## Congress of the United States Washington, DC 20515

March 20, 2012

The Honorable Denny Rehberg, Chairman Appropriations Subcommittee on Labor Health and Human Services, and Education 2358-B Rayburn House Office Bldg. Washington, DC 20515

The Honorable Rosa DeLauro, Ranking Member Appropriations Subcommittee on Labor Health and Human Service, and Education 1016 Longworth House Office Bldg. Washington, DC 20515

Dear Chairman Rehberg and Ranking Member DeLauro;

As you prepare the FY2013 Labor, Health and Human Services and Education Appropriations bill, we request that you include \$5 million for the *Lifespan Respite Care Act* (P.L. 109-442) programs. This request has been reduced to ten percent of last year's request in recognition of the careful balance required to ensure the program's continued success with the need for fiscal responsibility.

Respite care provides temporary relief for family members engaged in the full-time task of caring for their aging or disabled loved ones with special needs. Whether they are tending to a mother with Alzheimer's disease, an injured husband from the war in Afghanistan, or a child with autism, family caregivers provide approximately 80 percent of long term care to the chronically ill in the U.S. In fact, there are over 65 million family caregivers in the U.S., and reports estimate the annual economic value of uncompensated family caregiving to be about \$450 billion, more than total Medicaid spending in 2009.

Although the benefits of family caregiving are plentiful, it can take an emotional, mental and physical toll. Respite is the most frequently requested support service among family caregivers; however, nearly 90 percent of family caregivers still go without respite care. Access to respite services has been shown to improve caregiver health and well-being, promote family stability, reduce the likelihood of abuse and neglect, and avoid or delay the need for admission to costlier institutional settings, resulting in significant savings for the health care system and taxpayers. According to a recent study from the Archives of Pediatrics and Adolescent Medicine, every \$1,000 states spent on respite services in the preceding 60 days resulted in an 8 percent drop in the odds of hospitalization.

The Lifespan Respite Care Program was authorized in 2006 as the only federal program to address respite issues for families regardless of age or disability; however, it has remained level-funded since 2009 at approximately \$2.5 million. While some respite services are offered to certain populations through initiatives under the Department of Veterans Affairs and Medicaid, the lack of coordination and resources continues to impede access to these crucial supports. This program provides grants to states to coordinate federal, state and local resources and streamline the delivery of planned and emergency respite services, provide for the recruitment and training of respite workers, as well as training for caregivers themselves.

For families and individuals who may not qualify for any public or private respite funding, these programs may be holding out the only helping hand. For our wounded servicemembers and veterans returning with traumatic brain injuries and other polytraumas, Lifespan Respite systems could be the lifeline their families must turn to in their new roles as life-long family caregivers.

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With proper community supports like respite services, we can prevent the dramatic shift of these costs onto our health care system. The Lifespan Respite Care program is the only federal program that stands ready to meet these goals with funds for respite start-up, training, and coordination. We urge you include \$5 million for Lifespan Respite Care Act programs in the Fiscal Year 2013 Labor, Health and Human Services and Education Appropriations bill, and we look forward to working with you on cost-effective and proven ways to support our nation's family caregivers.

Sincerely,

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Dovis O. Matsui  Member of Congress	Member of Congress
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