LIFESPAN RESPITE CARE ACT OF 2006

Mr. DEAL of Georgia. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3086) to amend the Public Health Service Act to establish a program to assist family caregivers in accessing affordable and high-quality respite care, and for other purposes, as amended.

The Clerk read as follows:

H.R. 3086

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 Act of 2006".

SEC. 2. LIFESPAN RESPITE CARE.

The Public Health Service Act (42 U.S.C. 201 et seq.) is amended by adding at the end the following:

NOTICE

The Government Printing Office will publish corrections to the Congressional Record as a pilot program that has been authorized by the U.S. Senate and House of Representatives. Corrections to the online Congressional Record will appear on the page on which the error occurred. The corrections will also be printed after the History of Bills and Resolutions section of the Congressional Record Index for print-only viewers of the Congressional Record.

By order of the Joint Committee on Printing.

TRENT LOTT, Chairman.

NOTICE

If the 109th Congress, 2d Session, adjourns sine die on or before December 15, 2006, a final issue of the Congressional Record for the 109th Congress, 2d Session, will be published on Wednesday, December 27, 2006, in order to permit Members to revise and extend their remarks.

All material for insertion must be signed by the Member and delivered to the respective offices of the Official Reporters of Debates (Room HT-60 or S-123 of the Capitol), Monday through Friday, between the hours of 10:00 a.m. and 3:00 p.m. through Wednesday, December 27. The final issue will be dated Wednesday, December 27, 2006, and will be delivered on Thursday, December 28, 2006.

None of the material printed in the final issue of the Congressional Record may contain subject matter, or relate to any event that occurred after the sine die date.

Senators' statements should also be submitted electronically, either on a disk to accompany the signed statement, or by e-mail to the Official Reporters of Debates at "Record@SecSenate.gov".

Members of the House of Representatives' statements may also be submitted electronically by e-mail, to accompany the signed statement, and formatted according to the instructions for the Extensions of Remarks template at http://clerk.house.gov/forms. The Official Reporters will transmit to GPO the template formatted electronic file only after receipt of, and authentication with, the hard copy, and signed manuscript. Deliver statements to the Official Reporters in Room HT-60.

Members of Congress desiring to purchase reprints of material submitted for inclusion in the Congressional Record may do so by contacting the Office of Congressional Publishing Services, at the Government Printing Office, on 512-0224, between the hours of 8:00 a.m. and 4:00 p.m. daily.

By order of the Joint Committee on Printing.

TRENT LOTT, Chairman.
Congressional Record - House
December 6, 2006

TITLE XXXIX—LIFESPAN RESpite CARE

SEC. 3901. DEFINITIONS.

"In this title—"

(a) ADULT WITH A SPECIAL NEED.—The term 'adult with a special need' means a person 18 years of age or older who requires care or assistance in—

(1) meet the person's basic needs;

(2) prevent physical self-injury or injury to others or to avoid placement in an institutional facility;

(3) AGING AND DISABILITY RESOURCE CENTER.—The term 'aging and disability resource center' means an entity administering a program established by the State, as part of the State's system of long-term care, to provide a coordinated system for providing—

(a) comprehensive information on available long-term care programs, options, and resources;

(b) personal counseling to assist individuals in assessing their existing or anticipated long-term care needs, and developing and implementing a plan for long-term care designed to meet their specific needs and circumstances;

(c) consumer access to the range of publicly supported long-term care programs for which the person may be eligible, serving as a convenient point of entry for such programs;

(d) CHILD WITH A SPECIAL NEED.—The term 'child with a special need' means an individual less than 18 years of age who requires care or supervision beyond that required of children generally in—

(1) meet the child's basic needs; or

(2) prevent physical injury, self-injury, or injury to others or to avoid placement in institutional care;

(e) ELIGIBLE STATE AGENCY.—The term 'eligible State agency' means a State agency that—

(1) administers the State's program under the Older Americans Act of 1965, administers the State's program under title XIX of the Social Security Act, or is designated by the Governor of such State to administer the State's program under this title; and

(2) is an aging and disability resource center;

(3) works in collaboration with a public or private, for-profit or nonprofit statewide respite care coalition or organization; and

(4) demonstrates—

(A) ability to work with other State and community-based agencies; and

(B) an understanding of respite care and family caregiver issues across all age groups, disabilities, and chronic conditions; and

(C) the capacity to ensure meaningful involvement of family members, family caregivers, and care recipients.

(f) FAMILY CAREGIVER.—The term 'family caregiver' means an unpaid family member, a foster parent, or another unpaid adult, who provides in-home monitoring, management, supervision, or treatment of a child or adult with a special need.

(g) LIFESPAN RESpite CARE.—The term 'lifespawn respite care' means a coordinated system of accessible, community-based respite care services for family caregivers of children or adults with special needs.

(h) RESpite CARE.—The term 'respite care' means 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.

(i) STATE.—The term 'State' means any of the States, the District of Columbia, the Virgin Islands of the United States, the Commonwealth of Puerto Rico, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.
a grant or cooperative agreement under this section is that the eligible State agency agrees to keep, on a continuous basis, records of the amounts and types of assistance and services provided, and the recipients thereof, and the costs incurred in providing such assistance and services.

(B) Determination of amount contributed.—Non-Federal contributions required by subsection (a)(2)(B) may be in any kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or substituted to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

(2) Term of grants or cooperative agreements under this section for terms that do not exceed 5 years.

(b) Renewal.—The Secretary may renew a grant or cooperative agreement under this section for the same term as the term of the grant or cooperative agreement determined under paragraph (1).

(c) Maintenance of Effort.—Funds made available under this section shall be used to supplement and not supplant other Federal, State, and local funds available for respite care services.

SEC. 2003. NATIONAL LIFESPAN RESPITE SOURCE CENTER.

(a) Estimation of needs.—The Secretary may award a grant or cooperative agreement to a public or private nonprofit entity to establish a National Resource Center on Lifespan Respite Care (referred to in this section as the "center").

(b) Purposes of the center.—The center shall—

(1) maintain a national database on lifespan respite care;

(2) provide technical assistance to State, community, and nonprofit respite care programs; and

(3) provide information, referral, and educational programs to the public on lifespan respite care.

SEC. 2004. REPORT.

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

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

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

(c) the effectiveness of entities receiving grants or cooperative agreements under this title.

SEC. 2005. AUTHORIZATION OF APPROPRIATIONS.

(a) There are authorized to be appropriated to carry out this title—

(1) $20,000,000 for fiscal year 2007; and

(2) $40,000,000 for fiscal year 2008.

(b) Sections 2003, 2004, and 2005 of the GAO report on lifespan respite care programs.

Not later than January 1, 2011, the Comptroller General of the United States shall conduct an evaluation and submit a report to the Congress on the effectiveness of lifespan respite programs, including an analysis of cost benefits and improved efficiency in service delivery.

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

Mr. DEAL of Georgia. Mr. Speaker, I yield myself as much time as I may consume.

Mr. Speaker, I rise today in strong support of H.R. 3236, the Lifespan Respite Care Act of 2008. This legislation is an important first step in offering help to the estimated 25 million Americans currently caring for a sick, aged or disabled loved one at home. Whether it is an aged parent or mother, a spouse who has suffered a work-related injury, or a child with a special need, almost all of us have either taken care of or know someone who is taking care of a loved one at home.

As an experienced caregiver for my mother and both of my wife’s parents, I am personally aware of the benefits of at-home care and also acutely aware that there are financial, emotional and physical burdens for the family caregiver that can sometimes be overwhelming. Respite is a caregiver focused service that allows family members to take a much-needed break from the daily emotional and physical stress associated with caring for a loved one at home. It also allows family caregivers to attend to financial and practical matters that occur outside their roles as caregivers, such as taking time to pay bills, go grocery shopping or go to a doctor’s appointment for themselves.

There are many forms of respite care, including at-home visits by a trained professional, in-home services or even volunteer respite services provided by local religious or civic organizations. While the demand for respite care services continues to grow at an almost exponential rate, many Americans today are confused by or unaware of the daunting array of public and private respite care options, but may also have difficulty understanding and navigating the complicated regulations and eligibility requirements for various public programs offering access to respite care.

