

**Congress of the United States**  
**Washington, DC 20515**

April 22, 2013

The Honorable Jack Kingston, 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 Services, and Education  
1016 Longworth House Office Bldg.  
Washington, DC 20515

Dear Chairman Kingston and Ranking Member DeLauro;

As you prepare the FY2014 Labor, Health and Human Services and Education Appropriations bill in this difficult budgetary climate, we respectfully request that you include level funding of \$2.5 million for the *Lifespan Respite Care Act* (P.L. 109-442) programs. This request has been reduced from previous years in recognition of the careful balance required to ensure the program's continued success while being mindful of 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, a husband injured 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.

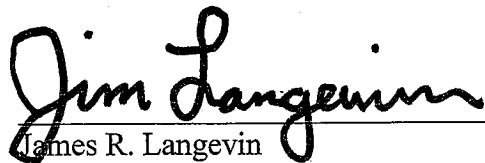
Although the benefits of family caregiving are plentiful, it can take an emotional, mental and physical toll. Respite is the most frequently requested support service among family caregivers; however, nearly 90 percent of family caregivers still go without respite care. Access to respite services has 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 has already provided grants to 30 states and the District of Columbia to help coordinate federal, state and local resources and streamline the delivery of planned and emergency respite services, provide for the recruitment and training of respite workers, as well as training for caregivers themselves.

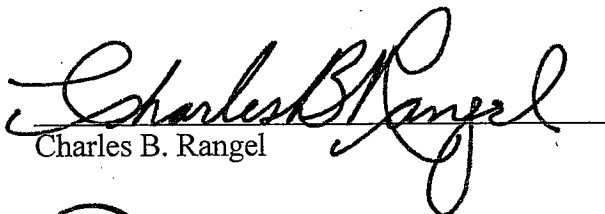
For families and individuals who may not qualify for any public or private respite funding, these programs may be holding out the only helping hand. For our wounded servicemembers and veterans returning with traumatic brain injuries and other polytraumas, Lifespan Respite systems could be the lifeline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

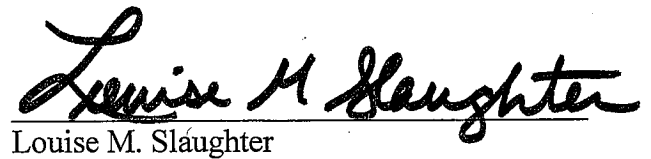
With proper community supports like respite services, we can prevent the dramatic shift of these costs onto our health care system. The Lifespan Respite Care program is the only federal program that stands ready to meet these goals with funds for respite start-up, training, and coordination. We request that you include level funding for Lifespan Respite Care Act programs in the Fiscal Year 2014 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.

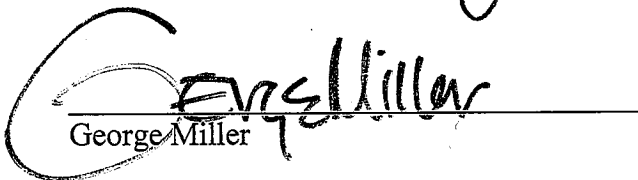
Sincerely,

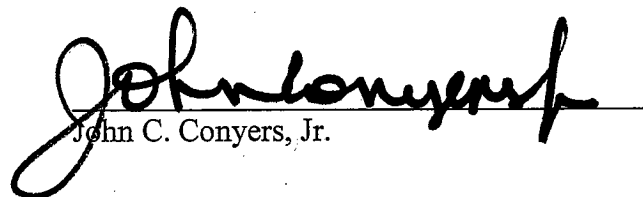
  
James R. Langevin

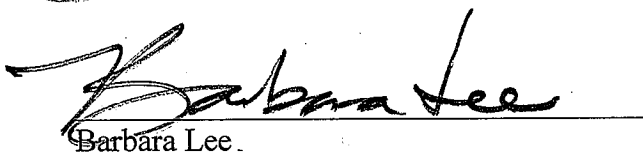
  
Henry A. Waxman

  
Charles B. Rangel

  
Louise M. Slaughter

  
George Miller

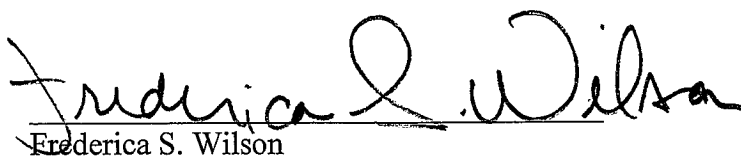
  
John C. Conyers, Jr.

