# Legislative Analysis

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**MICHIGAN LIFESPAN RESPITE SERVICES RESOURCE ACT**

**House Bill 4476 (Substitute H-1)**
**Sponsor: Rep. Barb Vander Veen**
**Committee: Family and Children Services**

**First Analysis (2-24-04)**

***BRIEF SUMMARY:*** The bill would create a new act, the Michigan Lifespan Respite Services Resource Act, which establish a respite services resource network to encourage and provide information about respite care services.

***FISCAL IMPACT:*** Similar programs in other states have current appropriations that range from $225,000 to $810,000, with community grant programs ranging from $15,000 to $40,000. Federal legislation that has passed the Senate and awaits House action would establish a national Lifespan Respite Care Program and make grants available to states and other recipients.

***THE APPARENT PROBLEM:***

The Congressional sponsor of a bill to enact a federal Lifespan Respite Care Act, has said that, "[e]ach year, over 26 million Americans care for an adult family member who is chronically ill or disabled. An estimated 18 million children have chronic physical, developmental, behavioral or emotional conditions that place significant demands on their parental caregivers. Nearly four million American of all ages who have mental retardation or another developmental disability live with their families. Providing voluntary care for these people is equivalent to nearly $400 billion annually, which is the estimated cost if the family caregivers' services were provided by paid caregivers. More importantly, this voluntary care allows seniors and others to continue living at home, which improves their spirits and often speeds up recovery time.

"Family caregiving has some clear benefits - it contributes to family stability and it often spares families from more costly, out-of-home placements. While voluntary care is personally rewarding, it can result in substantial emotional, physical, and financial strain on the caregiver. Surveys of family caregivers consistently show an unmet need for respite care services. Respite care services relieve caregivers from daily caregiving tasks on a temporary or longer-term basis. This is often necessary for caregivers to address their own health issues or other crises a family may encounter - for example, in the areas of employment, housing, or domestic violence. In too many situations, caregivers do not know how to find information about available respite care and access these services. Meanwhile, existing respite programs are finding it difficult to recruit and retain trained providers."

Other supporters have pointed out, moreover, that respite care can be hard to find. Many caregivers do not know how to find information about the services available. And even when community respite care services exist, there are often long waiting lists. Legislation has been introduced here that would encourage the coordination and publicizing of respite care services available in Michigan.

***THE CONTENT OF THE BILL:***

The bill would create a new act, the Michigan Lifespan Respite Services Resource Act. Under the bill, the Michigan lifespan respite services resource network would be created within the Department of Community Health with the intent of developing and encouraging the statewide coordination of respite care services. The resource network would develop and distribute information on respite services, coordinate the provision of respite services, promote a statewide network of community respite services, and establish a web site and toll-free telephone number for information on respite services.

***BACKGROUND INFORMATION:***

Federal Legislation. The two bills introduced in Congress (H.R. 1083 and S. 538), though not identical, are similar. S. 538 passed the Senate in April 2003 and would amend the Public Health Service Act to authorize the Secretary of Health and Human Services to award grants or cooperative agreements to an agency or organization that is capable of operating on a statewide basis (eligible recipients) to develop coordinated respite care programs. Eligible grant recipients would include a state agency; any other public entity that is capable of operating on a statewide basis; a political subdivision of a state that has a population of at least three million people; or any recognized state respite care coordinating agency that has a demonstrated ability to work with other state and community-based agencies, has an understanding of respite care and family caregiver issues, and has the capacity to ensure meaningful involvement of family members, family caregivers, and care recipients. The stated purpose of the grants and cooperative agreements is threefold: (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 provide, supplement, or improve access and qualify of respite care services to family caregivers, thereby reducing family caregiver strain. The bill specifies that in awarding grants or cooperative agreements, the secretary shall give priority to applicants that show the greatest likelihood of implementing or enhancing respite care statewide. Funds received would have to be used for the development of lifespan respite care at the state and local levels and to evaluate the effectiveness of such care. Funds could also be used for respite care services, training programs for respite care workers and volunteers, and training programs for family caregivers to assist them is making informed decisions about respite care services. Funds could also be used to subcontract with a public or nonprofit agency.

State Legislation. State lifespan respite laws have been enacted in a few other states, including Oregon and Wisconsin. The Oregon Lifespan Respite Care Program was passed in 1997 to assist local communities in building respite access networks. The

Oregon law (Chapter 745/HB 2013 of 1997) and the introduced version of this bill are quite similar. Wisconsin enacted its lifespan respite program in 1999 as part of its budget (1999 Wisconsin Act 9/AB 133). The Respite Care Association of Wisconsin notes that the legislation was enacted due, in part, to the fact that the state had no coordinated system of accessible community based respite. The act created a statewide entity that was charged with developing and overseeing five respite resource service networks in the state.

***ARGUMENTS:***

***For:***

There is no doubting that family caregivers sacrifice a great deal in order to care for ill or frail family members. For these people, ordinary, everyday activities - such as grocery shopping - that most people take for granted can be quite a struggle. One couple caring for two parents testified before the House Committee on Family and Children Services that they do not take vacations together, so their family members are watched over. As one supporter of similar federal legislation has said, "just because family caregiving is unpaid does not mean it is costless. Caregiving is certainly personally rewarding but it can also result in substantial emotional and physical strain and financial hardship."

The Oregon law contains a list of four findings that could very well serve as reasons to support this bill. First, supporting the efforts of families and caregivers to care for individuals with special needs at home is efficient, cost effective, and humane. Families receiving occasional respite care relief are less likely to request admission of an individual with special needs to nursing homes, foster care or other out-of-home care at public expense. Second, respite care reduces family and caregiver stress, enhances family and caregiver coping ability and strengthens family ability to meet the challenging demands of caring for individuals with special needs. Third, respite care reduces the risk of abuse and neglect of children, senior citizens and other vulnerable groups. Finally, coordinated, noncategorical respite care services must be available locally to provide reliable short-term relief when it is needed by families and caregivers regardless of where they live.

***POSITIONS:***

The Department of Community Health has indicated that it supports the bill. (2-18-04)

Michigan's Children testified in support of the bill. (2-18-04)

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■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.