

115TH CONGRESS
1ST SESSION

H. R. 3759

To provide for the establishment and maintenance of a Family Caregiving Strategy, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 13, 2017

Mr. HARPER (for himself, Ms. CASTOR of Florida, Ms. MICHELLE LUJAN GRISHAM of New Mexico, and Ms. STEFANIK) introduced the following bill; which was referred to the Committee on Education and the Workforce

A BILL

To provide for the establishment and maintenance of a Family Caregiving Strategy, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Recognize, Assist, In-
5 clude, Support, and Engage Family Caregivers Act of
6 2017” or the “RAISE Family Caregivers Act”.

7 **SEC. 2. DEFINITIONS.**

8 In this Act:

1 (1) ADVISORY COUNCIL.—The term “Advisory
2 Council” means the Family Caregiving Advisory
3 Council convened under section 4.

4 (2) FAMILY CAREGIVER.—The term “family
5 caregiver” means an adult family member or other
6 individual who has a significant relationship with,
7 and who provides a broad range of assistance to, an
8 individual with a chronic or other health condition,
9 disability, or functional limitation.

10 (3) SECRETARY.—The term “Secretary” means
11 the Secretary of Health and Human Services.

12 (4) STRATEGY.—The term “Strategy” means
13 the Family Caregiving Strategy set forth under sec-
14 tion 3.

15 **SEC. 3. FAMILY CAREGIVING STRATEGY.**

16 (a) IN GENERAL.—The Secretary, in consultation
17 with the heads of other appropriate Federal agencies, and
18 acting jointly with the Advisory Council, shall develop and
19 submit to the Committee on Health, Education, Labor,
20 and Pensions and the Special Committee on Aging of the
21 Senate, the Committee on Education and the Workforce
22 of the House of Representatives, and the State agencies
23 responsible for carrying out family caregiver programs,
24 and make publicly available on the internet website of the

1 Department of Health and Human Services, a Family
2 Caregiving Strategy.

3 (b) CONTENTS.—The Strategy shall identify rec-
4 ommended actions that Federal (under existing Federal
5 programs), State, and local governments, communities,
6 health care providers, long-term services and supports pro-
7 viders, and others are taking, or may take, to recognize
8 and support family caregivers in a manner that reflects
9 their diverse needs, including with respect to the following:

10 (1) Promoting greater adoption of person- and
11 family-centered care in all health and long-term
12 services and supports settings, with the person re-
13 ceiving services and supports and the family care-
14 giver (as appropriate) at the center of care teams.

15 (2) Assessment and service planning (including
16 care transitions and coordination) involving family
17 caregivers and care recipients.

18 (3) Information, education and training sup-
19 ports, referral, and care coordination, including with
20 respect to hospice care, palliative care, and advance
21 planning services.

22 (4) Respite options.

23 (5) Financial security and workplace issues.

1 (6) Delivering services based on the perform-
2 ance, mission, and purpose of a program while elimi-
3 nating redundancies.

4 (c) DUTIES OF THE SECRETARY.—The Secretary, in
5 carrying out subsection (a), shall oversee the following:

6 (1) Collecting and making publicly available in-
7 formation, submitted by the Advisory Council under
8 section 4(d), including evidence-based or promising
9 practices and innovative models (both domestic and
10 foreign) regarding the provision of care by family
11 caregivers or support for family caregivers.

12 (2) Coordinating and assessing existing Federal
13 Government programs and activities to recognize
14 and support family caregivers while ensuring max-
15 imum effectiveness and avoiding unnecessary dupli-
16 cation.

17 (3) Providing technical assistance, as appro-
18 priate, such as disseminating identified best prac-
19 tices and information sharing based on reports pro-
20 vided under section 4(d), to State or local efforts to
21 support family caregivers.

22 (d) INITIAL STRATEGY; UPDATES.—The Secretary
23 shall—

24 (1) not later than 18 months after the date of
25 enactment of this Act, develop, publish, and submit

1 to the Committee on Health, Education, Labor, and
2 Pensions and the Special Committee on Aging of the
3 Senate, the Committee on Education and the Work-
4 force of the House of Representatives, and the State
5 agencies responsible for carrying out family care-
6 giver programs, an initial Strategy incorporating the
7 items addressed in the Advisory Council's initial re-
8 port under section 4(d) and other relevant informa-
9 tion, including best practices, for recognizing and
10 supporting family caregivers; and

11 (2) biennially update, republish, and submit to
12 the Committee on Health, Education, Labor, and
13 Pensions and the Special Committee on Aging of the
14 Senate, the Committee on Education and the Work-
15 force of the House of Representatives, and the State
16 agencies responsible for carrying out family care-
17 giver programs, the Strategy, taking into account
18 the most recent annual report submitted under sec-
19 tion 4(d)(1)—

20 (A) to reflect new developments, chal-
21 lenges, opportunities, and solutions; and

22 (B) to review progress based on rec-
23 ommendations for recognizing and supporting
24 family caregivers in the Strategy and, based on
25 the results of such review, recommend priority

1 actions for improving the implementation of
2 such recommendations, as appropriate.

3 (e) PROCESS FOR PUBLIC INPUT.—The Secretary
4 shall establish a process for public input to inform the de-
5 velopment of, and updates to, the Strategy, including a
6 process for the public to submit recommendations to the
7 Advisory Council and an opportunity for public comment
8 on the proposed Strategy.

9 (f) NO PREEMPTION.—Nothing in this Act preempts
10 any authority of a State or local government to recognize
11 or support family caregivers.

