

respite available and accessible to family caregivers, regardless of age or disability, through coordinated lifespan respite systems. This legislation would help States maximize the use of existing resources and leverage new dollars by building on current services and systems that States already have in place. The bill would help support planned and emergency respite, respite workers and volunteer training and recruitment, caregiver training, and program evaluation.

The congressional intent of the legislation is to ensure that respite becomes more accessible to all family caregivers in need, especially to those who currently do not qualify for any respite programs, who have no respite programs or providers in their areas, and those who do not know where to turn to find information on how to find and pay for respite. By using the broad term child or adult with special needs, Congress intended for the State to be highly inclusive and ensure that family caregivers of children and adults with developmental disabilities, cognitive, neurological, physical and mental health conditions and illnesses be equitably served. The focus for direct service delivery should be on those who currently may not qualify for respite under any State or Federal program or who have no service available, such as individuals under age 60 with multiple sclerosis, cancer, ALS, traumatic brain injury, and spinal cord injury, or children, adolescents or adults with behavioral, emotional or mental health conditions.

Just as importantly, Congress intended that States focus immediately on establishing coordinated lifespan respite systems that will serve all age groups equally. The Secretary should ensure that State agencies and ADRCs use the funds provided by this act to serve all age groups and disability categories equally and without preference. The Aging and Disability Resource Centers were established by the administration with the intention of being one-stop shops for all individuals with long-term care needs, making them logically a good place to administer lifespan respite systems, which are meant to be one-stop shops for respite services. However, many centers are still focusing on the elderly population or adults with physical disabilities and phasing in others at a later date. For the lifespan respite care effort to work most efficiently to coordinate all respite resources in the State, share and pool providers across age and disability groups, and to maximize use of current State respite resources, the ADRCs, in implementing this particular program, must start out with the goal of establishing coordinated respite systems of community-based agencies that will serve all age groups, including children.

Congress also intended lifespan respite to be coordinated at the State level. Many of the ADRCs in the States are serving only one county or region in the State. However, this legislation mandates the establishment of state lifespan respite programs, meaning that at least one ADRC in the State must function statewide, at least for the purposes of this legislation, with the assistance of a State respite coalition or other State respite agency to ensure coordination of resources at the State level, again for maximum efficiency and cost savings.

Legislative language is also clear in mandating a Federal coordinated approach. It directs the Secretary of Health and Human

Services in implanting the program to have all agencies in HHS with respite programs or resources work collaboratively at every level, from developing program guidance and awarding grants and cooperative agreements, to monitoring and evaluation. Congress intends the following agencies to work together: the Administration on Aging, the Administration on Developmental Disabilities, the Substance Abuse and Mental Health Services Administration, the Administration on Children and Families, including the Office on Child Abuse and Neglect, Centers for Disease Control's Family Caregiving Initiative, the Maternal and Child Health Bureau, and other appropriate public health agencies in the Health Resources and Services Administration.

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

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

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

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

The stress of continuous care giving can take its toll on family caregivers and is one of the greatest contributing factors to caregiver illness, marital discord that can lead to divorce, and costly out of home placements. Respite has been shown to alleviate these symptoms and even help delay or avoid foster care or nursing home placements. In Nebraska, a statewide survey of a broad array of caregivers who had been receiving respite

found that 79 percent of the respondents reported decreased stress and 58 percent reported decreased isolation. In addition, one out of four families with children under 21 reported they were less likely to place their children in out-of-home care once respite services were available.

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

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

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

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

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

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

A motion to reconsider was laid on the table.

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

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 Clerk read as follows:

H.R. 5798

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SANCTUARY SYSTEM FOR SURPLUS CHIMPANZEES; TERMINATION OF AUTHORITY FOR REMOVAL FROM SYSTEM FOR RESEARCH PURPOSES.

(a) IN GENERAL.—The first section 481C of the Public Health Service Act (42 U.S.C. 287a–3a) (added by section 2 of Public Law 106–551) is amended in subsection (d)—

(1) in paragraph (2), in subparagraph (J), by striking “If any chimpanzee is removed” and all that follows; and

(2) in paragraph (3)—

(A) in subparagraph (A)—

(i) by striking clause (ii); and

(ii) by striking “except as provided” in the matter preceding clause (i) and all that follows through “behavioral studies” and inserting the following: “except that the chimpanzee may be used for noninvasive behavioral studies”;

(B) by striking subparagraph (B);

(C) by redesignating subparagraph (C) as subparagraph (B); and

(D) in subparagraph (B) (as so redesignated), by striking “under subparagraphs (A) and (B)” and inserting “under subparagraph (A)”.

(b) TECHNICAL CORRECTION.—Part E of title IV of the Public Health Service Act (42 U.S.C. 287 et seq.) is amended by redesignating the second section 481C (added by section 204(a) of Public Law 106–505) as section 481D.

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.

GENERAL LEAVE

Mr. DEAL of Georgia. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and insert extraneous material on this bill.