The Lifespan Respite Care Act is an important first step that will set up clearingshouses of information to educate consumers about respite care options available in their areas. It will also allow States to offer consumer information on the broad array of programs offering long- and short-term care support services. The legislation also provides funding to build the needed infrastructure and coordinating capacity at the State and local levels so that more people can receive access to respite care, especially those in rural and underserved parts of the country.

For example, this is especially important for people living in many areas of the congressional district in northern Georgia, where people must often drive long distances to access the nearest doctor, hospital or long-term care facility. The bill will also support family-owned and -operated businesses, such as home care and day care centers, to keep them at home and delays or avoids other much more expensive options.

This legislation is only a first step in addressing the emerging needs of family caregivers in the United States. To solve this problem, we will need government, health insurance companies, long-term care and other health care providers and consumers all working together to find innovative solutions.

At this time, I would like to acknowledge the efforts of my colleague and vice-chairman of the Subcommittee on Health, the gentleman from New Jersey (Mr. FERGUSON). His passion on this issue is truly commendable, as are his tireless efforts to address so many health care concerns of importance to the American people. I would also like to thank Randy Pate of the Subcommittee on Health staff, and Mr. Dave Rosenberg, formerly of our staff, for their hard work on this important legislation.

Mr. Speaker, I would strongly urge my colleagues to support my bill.

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

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

Mr. Speaker, I rise today in support of H.R. 3236, the Lifespan Respite Care Act of 2008, and I am glad to be a co-sponsor of this legislation. Respite care programs are an integral part of the long-term delivery of long-term care. All too often family caregivers provide arduous and ongoing care for aging and disabled loved ones. The programs contained within this legislation are necessary to provide interim relief in these situations and for those overextended families. Despite the numerous Federal programs that have the potential to fund respite services, there is no single coordinated caregiver friendly program to support the development or implementation of lifespan respite care services.

Even where resources are available, many families cannot find providers who are adequately trained to
care for people with disabilities who can provide them the temporary relief that they desperately need.

The Lifespan Respite Care Act of 2006 would authorize the award of grants and cooperative agreements to eligible State agencies to develop or enhance lifespan respite care programs at the State and local levels. These grants and cooperative agreements would provide assistance to programs that provide training, information, counseling and access to the range of publicly supported long-term care programs for family caregivers of children and adults with special needs.

State agencies would work to ensure meaningful involvement of family members, family caregivers and care recipients. This bill would also establish the National Resource Center on Lifespan Respite Care to provide technical assistance, information referral and educational programs on lifespan respite care.

Without respite and other services of support for family caregivers, many are forced to quit their jobs or reduce their hours of work. Other would-be caregivers are forced to place their relatives in unwanted and more costly institutional or foster care programs.

H.R. 3248 enjoys a great deal of bipartisan support as well as support from a diverse stakeholder community, including Easter Seals, the National Education Association, the National Mental Health Association and the National Alzheimer’s Association. I would like to thank Mrs. Ferson for sponsoring this legislation and urge my colleagues on both sides of the aisle to support this measure.

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

Mr. DEAL of Georgia. Mr. Speaker, I am pleased to yield 10 minutes to the gentleman from New Jersey (Mr. FERGUSON).

Mr. FERGUSON. Mr. Speaker, I rise today in support of H.R. 3248, the Lifespan Respite Care Act. This important bipartisan legislation will, for the first time establish a national policy to help our nation’s 85 million family caregivers, including 260,000 New Jersey family caregivers who provide daily care for their loved ones with disabilities and chronic conditions or illnesses.

Instead of an institutionalized setting, in-home family caregivers provide minute-by-minute special assistance to a loved one with a disability or a critical illness or a chronic condition. Mr. Speaker, these family caregivers are workable people. They make extraordinary sacrifices to help those whom they love so dearly. I saw one such example firsthand almost 10 years ago when my mom was diagnosed with multiple myeloma. For 6 years, my dad cared for her as she battled cancer.

She lived longer than any of her doctors thought she would, and since she was in her 80s years ago, our family has looked back on those extra monumets we had with our mom, and we treasured them, knowing that it was my dad’s love and care which helped to make them possible.

There are tens of millions of family caregivers in this country who provide the same loving and compassionate care that we saw my dad provide for my mom to meet her life. In our family we were fortunate to have a support structure of relatives and friends who were able to provide a break for my dad when he really needed one. This was crucial for him. For him to stay healthy himself, it enabled him to provide better care for my mom.

But there are countless caregivers who are not blessed with that built-in support structure, and they are desperately in need of a break from time to time. Because while the benefits of in-home care can be great for the family, compared with institutionalized care, the cost for the family caregiver, from emotional to financial, can be enormous.

Across the country there are people like Karen Pinter of Hillsborough, New Jersey, providing in-home care. Karen provides around the clock care for her 10-year-old autistic daughter, Juste-sica. For Mrs. Pinter, these means receiving $40 a week from the New Jersey Family Support Center so that she can hire a tutor for her daughter.

Mr. Speaker, with a tutor, Karen Pinter can take a much-needed break so she can do simple things for herself and for her family that many of us take for granted, like writing out that week’s grocery list or preparing dinner or paying bills or simply taking a break for her self.

Respite for Eugenia and Roger Gore of Scotch Plains, New Jersey, helps them provide the care that their son needs. Their family uses respite services so their 13-year-old autistic son can attend an expanded-day program at school so Mrs. Gore can work outside the home to help further fund their family.

Now the Gore family uses their respite funds to enable Mrs. Gore to work outside the home. This helps alleviate a financial burden, but it does not allow their family the break that respite oftentimes would. Even as they applied to the State of New Jersey for support for some respite hours on a weekend so they could get that much-needed break for shopping or to attend one of their other son’s athletic games, unfortunately they were denied.

For caregivers providing intense and exhausting care 24 hours a day, 7 days a week, 365 days a year, the occasional short break can literally be a lifesaver. That is what respite care is. It is providing a break for caregivers.

Mrs. Pinter has told me that caring for a special needs child can be very joyful. It can also be very challenging, and she is right. Family caregivers suffer from poor health and even higher mortality rates than non-family caregivers, according to some recent studies. For example, mortality rates among older caregivers are 69 percent higher than among older non-caregivers. Two-thirds of family caregivers report physical or mental health problems that are linked to their care giving.

Nationally, there is no coordinated approach that exists among different levels of government or advocacy groups to help those who need respite care to find it and to qualify for it and to pay for it.

The problem is that respite care is in short supply or it doesn’t exist at all in some areas. This legislation that we are considering today would change that. The Lifespan Respite Care Act would improve coordination and planning for respite care and ensure that all train respite care providers. With $289 million over the next 5 years, the bill would also aid family caregivers in finding and paying for respite services through competitive grants to States to make quality respite care available and accessible, regardless of age or disability or family situation.

National and grassroots advocacy groups, including the AARP, Alzheimer’s Association, Epilepsy Foundation, National Multiple Sclerosis Society, Paralyzed Veterans of America, The Arc of the United States, and United Cerebral Palsy, they all support this legislation.

Why does this legislative effort have such strong support from such reputable organizations and many others? Because we know respite care works. Respite care improves the health and well-being of caregivers and reduces the risk of abuse or neglect. Importantly, it also delays or even avoids costly hospitalizations or placements in nursing homes or foster care.

Mr. Speaker, for over 2 years I have been working tirelessly with many of our colleagues on the Energy and Commerce Committee, the Health and Education Committee, and the Banking Committee on both sides of the aisle to bring this bill to the floor. I want to thank Chairman BARTON for his support and the ranking member of our committee, Mr. DINGELL. I want to thank Chairman NATHAN DEAL for his support of this bill. I know his heart is very close to this effort. I want to thank the ranking member, Mr. FALLON, as well for his strong support of this legislation.

