

115TH CONGRESS 1ST SESSION

S. 1028

AN ACT

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,

1 SECTION 1. SHORT TITLE.

- 2 This Act may be cited as the "Recognize, Assist, In-
- 3 clude, Support, and Engage Family Caregivers Act of
- 4 2017" or the "RAISE Family Caregivers Act".

5 SEC. 2. DEFINITIONS.

- 6 In this Act:
- 7 (1) Advisory Council.—The term "Advisory
- 8 Council" means the Family Caregiving Advisory
- 9 Council convened under section 4.
- 10 (2) Family Caregiver.—The term "family
- caregiver" means an adult family member or other
- individual who has a significant relationship with,
- and who provides a broad range of assistance to, an
- individual with a chronic or other health condition,
- disability, or functional limitation.
- 16 (3) Secretary.—The term "Secretary" means
- the Secretary of Health and Human Services.
- 18 (4) Strategy.—The term "Strategy" means
- the Family Caregiving Strategy set forth under sec-
- 20 tion 3.

21 SEC. 3. FAMILY CAREGIVING STRATEGY.

- 22 (a) In General.—The Secretary, in consultation
- 23 with the heads of other appropriate Federal agencies, shall
- 24 develop jointly with the Advisory Council and submit to
- 25 the Committee on Health, Education, Labor, and Pen-
- 26 sions and the Special Committee on Aging of the Senate,

- 1 the Committee on Education and the Workforce of the
- 2 House of Representatives, and the State agencies respon-
- 3 sible for carrying out family caregiver programs, and make
- 4 publically available on the internet website of the Depart-
- 5 ment of Health and Human Services, a Family Caregiving
- 6 Strategy.
- 7 (b) Contents.—The Strategy shall identify rec-
- 8 ommended actions that Federal (under existing Federal
- 9 programs), State, and local governments, communities,
- 10 health care providers, long-term services and supports pro-
- 11 viders, and others are taking, or may take, to recognize
- 12 and support family caregivers in a manner that reflects
- 13 their diverse needs, including with respect to the following:
- 14 (1) Promoting greater adoption of person- and
- family-centered care in all health and long-term
- services and supports settings, with the person re-
- ceiving services and supports and the family care-
- giver (as appropriate) at the center of care teams.
- 19 (2) Assessment and service planning (including
- 20 care transitions and coordination) involving family
- 21 caregivers and care recipients.
- 22 (3) Information, education and training sup-
- ports, referral, and care coordination, including with
- respect to hospice care, palliative care, and advance
- 25 planning services.

- 1 (4) Respite options.
- 2 (5) Financial security and workplace issues.
- 3 (6) Delivering services based on the perform-4 ance, mission, and purpose of a program while elimi-
- 5 nating redundancies.
- 6 (c) Duties of the Secretary.—The Secretary (or
- 7 the Secretary's designee), in carrying out subsection (a),
- 8 shall oversee the following:
- 9 (1) Collecting and making publicly available in-10 formation, submitted by the Advisory Council under 11 section 4(d) to the Committee on Health, Education, 12 Labor, and Pensions and the Special Committee on 13 Aging of the Senate, the Committee on Education 14 and the Workforce of the House of Representatives, 15 and the State agencies responsible for carrying out 16 family caregiver programs, and made publically 17 available by the Secretary, including evidence-based 18 or promising practices and innovative models (both

(2) Coordinating and assessing existing Federal Government programs and activities to recognize and support family caregivers while ensuring max-

domestic and foreign) regarding the provision of

care by family caregivers or support for family care-

givers.

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- imum effectiveness and avoiding unnecessary dupli-cation.
- 3 (3) Providing technical assistance, as appro-4 priate, such as disseminating identified best prac-5 tices and information sharing based on reports pro-6 vided under section 4(d), to State or local efforts to 7 support family caregivers.
- 8 (d) Initial Strategy; Updates.—The Secretary9 shall—
 - (1) not later than 18 months after the date of enactment of this Act, develop, publish, and submit to the Committee on Health, Education, Labor, and Pensions and the Special Committee on Aging of the Senate, the Committee on Education and the Workforce of the House of Representatives, and the State agencies responsible for carrying out family caregiver programs, an initial Strategy incorporating the items addressed in the Advisory Council's initial report under section 4(d) and other relevant information, including best practices, for recognizing and supporting family caregivers; and
 - (2) biennially update, republish, and submit to the Committee on Health, Education, Labor, and Pensions and the Special Committee on Aging of the Senate, the Committee on Education and the Work-

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- 1 force of the House of Representatives, and the State
- 2 agencies responsible for carrying out family care-
- 3 giver programs the Strategy, taking into account the
- 4 most recent annual report submitted under section
- 5 4(d)(1)—
- 6 (A) to reflect new developments, chal-
- 7 lenges, opportunities, and solutions; and
- 8 (B) to review progress based on rec-
- 9 ommendations for recognizing and supporting
- family caregivers in the Strategy and, based on
- 11 the results of such review, recommend priority
- actions for improving the implementation of
- such recommendations, as appropriate.
- 14 (e) Process for Public Input.—The Secretary
- 15 shall establish a process for public input to inform the de-
- 16 velopment of, and updates to, the Strategy, including a
- 17 process for the public to submit recommendations to the
- 18 Advisory Council and an opportunity for public comment
- 19 on the proposed Strategy.
- 20 (f) No Preemption.—Nothing in this Act preempts
- 21 any authority of a State or local government to recognize
- 22 or support family caregivers.
- 23 (g) Rule of Construction.—Nothing in this Act
- 24 shall be construed to permit the Secretary (through regu-
- 25 lation, guidance, grant criteria, or otherwise) to—