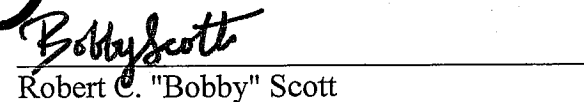
  
Barbara Lee

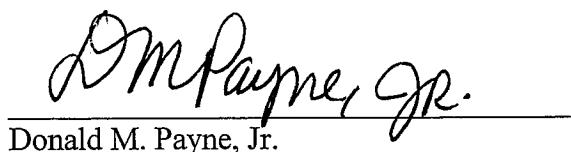
  
David N. Cicilline

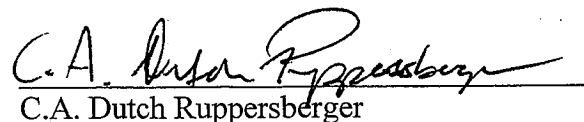
  
Jim Gerlach

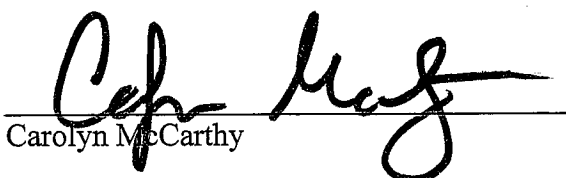
  
Jan Schakowsky

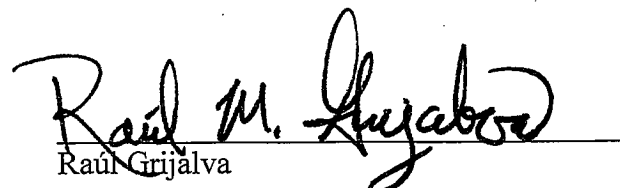
  
Frederica S. Wilson

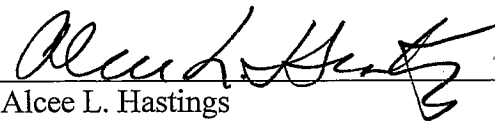
  
Robert C. "Bobby" Scott

  
Donald M. Payne, Jr.

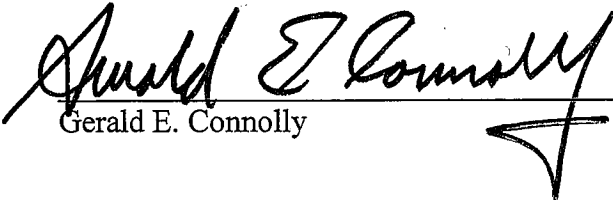
  
C.A. Dutch Ruppertsberger

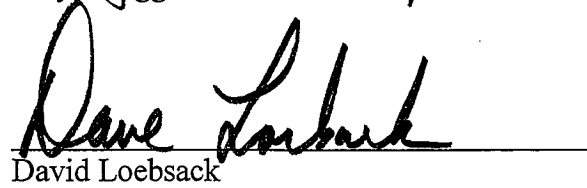
  
Carolyn McCarthy

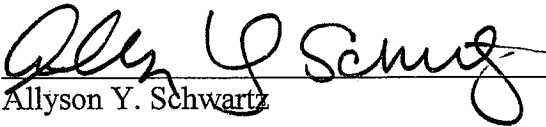
  
Raúl Grijalva

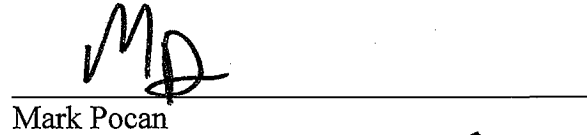
  
Alcee L. Hastings

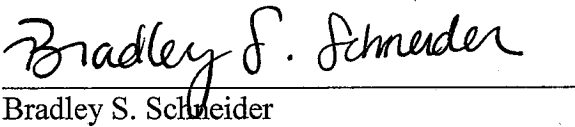
  
Lloyd Doggett

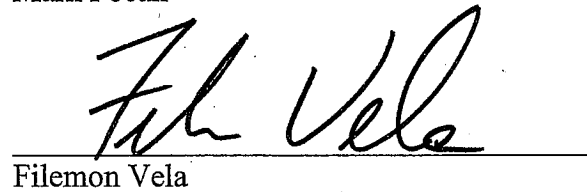
  
Gerald E. Connolly

  
David Loeback

  
Allyson Y. Schwartz

  
Mark Pocan

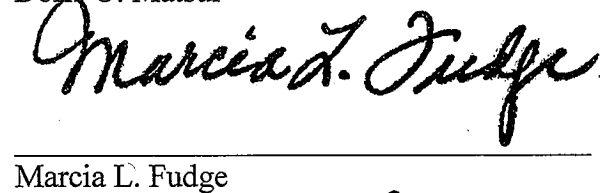
  
Bradley S. Schneider

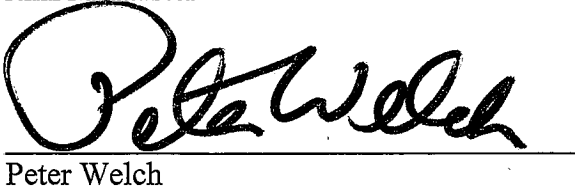
  
Filemon Vela

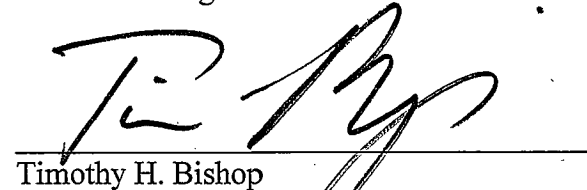
  
Jim McDermott

  
Doris O. Matsui

  
Ann M. Kuster

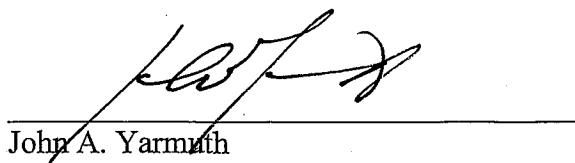
  
Marcia L. Fudge

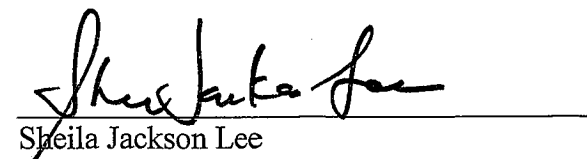
  
Peter Welch

  
Timothy H. Bishop

  
Matthew A. Cartwright

  
Theodore E. Deutch

  
John A. Yarmuth

  
Sheila Jackson Lee

*Tony Cárdenas*  
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