I also want to thank the over 180 national and State and local organizations who, under the direction of the National Respite Coalition and its chair, Jill Kagan, who is here with us in our Chamber today with us, we have worked tirelessly on behalf of the Nation’s family caregivers on this issue. I want to thank Tom Fussaro from our staff in our office, and Eric Joyce from the Family Resource Network and the Epilepsy Foundation of New Jersey.
Congressional Record — House

December 6, 2006

H8777

Island, who has been such a strong supporter and my partner in this legislation all along the way. I will represent not only an important victory for family caregivers nationwide but also sends America’s caregivers a very clear message: Your selfless sacrifice is appreciated, and help is on the way.

Mr. FALLONE. Mr. Speaker, I yield 4 minutes to the gentleman from Rhode Island (Mr. LARUENI).

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

Mr. Speaker, I want to thank the gentleman from New Jersey (Mr. Finkenauer) for his leadership in this effort. I also want to thank Jill Kagan of the National Respite Coalition for her tireless efforts over many, many years.

Mr. Speaker, an estimated 26 million Americans are currently caring for an adult family member who is chronically ill or disabled. Additionally, an estimated 18 million children have chronic physical, developmental, behavioral or emotional conditions that place significant demands on their parents. Family caregivers live in all of our communities and they are often alone in bearing family responsibility and helping those who struggle with disease or disability to avoid more costly institutional placements.

While voluntary care is personally rewarding, it can result in substantial emotional, physical and financial strain on the caregiver. When one family member is caring for another, it doesn’t just take the time of the other responsible caregivers. The family simply stop. Children still need to be brought to school, food shopping still needs to be done, doctors appointments still need to be taken, particularly when it involves the caregiver themselves.

Mr. Speaker, they need to know that they are not alone and they need to know where to turn when the pressures of their situation become too much for them to bear. Respite care services relieve caregivers from daily care giving tasks on a temporary or even long-term basis.

Many lifespan respite programs are already in place at State and local levels, providing invaluable services to the families of people with chronic disease or disability. Yet in too many situations, caregivers fear they won’t know how to find information about available respite care and access to these services. In other cases, respite care is simply unavailable to those who need it.

I originally introduced the LifeSpan Respite Care Act in the 107th Congress, working with the National Respite Coalition to craft a bill that would assist states and local organizations in identifying and filling the gaps in their systems. While I do wish we could have addressed this important issue sooner, I am grateful to Representative Petri for his leadership in ensuring that this bill came to the House floor.

By passing this legislation and committing to build upon successful existing programs, we can make a powerful statement to Americans who are silently struggling right now. It is a statement of gratitude for their many hours of work and a statement of support for when the challenges become too daunting.

Mr. Speaker, I thank the congressional leadership for their hard work in moving this bill forward and bringing it to the floor today. I urge all of my colleagues to vote in favor of the LifeSpan Respite Care Act. To the people at home, help is on the way.

Mr. FERGUSON. Mr. Speaker, today I rise in support of the LifeSpan Respite Care Act. For over 2 years I have been working diligently with many of my colleagues on the Energy and Commerce Committee to bring this bill to the floor. Over 180 national, State and local organizations under the direction of the National Respite Coalition have worked tirelessly on behalf of the Nation’s family caregivers to help us get to this point. This legislation will for the first time establish respite as a policy in the estimated 50 million family caregivers, who dally provide care for their loved ones with disabling or chronic conditions or illness.

Most caregivers are not willing to provide this care out of love and commitment, but often at great cost to themselves physically, emotionally, and financially. One in five caregivers report that they are in fair or poor health; 43 percent report having a chronic health condition that requires ongoing medical care, putting themselves at great risk and jeopardizing their ability to provide continued care to their dependent loved ones. An estimated 45 percent of family caregivers are clinically depressed. A recent medical study found that older caregivers who were providing care for an elderly individual with a disability and experiencing caregiver strain had a 13-14 percent higher death rate than non-caregiving controls.

Caregivers are stretched thin in others ways as well, often with lost income and multiple family responsibilities. Nearly half of caregivers—48 percent—having a child, adult or elderly family member who have chronic or disabling conditions, have other children under age 18. Forty-two percent have family incomes less than 50 percent of poverty compared to 34 percent for women without family caregiving responsibilities. While most caregivers are employed, many are forced to make extreme financial sacrifices in order to continue to provide care. In a Iowa survey of parents of children with disabilities, a significant relationship was demonstrated between the severity of a child’s disability and their parents’ earning more work hours than other employees. They also found that the lack of available respite care interfered with parents accepting job opportunities. The cost of the U.S. businesses is even more staggering. A new study by Metropolitan Life Insurance Company and the National Alliance for Caregivers found that U.S. businesses lose from $17.1 billion to $33.6 billion per year in lost productivity of family caregivers. Offering respite to working family caregivers could help improve job performance and employers could save millions.

Still, many barriers exist to accessing respite—including a reluctance to ask for help, fragmented and narrowly targeted services, cost, and the lack of information about how to find it. If no one chooses a provider, there is an allowed funded service and resources are available to pay, a critically short supply of well-trained respite providers may prohibit a family from making use of a service they so desperately need.

Restrictive eligibility criteria also preclude many families from receiving services or continuing to receive services they once were eligible for. A New Jersey mother of a 12 year old with autism was denied additional services because she was not a single mother, was not at poverty level, and not exhibiting any emotional or physical conditions herself. As she told us, “Do I have to endure a failed marriage or serious health consequences for myself or my family before I can qualify for respite? Respite is supposed to be a preventive service.”

Respite reduces stress, enhances caregiver health and well-being, and ensures the safety and health of the loved ones in our care. Studies have shown that respite care for family caregivers has resulted in fewer hospitalizations for the children and elderly family members under care. Respite has also been shown to help reduce the likelihood of abuse and neglect and foster care placements. Research conducted by the ARCH National Respite Resource Center has also shown that respite can help keep marriages intact and enhance family stability.

Another study found that if respite care delays institutionalization of a person with Alzheimer’s disease by as little as a month, $11.2 billion is saved annually.

The bill authorizes $599 million over 5 years for competitive grants to States through Aging and Disability Resource Centers working in collaboration with State respite coalitions or other State organizations. These organizations provide or have expertise in respite to make
Services in implating the program to have all agencies in the state work collaboratively at every level, from developing program guidance and awarding grants and cooperative agreements, to monitoring and evaluation. Congress intends to implement the following guidelines: the Administration on Aging, the Administration on Developmental Disabilities, the Substance Abuse and Mental Health Services Administration, the Administration on Children and Families, including the Administration for Children and Families, the Maternal and Child Health Bureau, and other appropriate public health agencies in the Health Resources and Services Administration.

When considering a Federal agency to take the lead in implementation of this program, the Secretary of HHS should select an agency that is not limited in scope or function by any age or disability category, has experience in serving all populations across disability and age groups, and will ensure that the ADRC is collaborating fully and sharing joint responsibility with the nonprofit State level respite coalition or organization in implementing a State respite program.

Mr. Speaker, I urge my colleagues to support this legislation. With 80 percent of long-term care recipients being women, too many are shouldering the responsibility alone. At a minimum, they need respite to continue serving their loved ones at home where they belong.

Mr. TERRY. Mr. Speaker, I rise in support of H.R. 3248, the Lifespan Respite Care Act. This legislation would allow States to establish Lifespan Respite Systems to improve respite access and quality for the Nation's family caregivers regardless of age or disability. I am proud to say that the legislation is modeled on the Nebraska Lifespan Respite Program, which was championed legislatively in the State by myself, my good friend and colleague, State Senator Dennis Byars, and has made a world of difference to families in our State. I am also proud to say that this year's national respite conference was hosted by the Lifespan Respite program and the Nebraska Respite Coalition.

With passage of the Nation's second piece of State legislation on lifespan respite in 1999, the Nebraska Lifespan Respite System established the Nebraska Respite Net- work, a statewide system for the coordination of respite resources that serve the lifespan. Six regional entities are responsible for information and referral for families who need access to respite, recruitment of respite providers, public awareness, coordinating training opportunities for providers and consumers, quality assurance and program evaluation. The Lifespan Respite Subsidy component is available to persons of all ages across the lifespan with special needs who are not receiving respite services from any other government program.

The stress of continuous care giving can take its toll on family caregivers and is one of the greatest contributing factors to caregiver illness, marital discord that can lead to divorce, and costly out of home placements. Respite has been shown to alleviate these symptoms and even help delay or avoid foster care or nursing home placements. In Nebraska, a state Health Department survey of a broad array of caregivers who had been receiving respite found that 79 percent of the respondents reported decreased stress and 59 percent reported decreased isolation. In addition, one out of four families with children under 21 reported they were less likely to place their children in out-of-home care once respite services were available.

The Nebraska program works because it is efficient and maximizes existing resources across all age groups and disabilities by developing unique partnerships with Medicaid, early intervention, area agencies on aging and other state and federal programs that provide or support respite. The regional Lifespan Respite Network Coordinator recruits respite providers for Medicaid, as well as for the Lifespan Respite Program itself. The coordinator meets with staff from HHS, Developmental Disabilities, the Early Intervention program, and others on a monthly basis in order to determine need. Respite providers are recruited and trained to fill the gaps, and providers list are shared. Most importantly, all family caregiver populations must be served equally with no preference for or limitation by age or disability.

The Nebraska Lifespan Respite Program was cited as exemplary by the National Conference of State Legislatures as a model for States to emulate in implementing a Community-based long term care, and highlighted by the National Governors Association for best practices. I would urge the Secretary in implementing this program to base its program guidance on the success of the Nebraska model, especially in its ability to reach out to and serve all age groups, and I urge my colleagues to join me in supporting this important legislation today.

Mr. PALLONE. Mr. Speaker, I urge my colleagues on both sides of the aisle to support this bill, and I yield back the balance of my time.

Mr. DEAL of Georgia. Mr. Speaker, I likewise would urge the adoption of this resolution, and would yield back the balance of my time.

The SPEAKER pro tempore (Mr. BASS). The question is on the motion offered by the gentleman from Georgia (Mr. DEAL) that the House suspend the rules and pass the bill, H.R. 3248, as amended.

The question was taken; and (two-thirds of those voting having responded in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

AMENDING PUBLIC HEALTH SERVICE ACT TO MODIFY PROGRAM FOR SANCTUARY SYSTEM FOR SURPLUS CHIMPANZES

Mr. DEAL of Georgia. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5798) to amend the Public Health Service Act to modify the program for the sanctuary system for surplus chimpanzees by terminating the authority for the removal of chimpanzees from the system for research purposes.

The vote read as follows:

H.R. 5798

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,
The Senate met at 9:30 a.m. and was called to order by the President pro tempore (Mr. STEVENS).

PRAYER
The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.
Eternal Lord God, who alone spreads out the heavens and rules the raging of the sea, as we approach the end of the 109th Congress, our hearts sing in gratitude for Your providential care. While facing mountains and valleys, victories and defeats, we have been sustained by Your power and love. Through experiences of profit and loss, of success and failure, of health and sickness, of triumph and tragedy, You have worked for our good. Because of Your mercies,

NOTICE
The Government Printing Office will publish corrections to the Congressional Record as a pilot program that has been authorized by the U.S. Senate and House of Representatives. Corrections to the online Congressional Record will appear on the page on which the error occurred. The corrections will also be printed after the History of Bills and Resolutions section of the Congressional Record Index for print-only viewers of the Congressional Record.

By order of the Joint Committee on Printing.

TRENT LOTT, Chairman.

NOTICE
If the 109th Congress, 2d Session, adjourns sine die on or before December 15, 2006, a final issue of the Congressional Record for the 109th Congress, 2d Session, will be published on Wednesday, December 27, 2006, in order to permit Members to revise and extend their remarks.

All material for insertion must be signed by the Member and delivered to the respective offices of the Official Reporters of Debates (Room HT–60 or S–123 of the Capitol), Monday through Friday, between the hours of 10:00 a.m. and 3:00 p.m. through Wednesday, December 27. The final issue will be dated Wednesday, December 27, 2006, and will be delivered on Thursday, December 28, 2006.

None of the material printed in the final issue of the Congressional Record may contain subject matter, or relate to any event that occurred after the sine die date.

Senators’ statements should also be submitted electronically, either on a disk to accompany the signed statement, or by e-mail to the Official Reporters of Debates at “Record@Sec.Senate.gov”.

Members of the House of Representatives’ statements may also be submitted electronically by e-mail, to accompany the signed statement, and formatted according to the instructions for the Extensions of Remarks template at http://clerk.house.gov/forms. The Official Reporters will transmit to GPO the template formatted electronic file only after receipt of, and authentication with, the hard copy, and signed manuscript. Deliver statements to the Official Reporters in Room HT–60.

Members of Congress desiring to purchase reprints of material submitted for inclusion in the Congressional Record may do so by contacting the Office of Congressional Publishing Services, at the Government Printing Office, on 512–0224, between the hours of 8:00 a.m. and 4:00 p.m. daily.

By order of the Joint Committee on Printing.

TRENT LOTT, Chairman.

* This “bullet” symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

Printed on recycled paper.
Mr. ENZI. I ask unanimous consent the Senate proceed to the immediate consideration of H. R. 3246, which was received from the House. I ask unanimous consent there now be up to 60 minutes of debate equally divided between Senators Enzi and Taumoepeau or their designees with no amendments in order, and that following the use or yielding back of the time the bill be read a third time and the Senate proceed to a vote of passage without any intervening action or debate.

The PRESIDING OFFICER. Without objection, it is so ordered. The clerk will report the bill by title.

The Assistant Legislative clerk reads as follows:

A bill (H.R. 3246) to amend the Public Health Service Act to establish a program to assist family caregivers in accessing affordable and high-quality respite care, and for other purposes.

There being no objection, the Senate proceeded to consider the bill.

The PRESIDENT. The Senator from Wyoming.

Mr. ENZI. Mr. President, I would like to make a few brief comments. Then there will be others who will join me and Senator Coburn as well.

Currently there are over 40 million caregivers in the United States providing informal care or support to a disabled elderly relative. This represents one out of every five homes in the United States. The Lifespan Respite Care Act would help these caregivers by authorizing competitive grants to aging and disability resource centers in collaboration with State respite coalitions and organizations. That would make quality respite care accessible to family caregivers regardless of age or disability.

Respite care provides family caregivers with the time to maintain their own health, bolster family stability, and keep marriages intact. It also allows family caregivers to avoid or delay police intervention and nursing home or foster care placements.

Over 180 national and State organizations have endorsed this important legislation, including the Alzheimer's Association, the MS Society, Easter Seals, the National Child Abuse Prevention and Analysis Foundation, the ALS Association, and the National Patient Advocate Foundation, to mention but a few.

The House of Representatives passed the Lifespan Respite Care Act by voice vote without objection on December 5, 2005. In the Senate, a similar version passed unanimously in 2005 and has twice passed the Health, Education, Labor and Pensions Committee in previous Congresses. The bill has strong bipartisan support in the Senate.

I thank my good colleague, Senator Warner, for the leadership he has shown on this important legislation during this Congress and previous Congresses. It was his bill that we moved through the Health, Education, Labor and Pensions Committee with unrelenting enthusiasm. The bill was not here today to pass this bill and send it to the President for his signature.

I would also like to thank Senator Clinton, the sponsor of this important legislation, who has worked diligently on it.

I respectfully ask my Senate colleagues to approve this legislation and send it to the President to be signed into law.

Mr. WARNER. Mr. President, I rise in support of the Lifespan Respite Care Act.

I have long been a major supporter of providing community-based respite care services for family caregivers of children and adults with special needs. In fact, at the leadership can sponsor or co-sponsor of the Senate bill for several years, I am pleased that in previous years the bill has been approved by the HELP Committee twice and by the full Senate once.

This legislation was first brought to my attention by a number of Virginians suffering from ALS, also known as Lou Gehrig's disease, and by their family caregivers. The Lifespan Respite Care Act is important because these diseases as ALS, MS, Alzheimer's, can also affect far too many Americans.

