March 28, 2019

The Honorable Rosa DeLauro  
Chair  
Subcommittee on Labor, HHS, and Education  
House Committee on Appropriations  
2358-B Rayburn House Office Bldg.  
Washington, DC 20515

The Honorable Tom Cole  
Ranking Member  
Subcommittee on Labor, HHS, and Education  
House Committee on Appropriations  
1016 Longworth House Office Bldg.  
Washington, DC 20515

Dear Chairwoman DeLauro and Ranking Member Cole;

As you prepare the Fiscal Year 2020 Labor, Health and Human Services, Education, and Related Agencies Appropriations bill, we respectfully request that you include $20 million for the *Lifespan Respite Care Act* (P.L. 109-442) programs.

Respite care provides temporary relief for family members engaged in the full-time task of caring for their aging or disabled loved ones with special needs. Whether they are tending to a mother with Alzheimer’s disease, a husband injured in Afghanistan, or a child with autism, the over 43 million family caregivers in the U.S. provide approximately 80 percent of long term care. In fact, in a report issued by the AARP Public Policy Institute, the annual economic value of uncompensated family caregiving to the U.S. economy was estimated at $470 billion, which was more than total Medicaid spending for that year.

Although the benefits of family caregiving are plentiful, it can take an emotional, mental and physical toll. Respite is the most frequently requested support service among family caregivers; however, the vast majority of family caregivers still go without respite care. Access to respite services has been shown to improve caregiver health and well-being, promote family stability, reduce the likelihood of abuse and neglect, and avoid or delay the need for admission to costlier institutional settings, resulting in significant savings for the health care system and taxpayers.

The Lifespan Respite Care Program was authorized in 2006 as the only federal program to address respite issues for families regardless of age or disability. While some respite services are offered to certain populations through initiatives under the Department of Veterans Affairs and Medicaid, the lack of coordination and resources continues to impede access to these crucial supports. This program has already provided grants to 37 states and the District of Columbia to help coordinate federal, state and local resources and streamline the delivery of planned and emergency respite services, provide services for unserved groups, recruit and train respite workers, as well as train caregivers themselves.
For families and individuals who don’t qualify for any public or private respite funding, these programs may be holding out the only helping hand. For our wounded service members and veterans returning with traumatic brain injuries and other polytraumas, Lifespan Respite systems could be the lifeline their families must turn to in their new roles as life-long family caregivers. Further, Lifespan Respite is often the only open door for families affected by conditions and diseases like multiple sclerosis with earlier onset—since many existing respite programs have age restrictions and are targeted towards children or the aging.

With proper community supports like respite services, we can prevent the dramatic shift of these costs onto our health care system. The Lifespan Respite Care program is the only federal program that stands ready to meet these goals with funds for respite start-up, training, and coordination.

We urge you to include $20 million for Lifespan Respite Care Act programs in the FY20 Labor, Health and Human Services, Education, and Related Agencies Appropriations bill, and we look forward to working with you on cost-effective and proven ways to support our nation’s family caregivers.

Sincerely,

Jim Langevin
Member of Congress

Brian Fitzpatrick
Member of Congress

Debbie Dingell
Member of Congress

Chris Pappas
Member of Congress

Jeff Van Drew
Member of Congress

John Yarmuth
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