House of Representatives

LIFESPAN RESPITE CARE ACT OF 2006

Mr. DEAL of Georgia. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3268) 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. 3268

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@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.

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By order of the Joint Committee on Printing.

TRENT LOTT, Chairman.
CONGRESSIONAL RECORD - HOUSE
December 6, 2006

H8774

"TITLE XXIX—LIFESPAN RESPITE CARE

SEC. 2901. DEFINITIONS.

In this title:

"(1) 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 services to:

(A) meet the person’s basic needs;

(B) prevent physical self-injury or injury to others or the avoidance of placement in an institutional facility.

(2) 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.

(3) 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:

(A) meet the child’s basic needs; or

(B) prevent physical injury, self-injury, or injury to others.

(4) ELIGIBLE STATE AGENCY.—The term ‘eligible State agency’ means a State agency that—

(A) 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 programs under this title;

(B) is an aging and disability resource center;

(C) works in collaboration with a public or nonprofit state-wide respite care coalition or organization; and

(D) demonstrates—

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

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

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

(5) 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.

(6) LIFESPAN RESPITE CARE.—The term ‘lifespan respite care’ means a coordinated system of accessible, community-based respite care services for family caregivers of children or adults with special needs.

(7) 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.

(8) STATE.—The term ‘State’ means any of the 50 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.

SEC. 2902. LIFESPAN RESPITE CARE GRANTS AND AGREEMENTS.

(a) PURPOSES.—The purposes of this section are—

(1) to expand and enhance respite care services to family caregivers;

(2) to improve the statewide dissemination and coordination of respite care; and

(3) to encourage and improve access and quality of respite care services to family caregivers, thereby reducing family caregiver costs and improving the quality of care provided to individuals in the home setting.

(b) AUTHORIZATION.—Subject to subsection (e), the Secretary is authorized to award grants or cooperative agreements for the purposes described in subsection (a) to eligible State agencies for which an application is submitted pursuant to subsection (d).

(c) APPLICATION.—(1) REQUIREMENTS.—Each Governor desiring the eligible State agency of his or her State to receive a grant or cooperative agreement under this section shall submit an application on behalf of such agency to the Secretary at such time, in such manner, and containing such information as the Secretary shall require.

(2) CONTENTS.—Each application submitted under this section shall include—

(A) a description of the eligible State agency’s—

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

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

(iii) capacity to ensure meaningful involvement of family members, family caregivers, and care recipients;

(B) with respect to the population of family caregivers to whom respite care information or services will be provided or for whom respite care workers and volunteers will be recruited and trained—

(i) the population of family caregivers;

(ii) the extent and nature of the respite care needs of that population;

(iii) existing respite care services for that population, including numbers of family caregivers being served and extent of unmet need;

(iv) existing methods or systems to coordinate respite care information and services to the population at the State and local level and extent of unmet need;

(v) how respite care information dissemination and coordination will be provided or for whom respite care services will be provided; and

(vi) a plan for administration, coordination, and distribution of the proposed respite care services; and

(vii) the cost to the Federal Government of the proposed respite care activities.

(d) MANNING AND MANAGEMENT.—(1) REQUIREMENTS.—Each State applying for a grant or cooperative agreement under this section shall provide adequate staffing for the planning and implementation of the proposed respite care activities.

(2) COSTS.—(A) COSTS.—The Federal Government shall pay not more than 75 percent of the cost of activities described in paragraph (1) directly to or on behalf of, the State, to local funds, programs, contributions, or grants of reimbursement, personnel, and facilities.

(B) SPECIAL NEEDS.—(i) REIMBURSEMENT.—The Federal Government shall make payments for activities described in paragraph (1) directly to or on behalf of the State, to local funds, programs, contributions, or grants of reimbursement, personnel, and facilities.

(C) ELIGIBILITY.—(i) REIMBURSEMENT.—The Federal Government shall make payments for activities described in paragraph (1) directly to or on behalf of the State, to local funds, programs, contributions, or grants of reimbursement, personnel, and facilities.