While substantial investments have been made to help find cures for these diseases, we all know that until cured, these diseases will continue to have a home on their life's cycle. While those who are diagnosed with them, ALS, MS, Alzheimers, and other diseases all have a tremendous impact on the family and particularly on family members who, out of love and compassion, take care of their loved ones who are terminally ill.

Serving as a family caregiver, though, often results in substantial emotional, physical, and financial hardship. It can take a tremendous toll on the family. Respite care services can provide assistance.

Currently, the Federal Government does provide some respite care assistance to some family caregivers. However, these programs are directed primarily at lower-income populations and at family caregivers of older Americans. Thus, existing programs of respite care are insufficient to meet the need. This legislation is intended to fill the gap.

This important legislation will authorize competitive grants to Aging and Disability Resource Centers in collaboration with a public or private nonprofit State respite coalition to make quality respite available and accessible for family caregivers, regardless of age or disability.

In so doing, this bill will be a win-win-win for everybody involved. Patients will be able to receive care in the home from loving, caring family members rather than in a nursing home. Family members will be even further encouraged to serve as a family caregiver knowing that services will be available to assist them. The Federal Government and our health care system will recognize fiscal savings as—more care will be given in the home by a family member rather than in the more costly nursing home setting. As we all know, given the aging baby boomer generation, the cost of Medicaid nursing home care is expected to be a primary reason of increased health care costs in the years to come. The Lifespan Respite Care bill is one step in the right direction towards controlling these costs.

I would like to thank Republican Congressman Mike Ferguson of New Jersey for his work and dedication to this cause. He has been a champion on this issue for years and recognizes its importance based on his very personal experience, as he witnessed his father serve as a family caregiver. I would also like to thank the National Respite Care Coalition and its Chair, Jill Kagan, who has worked tirelessly on behalf of the Nation's family caregivers on this issue.

I also thank Senator Snowe, Senator Enzi, and Senator Gregg for their support. Finally, I thank Senator Clinton and her professional staff for partnering with me and my staff for the past 5 years on this important legislation.

Mr. HATCH. Mr. President, I rise in strong support of S. 1245, the Gynecologic Cancer Education and Awareness Act, better known as Johanna's Law. This bill needs to be signed into law as quickly as possible. Johanna's Law creates a national public awareness campaign to increase the knowledge of both women and their health care providers about gynecologic cancers. This national campaign will include written materials for the public on gynecologic cancers and public service announcements to encourage women to discuss their risks with their physicians. Their risks of...
gynecologic cancers. In addition, women will be directed on where to get additional information on the early warning signs and risk factors associated with gynecologic cancers.

The legislation also requires the Secretary of Health and Human Services, HHS, to submit a report to Congress on the past and present activities of the agency to increase awareness on all cancers, including gynecologic cancers. The report also would include information on what HHS is doing to educate health care professionals on these cancers. Once this report is submitted to Congress, the Secretary of HHS is required to develop and submit a strategy for improving efforts to increase awareness and public knowledge on gynecologic cancers. When developing this strategy, the Secretary is encouraged to consult with public and private sector groups, including non-profit organizations.

Finally, this legislation authorizes $19.5 million to be appropriated for this program from fiscal year 2007 through fiscal year 2009. I am extremely supportive of this legislation, and have worked to see its enactment this week.

Why is this bill important?

The stories of two very special women will answer that question. They have, I believe, made a huge difference in passing this legislation.

The first person is Grace Warren, who handled health care issues with great skill and for Congressman RALPH HALL of Texas for many years. Ms. Warren is one of those Hill staffers who is well known for her institutional knowledge and her professionalism. She is widely respected and loved on both sides of the aisle.

Unfortunately, Grace’s career on Capitol Hill was cut short in November 2003 when she was diagnosed with ovarian cancer. She retired from the House of Representatives last year, and passing this legislation became her passion.

Ms. Warren made a compelling case to both my office and the Senate HELP Committee on why this legislation needs to be signed into law this year. While Ms. Warren believes that this bill won’t do anything for those women who have already been diagnosed with gynecologic cancers, she recognizes that it will make a huge difference for other women who will help educate them on the early warning signs of gynecological cancers, such as abdominal swelling, gastrointestinal disturbances, lower back pain and abnormal bleeding.

The second person whom I would like to acknowledge is Ms. Fran Drescher who also must deserve great credit for getting this legislation through the Congress. Her commitment to having this bill signed into law has been very impressive to me.

Ms. Drescher has tirelessly visited with members of Congress this entire week and will be staying in town until this legislation is passed by both Houses of Congress.

While I have known Fran for many years, it was gratifying to be reminded of her tremendous enthusiasm and her dedication to women’s health. Ms. Drescher is extremely articulate when she is advocating for Johanna’s law. And that is because as a cancer survivor herself, she is strongly committed to educating women about awareness and early detection of gynecologic cancers.

It was painful for me to hear her story. Over a period of 2 years, Ms. Drescher tried to get a diagnosis for her symptoms. She saw eight doctors before being told that she had uterine cancer.

This should never happen.

Ms. Drescher recognizes that women must know the early warning signs of all gynecologic cancers and that tests are available because women cannot assume that these tests will be offered to them.

In addition, she is the author of the book Cancer Women which discusses how she beat uterine cancer. Her dedication and commitment have made a tremendous difference and we all greatly appreciate her efforts.

Both Ms. Warren and Ms. Drescher are truly amazing women who have shown a selfless dedication to making a difference in the lives of others.

It is for Grace Warren and Fran Drescher, and the many, many other women who will be challenged by gynecological cancers that we must pass this legislation.

I strongly support this bill because I want women and their health care providers to all be educated about the early warning signs of these cancers.

I want a screening test to be developed for ovarian cancer because of late stage diagnosis. This must change.

I am tired of women having limited health care options because of late stage diagnosis. This is unacceptable.

I am hopeful that we can start to make a difference in the lives of all women the minute that this bill is signed into law, and urge my colleagues to support Johanna’s Law.

The PRESIDING OFFICER, The Senator from New York is recognized.

Mrs. CLINTON, Mr. President, I am proud that we are finally sending the Lifespan Respite Care Act to the President for his signature. After 4 years of bipartisan efforts, we are delivering a great victory to American families providing care to a parent, child, or loved one.

Thank you to Senator Snowe who was the lead Republican on the legislation and has been a champion for this bill and family caregivers.

Thank you to Senator Warner for his efforts on the bill. Your leadership will make a difference in the lives of so many American families.

I want to express my appreciation to Representatives MIKE FERGUSON as the primary sponsor of the House bill as well as to Senator BURDEN. We would not be on the verge of enacting this bill without their work.

Deep appreciation and thanks to the Lifespan Respite Task Force, a coalition of 180 national, state, and local organizations under the direction of the National Respite Coalition. A special thank you to Jill Kagan of the National Respite Coalition for her leadership and invaluable work.

Today’s passage represents a tremendous win: for all caregivers, children, and loved ones being cared for at home; for family members providing a time-consuming, emotionally exhausting, and physically demanding labor of love; for our health care system; for our values; and for decisions based on evidence, not ideology.

Today, the fastest growing illnesses in our country are chronic illnesses. And our health care system—already burdened by rising costs, aging infrastructure, a growing population of elderly, and upside-down incentives—is struggling to adapt systems designed to provide acute and immediate care.

I urge all of us to be part of this effort. Family caregivers provide 90 percent of all long-term care in the U.S.—work that is virtually always unpaid but valued at more than $300 billion annually. The bill I urge you to send to the President will help close to this gap.

Today, we are sending a message to family caregivers: through extraordinary sacrifice, in a system plagued by problems, you are part of the solution—and today, finally, Congress is part of the solution, too.

Because of their responsibilities at home, caregivers have shown us that it is much more difficult for caregivers to find and maintain jobs. Many caregiving families are struggling to stay afloat. The cost of these businesses is estimated in the tens of billions of dollars, including the cost for employees who leave jobs due to overwhelming responsibilities at home.

The labor of love often results in substantial physical and psychological hardship. Research suggests that caregivers often put their own health and well-being at risk while assisting loved ones. Many caregivers are exhausted and are more prone to illness themselves. One study found that caregivers
are 51 percent more likely to experience sleeplessness and 61 percent more likely to experience depression.