12 (g) RULE OF CONSTRUCTION.—Nothing in this Act
13 shall be construed to permit the Secretary (through regu-
14 lation, guidance, grant criteria, or otherwise) to—

15 (1) mandate, direct, or control the allocation of
16 State or local resources;

17 (2) to mandate the use of any of the best prac-
18 tices identified in the reports required under this
19 Act; or

20 (3) to otherwise expand the authority of the
21 Secretary beyond that expressly provided to the Sec-
22 retary in this Act.

23 **SEC. 4. FAMILY CAREGIVING ADVISORY COUNCIL.**

24 (a) CONVENING.—The Secretary shall convene a
25 Family Caregiving Advisory Council to advise and provide

1 recommendations, including identified best practices, to
2 the Secretary on recognizing and supporting family care-
3 givers.

4 (b) MEMBERSHIP.—

5 (1) IN GENERAL.—The members of the Advi-
6 sory Council shall consist of—

7 (A) the appointed members under para-
8 graph (2); and

9 (B) the Federal members under paragraph
10 (3).

11 (2) APPOINTED MEMBERS.—In addition to the
12 Federal members under paragraph (3), the Sec-
13 retary shall appoint not more than 15 voting mem-
14 bers of the Advisory Council who are not representa-
15 tives of Federal departments or agencies and who
16 shall include at least one representative of each of
17 the following:

18 (A) Family caregivers.

19 (B) Older adults with long-term services
20 and supports needs.

21 (C) Individuals with disabilities.

22 (D) Health care and social service pro-
23 viders.

24 (E) Long-term services and supports pro-
25 viders.

1 (F) Employers.

2 (G) Paraprofessional workers.

3 (H) State and local officials.

4 (I) Accreditation bodies.

5 (J) Veterans.

6 (K) As appropriate, other experts and ad-
7 vocacy organizations engaged in family
8 caregiving.

9 (3) FEDERAL MEMBERS.—The Federal mem-
10 bers of the Advisory Council, who shall be nonvoting
11 members, shall consist of the following:

12 (A) The Administrator of the Centers for
13 Medicare & Medicaid Services (or the Adminis-
14 trator's designee).

15 (B) The Administrator of the Administra-
16 tion for Community Living (or the Administra-
17 tor's designee who has experience in both aging
18 and disability).

19 (C) The Secretary of Veterans Affairs (or
20 the Secretary's designee).

21 (D) The heads of other Federal depart-
22 ments or agencies (or their designees), includ-
23 ing relevant departments or agencies that over-
24 see labor and workforce, economic, government
25 financial policies, community service, and other

1 impacted populations, as appointed by the Sec-
2 retary or the Chair of the Advisory Council.

3 (4) DIVERSE REPRESENTATION.—The Sec-
4 retary shall ensure that the membership of the Advi-
5 sory Council reflects the diversity of family care-
6 givers and individuals receiving services and sup-
7 ports.

8 (c) MEETINGS.—The Advisory Council shall meet
9 quarterly during the 1-year period beginning on the date
10 of enactment of this Act and at least three times during
11 each year thereafter. Meetings of the Advisory Council
12 shall be open to the public.

13 (d) ADVISORY COUNCIL ANNUAL REPORTS.—

14 (1) IN GENERAL.—Not later than 12 months
15 after the date of enactment of this Act, and annually
16 thereafter, the Advisory Council shall submit to the
17 Secretary, the Committee on Health, Education,
18 Labor, and Pensions and the Special Committee on
19 Aging of the Senate, the Committee on Education
20 and the Workforce of the House of Representatives,
21 and the State agencies responsible for carrying out
22 family caregiver programs, and make publicly avail-
23 able on the internet website of the Department of
24 Health and Human Services, a report concerning the
25 development, maintenance, and updating of the

1 Strategy, including a description of the outcomes of
2 the recommendations and any priorities included in
3 the initial report pursuant to paragraph (2), as ap-
4 propriate.

5 (2) INITIAL REPORT.—The Advisory Council’s
6 initial report under paragraph (1) shall include—

7 (A) an inventory and assessment of all fed-
8 erally funded efforts to recognize and support
9 family caregivers and the outcomes of such ef-
10 forts, including analyses of the extent to which
11 federally funded efforts are reaching family
12 caregivers and gaps in such efforts;

13 (B) recommendations—

14 (i) to improve and better coordinate
15 Federal programs and activities to recog-
16 nize and support family caregivers, as well
17 as opportunities to improve the coordina-
18 tion of such Federal programs and activi-
19 ties with State programs; and

20 (ii) to effectively deliver services based
21 on the performance, mission, and purpose
22 of a program while eliminating redundan-
23 cies, avoiding unnecessary duplication and
24 overlap, and ensuring the needs of family
25 caregivers are met;

1 (C) the identification of challenges faced
2 by family caregivers, including financial, health,
3 and other challenges, and existing approaches
4 to address such challenges; and

5 (D) an evaluation of how family caregiving
6 impacts the Medicare program, the Medicaid
7 program, and other Federal programs.

8 (e) NONAPPLICABILITY OF FACA.—The Federal Ad-
9 visory Committee Act (5 U.S.C. App.) shall not apply to
10 the Advisory Council.

11 **SEC. 5. FUNDING.**

12 No additional funds are authorized to be appro-
13 priated to carry out the provisions of this Act. Such provi-
14 sions shall be carried out using funds otherwise author-
15 ized.

16 **SEC. 6. SUNSET PROVISION.**

17 The authority and obligations established by this Act
18 shall terminate on the date that is 5 years after the date
19 of enactment of this Act.

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