(D) MATCHING FUNDS.—(A) IN GENERAL.—With respect to the costs of the activities described in paragraph (1), a condition for the receipt of
a grant or cooperative agreement under this section is that the eligible State agency available directly or otherwise from public or private entities non-Federal contributions toward such costs is an amount that is not less than 20 percent of such costs.

"(B) Determination of amount contributed. Non-Federal contributions required by paragraph (A) may be in cash and in 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.

"(C) TERM OF GRANTS OR COOPERATIVE AGREEMENTS.

"(1) In General. The Secretary shall award grants or cooperative agreements under this section for terms that do not exceed 5 years.

"(2) Renewal. The Secretary may renew a grant or cooperative agreement under this section. At the end of the term of the grant or cooperative agreement determined under paragraph (1).

"(d) 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. 603. NATIONAL LIFESPAN RESpite SOURCE CENTER.

"(a) Establishment. 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 life-span respite care;

"(2) provide training and 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. 604. REPORT.

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

"(1) the number of States that have life-span respite care programs;

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

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

"SEC. 605. AUTHORIZATION OF APPROPRIATIONS.

"There are authorized to be appropriated to carry out this title—

"(1) $30,000,000 for fiscal year 2007;

"(2) $40,000,000 for fiscal year 2008;

"(3) $50,000,000 for fiscal year 2009;

"(4) $60,000,000 for fiscal year 2010; and

"(5) $70,000,000 for fiscal year 2011.

"SEC. 3. 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.

"The Chair recognizes the gentleman from Georgia.

"Mr. DEAL of Georgia. Mr. Speaker, I would ask that all Members have 5 legislative days within which to revise and extend their remarks and insert extraneous material on the bill.

"The SPEAKER pro tempore. Is there objection to the request of the gentleman from Georgia?

"There was no objection.

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

"Mr. Speaker, I rise today in strong support of H.R. 3248, the Lifespan Respite Care Act of 2006. 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 father 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 stresses 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, formal respite 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 clearances 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 in the 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 hospital, doctor or long-term care facility. The bill will also support family caregivers in their noble and compassionate efforts to keep their loved ones at home. Numerous studies have shown that at-home care by a loved one can delay or prevent placement in expensive long-term care facilities, such as a nursing home.

Because the Federal Medicaid program is the primary purchaser of nursing home care in the United States, this informal at-home care saves the Federal taxpayers millions of dollars a year. Other studies have verified what most of us already know. People are healthier and happier when they can live at home. The availability of respite care plays an important role in enabling family caregivers to keep their loved ones at home and delay or avoid 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. David Rosenfeld, 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. 3248, the Lifespan Respite Care Act of 2006, 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 seek 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 NationalResource

I would like to thank Mr. FERGUSON for sponsoring this legislation and urge my colleagues on both sides of the aisle to support this important legislation.

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 50 million family caregivers, including 800,000 New Jersey family caregivers who provide daily care for their loved ones with disabilities and chronic conditions or illnesses.

Instead of an institutionalised set up, 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, family caregivers are remarkable 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 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 95 years ago, our family has looked back on those extra monutments 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 and for the rest of his 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. That 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 all over the country 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 tremendous, the family, compared with institutionalized care, the cost for the family caregiver, from emotional to financial, can be enormous.

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

With a tutor, Karen Pinter can make 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 herself.

Respite for Eugenia and Roger Gore of Scotch Plains, New Jersey, helps them with their daughter’s care. Their family uses respite hours so their 13-year-old autistic son can attend an extended-day program at school so Mrs. Gore can work outside the home to help further support 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, they were denied.

For caregivers providing intensive 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 here.

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 a higher mortality rate than non-family caregivers, according to some recent studies. For example, mortality rates among older caregivers are 50 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 services for respite care and recruit and train respite care providers. With $269 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 the need for 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 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 offer a special word of thanks to 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 that under the direction of the National Respite Coalition and its chair, Jill Kagan, who is here 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 Puskar from our staff in our office, and Eric Joyce from the Family Resource Network and the Epilepsy Foundation of New Jersey. And I particularly want to thank Ms. LANGWIN, the gentleman from Rhode
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. LAUHENI).