Caregiving can even lead to marital discord and divorce.

Often, this incredible struggle—with little support despite the heroic efforts of the organizations advocating for and providing care—leads to more costly out-of-home placements as a family's only alternative.

Across our country quality respite care remains hard to find. Where community respite care services do exist, there are often long waiting lists. And until the Lifespan Respite Care Act, no Federal plan has focused on respite care to coordinate among disparate and fragmented services.

Now, after years of work on both sides of the aisle and between the Senate and House, we are finally going to begin to give these growing needs of family caregivers.

Respite care provides some much needed relief—for a few hours or a few days—from the daily demands of caring, which are vast. And we know respite care works.

In one study, 88 percent of caregivers said that respite care allowed loved ones to remain at home.

Nearly 100 percent believed respite care made them better caregivers and helped them manage the stress of this incredible responsibility and 80 percent even said respite care helped their marriages.

This act is about real family values and it is exactly what we should be doing in this chamber—no partisanship; understanding hardships and taking steps to help; common sense solutions that put families in charge, that provide the tools to improve their own lives and honor their loved ones, that serve our health care system and our values.

Families have stepped into the breach—and now with the Lifespan Respite Care Act, Congress is sending them a lifeline.

This legislation will expand access to respite care; improve local coordination of services; and help families find out about what is available and how to get the care they need.

This legislation will make respite services equally available to all age groups and prioritize those with special needs who do not qualify for any other respite services or who cannot find appropriate quality respite care in their communities.

It is critical that HHS ensures that the funds provided by this act are used by agencies and ADRG... which to date have primarily served the aging population—to serve all age groups and disability categories equally and without preference and without waiting periods or a phase in of age specific groups.

This legislation will also facilitate a coordinated approach at the Federal level. To ensure this critical component and maximize our investment, the grantees selected to implement Lifespan programs must be able to demonstrate unequivocally that they are working collaboratively at every level with agencies in HHS that have respite resources, including the Administration on Aging, the Maternal and Child Health Bureau, other public health programs in the Health Resources and Services Administration, and the Substance Abuse and Mental Health Administration, the Centers for Medicaid and Medicare, the Administration on Developmental Disabilities, and the Administration on Children and Families.

But improving the services at the local, state, and Federal levels is not enough. All family caregivers, regardless of the age, disability or chronic condition of their loved ones, should be able to access information on how and where to find a respite provider that meets their needs and on how to pay for services. The Lifespan respite program grantees will identify all the current respite funding streams in the State and assist a family in determining their eligibility for any existing private, State or federally funded respite program. If that family does not qualify for any existing services, the Lifespan respite program may use its funds to pay for respite. No family should struggle to obtain information on how or where to find or pay for respite care.

I thank Chairman Senator Enzi for his leadership on this Committee. It has been a privilege serving under him over these last several years, and I am very grateful to him for pushing forward a very positive agenda for the people of our country.

I am very proud that we are finally able to reach agreement on the Lifespan Respite Care Act and send it to the President to sign his signature. This has been a bipartisan effort from the very beginning. I am grateful to Senator Warner who has made a real difference in his leadership on behalf of this bill. I am grateful to Senator Snowe who was the first lead Republican on this legislation and has been a champion. I want to express my appreciation to Representative Mike Michaud, the primary sponsor of the House bill, as well as Congressman Jim Langevin. We would not be here on the verge of enacting this bill without their work.

Deep appreciation and thanks is due to the Lifespan Respite Task Force, a coalition of 100 national, State, and local organizations under the leadership and direction of the National Respite Coalition. As special thanks to Jill Kagan of the National Respite Coalition for her leadership and invaluable assistance.

As Senator Enzi said, this bill represents a tremendous acknowledgment of the families who are caring for their loved ones—for failing seniors, for children with disabilities, for a spouse who has been incapacitated by accident or chronic condition. Family members provide most of the support and the time-consuming physical labor and the emotionally exhausting input that really makes it possible to keep people at home.

You know, each year 44 million Americans care for an adult family member who has a chronic illness or disability. Almost 4 million Americans with developmental disabilities of all ages live at home with their families.

Senator Coburn and I were talking earlier today—this is such a human issue that affects the lives and the fortunes and the feelings of so many of our fellow Americans.

What this legislation does is to expand and enhance access to respite care services. What are those for? Those are to give that wife who is caring for her ailing husband a few hours off a week. Those are for that father who devotes himself to his child with a disability, those are for someone to go to go for a bit of respite while his child is still well cared for.

Family caregivers provide 80 percent of all long-term care in the United States. But as Senator Coburn and I were discussing, you don't get real financial help unless you put your loved one in a nursing home. There is something wrong with that. That doesn't reflect the deepest values of our society or our shared sense that our loved ones do for all of us is unpaid but valued at more than $300 billion a year. That is more than the entire amount of money we spent on Medicare in 2004.

Today our Congress is sending a message to family caregivers: We recognize and we honor your commitment and in many instances your sacrifice. We know that because of this care many caregivers cannot keep their jobs.

It becomes too much of a burden. They struggle to stay afloat. They start selling off assets. This is a labor of love that often undermines the health of the very people who are providing it.

We found that many caregivers suffer physical symptoms, sleeplessness, depression. They feel like they are all alone.

This incredible struggle is one that we will see more and more of in our country because of our aging population. I am grateful that we are going to be passing this legislation and giving some assistance to these courageous men and women, these parents, these children, these grandparents, these spouses.

I hope, also, that in the new Congress we will address something else I talked to Senator Coburn about—that we can do more. This is Senator Coburn and I particularly how to rearrange the incentives within our health care system, particularly through Medicaid, where 80 percent of the money is spent on 20 percent of the recipients. That is mostly for long-term nursing care at the end of life. Many people would rather be home or rather be in a less restrictive setting. If this is a statement of our concern, we need to follow that up.
CONGRESSIONAL RECORD—SENATE

December 8, 2006

This will provide what has been missing, improved coordination at the local level of services, helping families understand more about how to shoulder these burdens.

It is critical that Health and Human Services ensure that we serve all age groups, all disability categories, without preference, and that we begin to not just honor the fact that we see and the success on the Federal scale is too often accompanying it but really provide some support.

I am deeply appreciative of all who have worked over the last year to make this legislation possible. I look forward to working with my colleagues on both sides of the aisle to continue to address these long-term needs and address how to help people stay at home, how to support their families who are doing the most important work there is.

The PRESIDING OFFICER. Who seeks time?

Mr. ENZI. Mr. President, I yield 8 minutes to the Senator from Maine.

The PRESIDING OFFICER. The Senator from Maine is recognized.

Mrs. SOWBY. Mr. President, I thank Senator Enzi for the opportunity to speak today on this critical piece of legislation, as well as to commend the Senator from New York, Senator CLINTON, for her advocacy and leadership on this most critical issue which is paramount to families across this country, and to Senator WAXNER, who has also been a leading advocate and champion of this legislation. I certainly want to commend them both for making sure this legislation is coming to the forefront of the Congress in the final days and which, ultimately, will lead to its passage.

I also want to express my commendations to the sponsor in the House of Representatives, Congressman MIKE FERGUSON, because this is clearly a very evolved issue. He understands firsthand, personally, from his own family circumstances, how important care giving and respite services are for caregivers and how it is so essential and vital to our Nation’s families.

I know how important this is. In fact, I introduced the first legislation recognizing National Family Caregivers Week back in 1986. It is more than 30 years now. I have been involved in such endeavors. There is no question—and it has been irrefutable across this country—about the necessity of providing more support to those who provide support to families, to aiding family members. The fact is the need is more than $300 billion a year. We, also, know that it takes a tremendous toll on families to provide that care day in and day out.

That is why I think we do have a Federal responsibility and obligation to ensure that we can coalesce those resources that can make it easier and to mitigate the impact on those family members who are providing around-the-clock care.

