many health insurance plans offer a comprehensive set of essential health benefits such as maternity care, addiction treatment, and prescription drug coverage. Now, therefore, be it

*Resolved*, That it is the sense of the Senate that the Department of Justice should—

(1) protect individuals with pre-existing conditions, seniors struggling with high prescription drug costs, and the millions of people in the United States who newly gained health insurance coverage since 2014; and

(2) reverse its position in *Texas v. United States*, No. 4:18-cv-00167-O (N.D. Tex.).

**SENATE RESOLUTION 135—EXPRESSING THE GRATITUDE AND APPRECIATION OF THE SENATE FOR THE ACTS OF HEROISM AND VALOR BY THE MEMBERS OF THE UNITED STATES ARMED FORCES WHO PARTICIPATED IN THE JUNE 6, 1944, AMPHIBIOUS LANDING AT NORMANDY, FRANCE, AND COMMENDING THOSE INDIVIDUALS FOR LEADERSHIP AND BRAVERY IN AN OPERATION THAT HELPED BRING AN END TO WORLD WAR II**

Mr. BOOZMAN (for himself and Mr. COONS) submitted the following resolution; which was referred to the Committee on Foreign Relations:

**S. RES. 135**

Whereas June 6, 2019, marks the 75th anniversary of the Allied assault at Normandy, France, by troops of the United States, the United Kingdom, Canada, and Free France, known as “Operation Overlord”;

Whereas, before Operation Overlord, the German Army still occupied France and the Nazi government still had access to the raw materials and industrial capacity of Western Europe;

Whereas the naval phase of the Allied assault at Normandy was codenamed “Neptune”, and the date of June 6, 1944, is referred to as “D-Day” to denote the day on which the combat attack was initiated;

Whereas the D-Day landing was the largest single amphibious assault in history, consisting of—

(1) approximately 57,000 members of the United States Armed Forces;

(2) approximately 153,000 members of the Allied Expeditionary Force;

(3) approximately 5,000 naval vessels; and

(4) more than 11,000 sorties by Allied aircraft;

Whereas soldiers of 6 divisions (3 from the United States, 2 from the United Kingdom, which included troops of Free France, and 1 from Canada) stormed ashore in 5 main landing areas on beaches in Normandy, which were code-named “Utah”, “Omaha”, “Gold”, “Juno”, and “Sword”;

Whereas, of the approximately 10,000 Allied casualties incurred on the first day of the landing, more than 6,000 were members of the United States Armed Forces;

Whereas the Allied assault and following operations were supported by ships, aircraft, and troops from Australia, Belgium, Czechoslovakia, Free Norway, Greece, the Netherlands, New Zealand, and the Polish Armed Forces in the West;

Whereas the advanced age of the last remaining veterans of, and the gradual disappearance of any living memory of, World War II and the Normandy landings make it necessary to increase activities intended to pass on the history of those events, particularly to younger generations;

Whereas the young people of Normandy and the United States have displayed unprecedented commitment to, and involvement in, celebrating—

(1) the veterans of the Normandy landings; and

(2) the freedom brought by those veterans in 1944;

Whereas the significant material remains of the Normandy landings found on the Normandy beaches and at the bottom of the sea in the territorial waters of France, such as shipwrecks and various items of military equipment, bear witness to the remarkable and unique nature of the material resources

used by the Allied forces to execute the Normandy landings;

Whereas 5 Normandy beaches and a number of sites on the Normandy coast, including Pointe du Hoc, were the scene of the D-Day landings and constitute, and will for all time constitute—

(1) a unique piece of world heritage; and

(2) a symbol of peace and freedom, the unspoilt nature, integrity, and authenticity of which must be protected at all costs; and

Whereas the world owes a debt of gratitude to the members of the “Greatest Generation” who assumed the task of freeing the world from Nazi and Fascist regimes and restoring liberty to Europe: Now, therefore, be it

*Resolved*, That the Senate—

(1) recognizes the 75th anniversary of the amphibious landing of the Allies on D-Day, June 6, 1944, at Normandy, France, during World War II;

(2) expresses gratitude and appreciation to the members of the United States Armed Forces who participated in the D-Day operations;

(3) thanks the young people of Normandy and the United States for their involvement in events celebrating the 75th anniversary of the Normandy landings with the aim of making future generations aware of the acts of heroism and sacrifice performed by the Allied forces;

(4) recognizes the efforts of France and the people of Normandy to preserve for future generations the unique world heritage represented by the Normandy beaches and the sunken material remains of the Normandy landings by inscribing those beaches and remains on the United Nations Educational, Scientific and Cultural Organization (commonly referred to as “UNESCO”) World Heritage List; and

(5) requests that the President issue a proclamation calling on the people of the United States to observe the 75th anniversary of the Normandy landings with appropriate ceremonies and programs to honor the sacrifices made by their fellow countrymen to liberate Europe.

**SENATE RESOLUTION 136—SUPPORTING THE GOALS AND IDEALS OF NATIONAL SAFE DIGGING MONTH**

Mr. WICKER (for himself, Ms. CANTWELL, Mrs. FISCHER, and Ms. DUCKWORTH) submitted the following resolution; which was referred to the Committee on Commerce, Science, and Transportation:

**S. RES. 136**

Whereas each year, the underground utility infrastructure of the United States, including pipelines, electric, gas, telecommunications, water, sewer, and cable television lines, is jeopardized by unintentional damage caused by those who fail to have underground lines located prior to digging;

Whereas some utility lines are buried only a few inches underground, making the lines easy to strike, even during shallow digging projects;

Whereas digging prior to locating underground utility lines often results in unintended consequences, such as service interruption, environmental damage, personal injury, and even death;

Whereas the month of April marks the beginning of the peak period during which excavation projects are carried out around the United States;

Whereas in 2002, Congress required the Department of Transportation and the Federal