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

Mr. Speaker, I want to thank the gentleman from New Jersey (Mr. Farentz) for his leadership in this effort for his leadership on this exceptional bill.

Mr. Speaker, it is with great enthusiasm that I voice my strong support for the Lifespan Respite Care Act. For more than 4 years, I have worked to pass a bill that would ease the burden of responsibility on family caregivers.

I particularly want to acknowledge the hard work of so many advocates, organizations and individuals who worked with me to get this bill to where it is today. In particular I want to thank the chairman of the subcommittee, and 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 been physically, developmentally, behaviorally or emotionally conditions that place significant demands on their parents. Family caregivers live in all of our communities and they are often silent workers ensuring family safety 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 impact the other responsibilities of 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 care of, 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 do not 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 draft a bill that would assist families 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 Pomeroy 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 create a powerful statement to all 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, and 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 old 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 that is estimated 50 million family caregivers, who daily provide care for their loved ones with disabling or chronic conditions or illnesses.

Most caregivers are willing to provide 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 poor or fair 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 have a 68 percent higher 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—providing care to 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 below 200 percent of poverty compared to 34 percent of 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 an Iowa survey of parents of children with disabilities, a significant relationship was demonstrated between the severity of a child's disability and their parents missing more work hours than other employees. They also found that the lack of available respite care interfered with parents accepting job opportunities. Over the course of a caregiving “career,” family caregivers providing intensive personal care can lose as much as $859,000 in wages, pensions and Social Security benefits.

The cost to 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 can help improve job performance and employers could reduce employee turnover.

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 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 produce many families from receiving services or continuing to receive services they once were eligible for. A New Jersey mother of a 12 year old child with autism was denied additional respite care because she was not a single mother, was not at poverty level, and was 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 of the 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, $1.12 million is saved annually.

The bill authorizes $299 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
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 bill reads 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,

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By order of the Joint Committee on Printing.

TRENT LOTT, Chairman.

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By order of the Joint Committee on Printing.

TRENT LOTT, Chairman.

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

(b) in paragraph (2)—
(i) by striking “territory, or Indian tribe” after “agency of the State”; and
(ii) by adding “tribe” after “criminal laws of that State”; and

(c) by adding at the end the following:

"(3) INDIAN TRIBES—The term ‘Indian tribe’ includes the Seminole and the Tigua Indians in section 2704 of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797(c));”;

(2) in section 2704—
(A) in paragraph (3), by striking “Indian Tribe” and inserting “Indian tribe”; and

(i) in paragraph (9) of the matter preceding subparagraph (A)—
(ii) by striking “State’s services” and inserting “services of the State, territory, or Indian tribe”;

(iii) by striking “and/or” and inserting “or”;

(ii) in subparagraph (A), by striking “State”;

(ii) in subparagraph (C), by inserting “Indian Tribe;” after “involved counties”;

(iii) in subparagraph (D), by inserting “tribe” after “Federal, State.”

LIFESPAN RESPITE CARE ACT OF 2006

Mr. ENZI. I ask unanimous consent the Senate proceed to the immediate consideration of H.R. 3248, 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 Coburn 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 on 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 hag-Congress legislative clerk reads as follows:

A bill (H.R. 3248) 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 PRESIDING OFFICER. 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 United Way, the National Association of Public Interest Law, the National Association of State Councils on Developmental Disabilities, 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, 2006. In the Senate, a similar version passed unanimously in 2003 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 colleagues, Senator WARNER, Senator HATCH, and Senator JORDAN, for their hard work on this important legislation during this Congress and previous Congresses. It was their bill that we moved through the Health, Education, Labor and Pensions Committee, where it was approved without amendment. It is a bill that we should have passed last year but for the amendment that increased Medicare spending for nursing home residents 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. I ask the Senate, 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 Medicare nursing home care is expected to be a primary reason of increased health care costs in 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 PUSHER 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 his weakness and 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 GLENN 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 physicians about the signs and symptoms of 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 health care with their physicians.
While I have known Fran for many years, it was gratifying to be reminded of her tremendous enthusiasm and her unstinting dedication to public 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 women cannot assume that these tests will be offered to them.