When I first became involved in this issue in the House more than 30 years ago, I took it upon myself to visit homes throughout my congressional district in the State of Maine. What I saw was incredible. I saw older folks taking care of their older family members, doing the most incredible things, medically and otherwise, to provide round-the-clock care to their ailing family members. It was clear to me that we need to do more to provide the respite support for family members so they can have the ability to have support outside the family which is critical for them, so they can continue to keep their ailing family member at home but at the same time having the kind of care which is so essential to help them get better.

That is what this is all about. It is helping those who need our help. Certainly, to have the support of the type of facilities and services that exist in a particular community which can address their needs and who they can turn to for advice is absolutely instrumental. It, also, leads to a higher quality of life for many because they can be at home, with a provided home care. They can be at home and get the kind of support that otherwise would be necessary if they had been institutionalized or hospitalized.

In addition, such care can also result in substantial cost savings to the family, to the Government, and to the community, in fact. I truly believe it’s our national interest to provide these benefits. I think, frankly, the support of such care has been all too limited. This is long overdue. That is why I commend Senator CLINTON and Senator WAXNER and some others who have given their support to this type of initiative.

We, clearly, have a Federal obligation and responsibility to focus on this kind of respite care that is so essential for allowing people to take care of their ailing family members in a home setting. It certainly eases and mitigates the incredible costs, whether it is on Medicaid or Medicare. It can save families thousands of dollars a year.

This is something that is in our national interest. I think it is also crucial that we ease the burden of this responsibility which is placed on caregivers as well. It is critical that they have access to better information on services and be able to provide it. They are heroes in every sense of the word.

We think about life expectancy today and how many years caregiving will be provided by the American family. It can be 17 years, at the minimum, for an elderly parent. I think it gives a dimension to the issue and the problems that are at stake if we fail to provide the kind of support which is necessary.

That is why I have introduced legislation, the Refundable Dependent Care Tax Credit. For example, I think we should provide 100 percent of the incentives and support to families that enables them to take care of their loved ones at home.

When I first visited homes where people were providing this kind of care, I was absolutely astonished at the level of care these individuals were providing their family members. I sure to me then, and it is one that has remained with me ever since, that we have to do everything conceivably possible to amass the resources and the support for these family members.

When you think of the dimensions of the problem, when you think about the demographics in America and the life expectancy, it is all too clear that the Federal Government play a role. That is exactly what this legislation is all about. It will provide the kind of resources that are going to be important, it will provide the package, it will increase the availability of appropriately trained respite care providers and volunteers again, another aspect to the entire spectrum of resources I think we need to provide these families who are providing the caregiving support.

Frankly, we need to have more respite care providers. It eases the burden on these family members and to Senator WAXNER and do other things in the day, what is required in daily living, that they have the ability to know they can fall back on the type of support which will provide the continuity of care and the level of care their family members certainly deserve. I think this legislation goes a long way in providing that kind of support and eases the burden on these families who are so devoted to their loved ones.

I think, frankly, we will have to do more. That is why, as we are looking at a tax incentive in the overall tax package, we have to give some review to the notion of having a tax credit that is refundable for providing this kind of dependent care. I think it is going to be a challenge for the future, Frankly, given the dimensions of this problem which is certainly lurking on the horizon.

I want to, again, commend Senator CLINTON for her leadership in making this possible and to Senator WAXNER and, of course, Congressman FERGUSON, in the House, and all those who supported it—and Chairman ENZI, as well, for his leadership in making sure that the passage of this legislation will become a reality when you consider I think the enormity and the magnitude of the care and support that it will give to families who most deserve it.

I yield the floor.

The PRESIDING OFFICER. Who yields time? The Senator from Oklahoma.

Mr. COBURN. Mr. President, I was asked to allow this bill to come up at this late hour in the Congress. This bill is going to pass. The goals of this bill are very worthy. As a practicing physician, and knowing the families whom I take care of and the family members they have, I know the burden that is placed on multitudes of people. When these people take care of their loved ones in their own homes, in terms of quality of life, I have no argument with the intent and background of what is trying to be accomplished. But I want to make three points.
One is how this place operates. What we do at the end of the session is we try to run hundreds of bills through that very fast people have thoroughly looked at, that drives all sorts of new spending, that does not get the privilege of the debate that the American people deserve on the priorities of how we want to spend this money. That needs to change. It is a terrible way to govern. It is inappropriate in the way we do it. It has more to do with the rules that we create the Senate under than anything else. That ought to be changed.

There is no question I am known for my desire to try to get our fiscal house in order. For example, this bill is great, but what the American people are never going to ask out of the almost $350 million that this bill authorizes, where is the money going to come from to pay for it? What priority is going to be decreased so that priority can be increased?

We have in the Social Security account a surplus this year. We have a $341 billion deficit. A lot of my friends who are on the Federal Financial Subcommittee of the Committee on Governmental Affairs, where we have identified a pure $100 billion worth of waste, fraud, or duplication in this Government, and no one wants to change that. It is easy for us to come out here and call for a $350 million on any program. But it is very hard for us to get together and do the hard work of eliminating the fraud, waste, and duplication.

There are two other programs that have money in them available for this, not the correct way, and not done as good as this bill does it. We haven’t done anything in this bill to change those programs to redirect any of that money through. So now we are going to have three programs that have an impact in this area. Representative Franks and other colleagues have done a great job of bringing this up. But unless we change the culture of how we operate, we are going to enhance what we call the birth tax. When you are born today in this country, counting the unfunded liabilities for Medicare, Medicaid, and Social Security, you are born having Habilites of $456,000 on you the day you are born. We are adding a little bit to that. We are adding a little bit more and a little bit more.

Until we get together and say we are going to review this Government and get rid of waste, fraud, and abuse, we are going to care as much about the person who is born today as we care about those who need some respite care, legitimate rest from the care of parents and people they love. We do it. We will do a great disservice. We are doing a great disservice in this country.

Two weekends ago, I delivered a 9 pound, 1 ounce baby to a woman whom I had delivered a baby to before. I had very well controlled her gestational diabetes. She had delivered a 9-pound baby before that. I thought about the 2½ minutes it took me, from the time I decided I couldn’t deliver a baby in a normal way for her. It took me 2½ minutes from the time of that crunch when there was no way to get a baby out, with a heartbeat of 50 beats per minute—which is about 40 percent of what a normal baby is in trouble; it took me about 2½ minutes to go around and get that baby out of that momma. We saved that baby’s life.

Now, the corollary is, I had warning signals. I had indications that said things aren’t going right. And with this body, this Congress, this Government is—we have allowed it; I will not warn signals. The baby is going to die. Our country is going to drown in debt.

The processes by which we operate include not paying attention to the people, we are not just making the hard choices on priorities, not offsetting, not deauthorizing something else that is not working where there are billions of things that are not working, another problem. We are adding to that.

As a Senate, we are not ill-intentioned; we just are not paying attention to the warning signals. We are not paying attention to the people that monitor who are in charge of our country and the future for the next generations. It is just as laudable to care as much about the next two or three generations that come down the road as the care for those who need our help today, except this bill doesn’t do that.

This bill is going to go by voice vote—and I will have allowed it; I will not even vote against it—but I wanted this time to make this statement.

What will follow this bill today is a tragedy. We are going to spend another $17.6 billion under the Medicare package that is getting ready to come through this place. We are going to pick up the bills mining companies owe us and we are going to charge that to the cost of things in this country. We are going to overspend on lots of things. We are not going to cut doctor’s fees—and I am a doctor—but we are not going to pay for it. We are going to pay for it through gimmicks, and we are going to tell everybody that we are doing great things. In fact, we are being dishonest.

There are two cultural problems that have to change: We have to quit authorizing new programs unless we de-authorize other programs, and we have to reach across the aisle and say that we need to work together. Whatever we have, and whatever is duplicative, let’s get rid of it and save these costs. If one does not work as well, put the money in the other and save the money.

Let’s get rid of that fraud. We are paying out $36 billion a year to things we should not be paying for right now, and that is an underestimate because we have only looked at 60 percent of the Government in terms of improper payments. We still have a law that is not being followed by 40 percent of the agencies. They are not reporting their improper payments. We had a Pentagon that paid $6 billion in the last 5 years for contractors for performance bonuses, and they did not come close to reaching the performance basis for the bonus. That is our fault. That is us. We are charged with the responsibility of doing that.