1	(1) mandate, direct, or control the allocation of
2	State or local resources;
3	(2) mandate the use of any of the best practices
4	identified in the reports required under this Act; or
5	(3) otherwise expand the authority of the Sec-
6	retary beyond that expressly provided to the Sec-
7	retary in this Act.
8	SEC. 4. FAMILY CAREGIVING ADVISORY COUNCIL.
9	(a) Convening.—The Secretary shall convene a
10	Family Caregiving Advisory Council to advise and provide
11	recommendations, including identified best practices, to
12	the Secretary on recognizing and supporting family care-
13	givers.
14	(b) Membership.—
15	(1) In general.—The members of the Advi-
16	sory Council shall consist of—
17	(A) the appointed members under para-
18	graph (2); and
19	(B) the Federal members under paragraph
20	(3).
21	(2) APPOINTED MEMBERS.—In addition to the
22	Federal members under paragraph (3), the Sec-
23	retary shall appoint not more than 15 voting mem-
24	bers of the Advisory Council who are not representa-
25	tives of Federal departments or agencies and who

1	shall include at least one representative of each of					
2	the following:					
3	(A) Family caregivers.					
4	(B) Older adults with long-term services					
5	and supports needs.					
6	(C) Individuals with disabilities.					
7	(D) Health care and social service pro-					
8	viders.					
9	(E) Long-term services and supports pro-					
10	viders.					
11	(F) Employers.					
12	(G) Paraprofessional workers.					
13	(H) State and local officials.					
14	(I) Accreditation bodies.					
15	(J) Veterans.					
16	(K) As appropriate, other experts and ad-					
17	vocacy organizations engaged in family					
18	caregiving.					
19	(3) Federal members.—The Federal mem-					
20	bers of the Advisory Council, who shall be nonvoting					
21	members, shall consist of the following:					
22	(A) The Administrator of the Centers for					
23	Medicare & Medicaid Services (or the Adminis-					
24	trator's designee).					

- 1 (B) The Administrator of the Administra-2 tion for Community Living (or the Administra-3 tor's designee who has experience in both aging 4 and disability).
 - (C) The Secretary of Veterans Affairs (or the Secretary's designee).
 - (D) The heads of other Federal departments or agencies (or their designees), including relevant departments or agencies that oversee labor and workforce, economic, government financial policies, community service, and other impacted populations, as appointed by the Secretary or the Chair of the Advisory Council.
 - (4) DIVERSE REPRESENTATION.—The Secretary shall ensure that the membership of the Advisory Council reflects the diversity of family caregivers and individuals receiving services and supports.
- 19 (c) MEETINGS.—The Advisory Council shall meet 20 quarterly during the 1-year period beginning on the date 21 of enactment of this Act and at least three times during 22 each year thereafter. Meetings of the Advisory Council 23 shall be open to the public.
- 24 (d) Advisory Council Annual Reports.—

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- (1) IN GENERAL.—Not later than 12 months after the date of enactment of this Act, and annually thereafter, the Advisory Council shall submit to the Secretary, the Committee on Health, Education, Labor, and Pensions and the Special Committee on Aging of the Senate, the Committee on Education and the Workforce of the House of Representatives. and the State agencies responsible for carrying out family caregiver programs, and make publically available on the internet website of the Department of Health and Human Services, a report concerning the development, maintenance, and updating of the Strategy, including a description of the outcomes of the recommendations and any priorities included in the initial report pursuant to paragraph (2), as appropriate.
 - (2) Initial Report.—The Advisory Council's initial report under paragraph (1) shall include—
 - (A) an inventory and assessment of all federally funded efforts to recognize and support family caregivers and the outcomes of such efforts, including analyses of the extent to which federally funded efforts are reaching family caregivers and gaps in such efforts;
 - (B) recommendations—

1	(i) to improve and better coordinate
2	Federal programs and activities to recog-
3	nize and support family caregivers, as well
4	as opportunities to improve the coordina-
5	tion of such Federal programs and activi-
6	ties with State programs; and
7	(ii) to effectively deliver services based
8	on the performance, mission, and purpose
9	of a program while eliminating
10	redundancies, avoiding unnecessary dupli-
11	cation and overlap, and ensuring the needs
12	of family caregivers are met;
13	(C) the identification of challenges faced
14	by family caregivers, including financial, health,
15	and other challenges, and existing approaches
16	to address such challenges; and
17	(D) an evaluation of how family caregiving
18	impacts the Medicare program, the Medicaid
19	program, and other Federal programs.
20	(e) Nonapplicability of FACA.—The Federal Ad-
21	visory Committee Act (5 U.S.C. App.) shall not apply to
22	the Advisory Council.

1 SEC. 5. FUNDING.

- 2 No additional funds are authorized to be appro-
- 3 priated to carry out this Act. This Act shall be carried
- 4 out using funds otherwise authorized.

5 SEC. 6. SUNSET PROVISION.

- 6 The authority and obligations established by this Act
- 7 shall terminate on the date that is 5 years after the date
- 8 of enactment of this Act.

Passed the Senate September 26, 2017.

Attest:

Secretary.

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