In addition, she is the author of the book Cancer, 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 be equipped with information about the early warning signs of these cancers.

I want a screening test to be developed so that it will be easier to diagnose gynecological cancers in the early stages of the disease.

I am tired of women having limited health care access because of late stage diagnosis. This change must happen.

But, I am hopeful that we can start to make a difference in the lives of all women as often as this bill is signed into law, and I 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 first 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 all the others who have served.

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 help.

Today's passage represents a tremendous win: for caring sitters, 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.

Few 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.

These are our friends, neighbors, coworkers, loved ones; their work represents real struggle and hardship; extraordinary acts of love and generosity that we have a duty to honor and support.

This legislation will expand and enhance access to respite care services to provide support and relief to these families providing care; to help all the loved ones stay in their homes longer; and to control health care costs as respite care allows families to postpone or prevent expensive hospitalization and nursing care.

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.

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, families 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 businesses is estimated in the tens of billions of dollars, including the cost for employees who lose jobs due to overwhelming responsibilities at home.

This 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

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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. When community respite care services do exist, they 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 meet the 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 caregiving. The need is vast. And we know how to care respite services.

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 their caregiving responsibilities. And 80 percent said respite care helped their marriage.

This 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 their families 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 ADRCs 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 unquestionably 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 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 own 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. 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 via 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 won the first lead Republican on this legislation and has been a champion. I want to express my appreciation to Representative Mike Ferguson as 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 180 national, State, and local organizations under the leadership and direction of the National Respite Coalition. And 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 falling 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 huge issue. It 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, or whom at least some to go get 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 our deepest values. And 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 states. 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; and 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.
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 love that we see and the success that are 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.

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. SOWBER, 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 the success of families across this country, and to Senator WARNER, 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 important 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 20 years that 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 ailing 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 20 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 60-year-olds, doing the taking care of 80-year-olds, 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 I needed to provide the respite the 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 their own 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 think that is 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 WARNER and some others who have given their support to this type of initiative.

We, clearly, have a Federal obligation and responsibility to focus on the 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 these tremendous 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 the types of 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 surged 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 families.

When you think of the dimensions of the problem, when you think about the demographics in America and the life expectancy, it is all 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 support, 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 Warner 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 this 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 those 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 given 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 very worthwhile move in 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 WARNER 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 the best thing they can do for 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 now 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 $344 billion deficit. A lot of my friends want to get rid of this bill because it affects the fact that we need to have pay-go and increase taxes. But during the last 3 years, I have held 49 hearings in the Federal Financial Subcommittee of the Committee on Governmental Affairs, where we 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 say write this billion 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 Fincher in the House is doing 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 $496,000 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 the 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. The people who love us, we are going to 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 diabetics. 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 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 this body, this Congress, this Government is—many have allowed it; I warn you, the warning 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 highest cost, 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. We are adding to that. As a Senate, we are not ill-intentioned; we just are not paying attention to the warning signs. We are not paying attention to the cost of what we are doing. We are not doing what the American people need our help today, except this bill doesn’t do that.

This bill is going to go by voice vote—and I 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 $17.5 billion on this Medicare package that is getting ready to come through this place. We are going to pick up the bills mining companies owe and we are going to charge that to the rest of the 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 do something 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 the fraud. We are paying out $38 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 to 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 what is necessary.

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 $2.2 trillion is what we will have spent at the worth, we spend 16.8 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 program.

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 absymal. They are wasteful. They are not effective. We talk about diabetes, we talk about obesity, but we are in need in many areas of options. We cannot 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 $2.2 billion we spend on health care every year, $132 million is spent on things that have no effect. We hope 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 as fast as we eliminated 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, rather than ask 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
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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, talk 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 in anybody 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 far, in recent years, has come at the request of the President. Nearly $800 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 said that we have the courage to decide that 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, $2 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 a dramatic effect on our 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 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 on the docket, but it has 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 is bipartisan, and it is doable. If it is to pass 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 Third World conditions in 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 Indian reservations. 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 rationing, 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.