The final point I wish to make is that if we keep nibbling around the edges on health care, we are going to find ourselves in the biggest jam in the world. We have two choices: We are going to either have government-run health care or we are going to control the costs by basically allocating it at end of life and telling people what they cannot have. That is how most other countries do it. Or we will fix health care. We spend 16.3 percent of our GDP on health care, and $2.3 trillion is what we will have spent at the worth, we have 18.5 percent of our GDP. The closest country in the world spends 11 percent of GDP on their health care, and they don’t have a government-run health care anymore.

Fully $1 out of every $3 we spend on health care today does not go to help somebody get well or keep them healthy. Our prevention programs, which is the key to our success in solving our health care problems, are abysmal. They are wasteful. They are not effective. We talk about diabetes, we talk about obesity, but we are in no way in any shape of it. We can make a difference in prevention.

We have to address that issue, and I believe this is a fix around the edge. We need a comprehensive fix and a look at health care in America. We need to do it knowing the motivation.

Most people are surprised to learn that out of that $2.3 trillion we spend on health care every year, $135 million is spent on things that are designed to stop providers to protect themselves from lawsuits. Now, we need a good trial bar. We need to be held accountable. But it has gotten so far out of hand that we are adding to the birth tax.

I beg my colleagues and the American people who are listening to this, let’s get our act together. Let’s start not just authorizing, let’s deauthorize before we authorize. Let’s fix health care. Let’s do oversight in a way that saves money for the future. If we have eliminated the waste, we can eliminate the fraud, we have eliminated the duplication in this Government, we have to go to the American people and say: Shouldn’t we pay a little more taxes and be rather asked for this birth tax?

Remember, the birth tax is over $400,000 per baby right now. Every baby I deliver, the first thing I see is a beautiful young child, and then in the back of my mind I wonder, how are you ever going to get out of this mess we have left you?

I appreciate the concern and the intent of those supporting this bill. This bill has come to the Senate in the
wrong way. This bill should have had its authorization offset. This bill does address a very real need, but there are a lot of very real needs out there that we need to do that we cannot do and we cannot fund because we are not doing our job.

Our country is at a crossroad. The fatal monitoring alarm is on. The baby’s heartbeat is low. It is time to do what is necessary. The debt burden cannot be swallowed, the unfunded liabilities cannot be handled. It is up to us to change that. Let’s lower that high tax. Let’s get rid of that. Let’s work together to do the things we can do to lessen that impact on the generations to come.

I reserve the remainder of my time.

The PRESIDING OFFICER (Mr. DE MINT). The Senator from Wyoming.

Mr. ENZI. I am not aware of anyone on our side who wishes to speak.

I thank the Senator from Oklahoma, Mr. Coburn, for his concise and important comments, the warning signs he has given. I congratulate him for the times he has already constrained spending. He mentioned the preventive care tax. Maybe his comments have already resulted in people taking on a little bit more regarding preventive care. There is a lot more that can and should be done. I urge Members to receive his words.

I thank the Senator for the cooperation on different bills as they have gone through and made changes. I yield back the remainder of my time.

The PRESIDING OFFICER. All time is yielded back.

The question is on the third reading and passage of the bill.

The bill (H.R. 3248) was ordered to a third reading, was read the third time, and passed.

Mr. ENZI. I move to reconsider the vote.

Mrs. CLINTON. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

MORNING BUSINESS

Mr. ENZI. I ask unanimous consent that the Senate proceed to a period of morning business, with Senators permitted to speak for up to 10 minutes each, with the following lineup: 10 minutes for Senator Dorgan; 15 minutes, Senator DeMint; 10 minutes, Senator Lautenberg; Senator DeWine until 3:15; Senator Lincoln at 3:15 for 45 minutes; Senator Dorgan for 15 minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

The Senator from North Dakota.

Mr. DORGAN. Mr. President, I ask unanimous consent that my 15 minutes be extended to 20 minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

INDIAN HEALTH CARE

Mr. DORGAN. Mr. President, I rise to talk about a piece of legislation that is not getting completed, and I will do that in a very important piece of legislation.

I thank my colleague from Oklahoma talks about a number of important issues.

Regarding the issue of health care, clearly we have to deal with the health care issue. He mentioned the amount of money spent on health care. It is true, we spend more money per person than anybody in the world, by far. And by the way, we rank 48th in life expectancy. Yes, 48th—not 20th or 2nd but 48th in life expectancy, a country which spends more than any other country per person in the world on health care. We have a lot to do on health care.

With respect to fiscal policy, my colleague raises an important point about things that come to the Senate—proposals, ideas—that are not paid for. He raises an important point. They should be paid for.

The largest area of that kind of expenditure, by the way, in recent years, has come at the request of the President. Nearly $400 billion, now, is the cost for the war in Iraq, Afghanistan, and the fight against terrorism. None of it is paid for. We have sent America’s sons and daughters to war, wearing America’s uniform, and essentially said to them: By the way, go fight; when you come back, you can pay the bills because the President has not asked and this Congress has not had the courage to decide we ought to pay for that which we spend. That does need to change.

I noticed this morning in the Washington Post an article by a man named Samuelson, apparently an economist. I have read some of what he has said over the years. He talks about the value of the dollar, decreasing, decreasing, and its consequences on our country. He described all the reasons except the real reason. The real reason our dollar has decreased in value is we have an unsustainable trade deficit of $800 billion a year, $32 billion a day, day after day after day. That is unsustainable and will, without question, jeopardize this country’s future. It will have a profound influence on the value of the dollar with respect to the value of our currency. That will have an influence on virtually everything else in this country.

So we have to get our hands around this issue of international trade and start demanding and insisting on fair trade, start dealing with our trading partners—China and other countries, Japan, South Korea, Europe—that we are not going to allow these dramatic trade imbalances to occur. They will have dramatic consequences on this country’s economic future. I will have more to say about that at another time.

Because there was discussion about health care in the Senate, I wanted to speak about something that isn’t getting done today, and it is a real tragedy. I use the word “tragedy” because it is the right word to use about this issue.

Senator JOHN MCCAIN and I have worked as chairman and vice chairman of the Indian Affairs Committee all of this session of the Congress to try to pass a piece of legislation called the reauthorization of the Indian Health Care Improvement Act. We come to the end of the session without progress, unfortunately.

Senator McCain has done great work on this. My other colleagues—I notice my colleague from Wyoming, who is in the Chamber—have worked with us on this issue. The Indian Health Care Improvement Act should have been done by the end of the session; we have not been passed. We come to the end of another session of the Congress and it is not getting done. There is a reason for that. We have written legislation that can be bipartisan, and no after day after day, month after month, the agencies and the administration have objected.

Let me describe what we face with respect to Indian health care. A good many American Indians, Native Americans, live in Third World conditions. I have spoken about it many times on the floor of the Senate. They live in the Third World countries of this country. I have spoken about the grandmother who lay down in this country on a cot in a house and froze to death. It is in this country. Read that story and then ask yourself: What backward Third world country did that occur in? It occurred in this country.

The fact is, whether it is health care or housing or education, we face a bona fide crisis on Indians. We have a responsibility, what is called a trust responsibility, for Indian health care. We spend twice as much per person as a country to provide health care for Federal prisoners for Native Americans for whom we have a trust responsibility. They get half the support we provide to Federal prisoners for health care.

Talk to the Indian Health Service. They will not give you this number willingly, but talk to them long enough and they will tell you, finally, that 40 percent of the health care needs of Native Americans living on Indian reservations is unmet. That is health care rationing.

Now, let me describe, if I might, just the consequences of that, perhaps, by telling you of some real people. We had a tribal chairman who testified before our committee who said: On our reservation it is widely known, don’t get sick after June first, because after June first, there is no more contract health money. And if you get sick after June first and show up at a hospital, and your problem is not “life or limb,” then you’re not going to be treated, you’re not going to be paid for.