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 fam-
ily caregiving to the United States economy was esti-
minated at $470,000,000,000 in 2013, more than
total Medicaid spending of $449,000,000,000, in-
cluding both Federal and State contributions for
medical and long-term care in the same year.

(3) While caring for the aging population re-
mains a growing concern, more than half of care re-
cipients are under age 75, and almost one-third are
under age 50.

(4) Respite provides temporary relief to care-
givers 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 fos-
ter 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(8) The Lifespan Respite Care Act of 2006 (Public Law 109–442) was originally enacted to improve the delivery and quality of respite care services available to families across all age and disability groups by establishing coordinated lifespan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 life-line 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 devel-
opment 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 coop-
erative agreement under section 2902 shall collect, main-
tain, and report such data and records at such times, in
such form, and in such manner as the Secretary may re-
quire to enable the Secretary—

“(1) to monitor State administration of pro-
grams 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.”.