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

There was no objection.

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

Mr. Speaker, I rise today in support of H.R. 5798, a bill modifying the authorities of the chimpanzee sanctuary system.

A few years ago, Congress enacted a law offered by former Congressman GREENWOOD of Pennsylvania to provide for sanctuary for chimpanzees that have been used for research purposes at the National Institutes of Health. I believe this legislation and the resulting sanctuary system have been very successful. The bill before us today would modify the existing law to eliminate a provision that could have, under very limited circumstances, allowed for the removal of the chimpanzees from the sanctuary system for further research.

H.R. 5798 strikes an appropriate balance between the need for medical research and the need to provide safeguards for the subject animals because it would still allow for non-invasive behavioral studies and medical and longitudinal studies based on information that could be obtained at the same time as information gathered for veterinary care. Thus, the simple items like blood samples or imaging studies

could, under certain circumstances, be provided within the sanctuary system, so long as such studies involved minimal physical and mental harm, pain, distress and disturbance to the chimpanzee and the social group in which the chimpanzee lives.

In particular, we now have the ability to non-invasively look inside brains of living individuals, including chimpanzees, to find the changes associated with aging, cognitive decline and changes in immune system function.

One of the key questions in the field of brain sciences is to understand what brain changes are responsible for the decline in cognitive functions as we age. The chimpanzee exhibits some of the same age-related changes as humans. Accordingly, the ability to use non-invasive brain imaging in individual chimpanzees whose genetic backgrounds and behavioral experiences have been well-documented and studied can be very important for Alzheimer’s research and add to our knowledge on aging.

Mr. Speaker, I believe that H.R. 5798 preserves our ability to conduct important medical research, while providing needed safeguards for the animals, and I would ask my colleagues to join me in supporting this legislation.

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 in support of H.R. 5798, a bill 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.

On December 20, 2000, the Chimpanzee Health Improvement, Maintenance, and Protection Act was signed into law by President Clinton. That law required the Secretary of Health and Human Services to establish a non-profit sanctuary system of lifetime care for chimpanzees that have been used by the Federal Government for research. Chimpanzees within this sanctuary system were declared surplus, and any research, save for non-invasive behavioral research, was restricted.

The bill before us today takes even greater steps to ensure that extremely stringent criteria are met with regard to research on surplus chimpanzees. Currently there are approximately 1,500 captive chimpanzees in laboratories in the U.S., many of whom are no longer being used in biomedical research, and this legislation takes important steps forward in an effort to protect their health, well-being and livelihood.

H.R. 5798 is supported by Dr. Jane Goodall, whose work in the field of wildlife research, education and conservation with respect to chimpanzees is unmatched. I would like to thank Dr. Goodall for her significant contribution, and would also like to thank Representative MCCRERY for his hard work on this bill.

I urge my colleagues to support H.R. 5798.

Mr. Speaker, I yield back the balance of my time.

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

Mr. Speaker, I would likewise wish to express appreciation to Mr. JIM MCCRERY from Louisiana, the author of this legislation, and thank him for bringing this to our attention, and would urge my colleagues to vote in favor of this legislation.

Mr. MCCRERY. Mr. Speaker, I rise today in support of H.R. 5798, a bill to further the success of the national chimpanzee sanctuary system established by the 2000 Chimpanzee Health, Improvement, Maintenance and Protection Act. Chimpanzees are very similar to humans, not only in anatomy and physiology, but also in their behavior, emotional needs, and cognitive abilities. Chimps have served as medical research models for decades, and humans have reaped the benefits, including life-saving vaccines and medical therapies. But with new technologies and changing research goals, hundreds of chimpanzees are no longer needed for research.

Responding to the urgent need for long-term chimpanzee care, the Congress passed the CHIMP Act in 2000 to create a Federal chimpanzee sanctuary system. My constituents were awarded the first contract and now operate Chimp Haven in Keithville, LA. They are currently caring for 89 retired research chimpanzees and anticipate the addition of 111 new chimpanzees over time. The cost of letting the chimpanzees live in the natural environment at Chimp Haven is half of the cost of keeping them in the laboratory—providing a tremendous savings of taxpayers’ dollars. In addition, Chimp Haven is responsible for matching 25 percent of the Federal funding they receive each year.

But a provision inserted in the 2000 law is making private fundraising difficult for Chimp Haven because it leaves open the possibility that the retired chimpanzees can be recalled into Federal research if the need were to arise. In making changes to this bill, we will return to the original intent of the CHIMP Act—to provide permanent retirement to chimpanzees who have served Americans in medical research.

Mr. DEAL of Georgia. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Georgia (Mr. DEAL) that the House suspend the rules and pass the bill, H.R. 5798.

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

A motion to reconsider was laid on the table.

COMBATING AUTISM ACT OF 2006

Mr. DEAL of Georgia. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 843) to amend the Public Health Service Act to combat autism through research, screening, intervention and education, as amended.

The Clerk read as follows: