

115TH CONGRESS
1ST SESSION

S. 1028

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

IN THE SENATE OF THE UNITED STATES

MAY 3, 2017

Ms. COLLINS (for herself, Ms. BALDWIN, Ms. MURKOWSKI, and Mr. BENNET)
introduced the following bill; which was read twice and referred to the
Committee on Health, Education, Labor, and Pensions

A BILL

To provide for the establishment and maintenance of a
National 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 National Family Caregiving Strategy estab-
14 lished, maintained, and updated under section 3.

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

16 (a) IN GENERAL.—The Secretary, in consultation
17 with the heads of other appropriate Federal agencies, shall
18 develop, maintain, and periodically update a National
19 Family Caregiving Strategy.

20 (b) CONTENTS.—The Strategy shall identify specific
21 actions that Federal, State, and local governments, com-
22 munities, health care, long-term services and supports and
23 other providers, employers, and others can take to recog-
24 nize and support family caregivers in a manner that re-

1 flects their diverse needs, including with respect to the fol-
 2 lowing:

3 (1) Promoting greater adoption of person- and
 4 family-centered care in all health and long-term
 5 services and supports settings, with the person re-
 6 ceiving services and supports and the family care-
 7 giver (as appropriate) at the center of care teams.

8 (2) Assessment and service planning (including
 9 care transitions and coordination) involving family
 10 caregivers and care recipients.

11 (3) Training and other supports.

12 (4) Information, education, referral, and care
 13 coordination, including hospice, palliative care, and
 14 advance planning services.

15 (5) Respite options.

16 (6) Financial security.

17 (7) Workplace policies and supports that allow
 18 family caregivers to remain in the workforce.

19 (c) RESPONSIBILITIES OF THE SECRETARY.—The
 20 Secretary, in carrying out this section, shall be responsible
 21 for the following:

22 (1) Collecting and making publicly available in-
 23 formation, including evidence-based or promising
 24 practices and innovative models (both domestically

1 and internationally) regarding the provision of care
2 by family caregivers or support for family caregivers.

3 (2) Coordinating Federal Government programs
4 and activities to recognize and support family care-
5 givers while ensuring maximum effectiveness and
6 avoiding unnecessary duplication.

7 (3) Providing technical assistance, such as best
8 practices and information sharing, to State or local
9 efforts, as appropriate, to support family caregivers.

10 (4) Addressing disparities in recognizing and
11 supporting family caregivers and meeting the needs
12 of the diverse family caregiving population.

13 (5) Assessing all Federal programs regarding
14 family caregivers, including with respect to funding
15 levels.

16 (d) INITIAL STRATEGY; UPDATES.—The Secretary
17 shall—

18 (1) not later than 18 months after the date of
19 enactment of this Act, develop, publish, and submit
20 to Congress the initial Strategy incorporating the
21 items addressed in the Advisory Council’s report in
22 section 4(d)(2) and other priority actions for recog-
23 nizing and supporting family caregivers; and

24 (2) not less than every 2 years, update, repub-
25 lish, and submit to Congress the Strategy, taking

1 into account the most recent annual report sub-
2 mitted under section 4(d)(1)—

3 (A) to reflect new developments, chal-
4 lenges, opportunities, and solutions; and

5 (B) to assess progress in implementation
6 of the Strategy and, based on the results of
7 such assessment, recommend priority actions
8 for such implementation.

9 (e) PROCESS FOR PUBLIC INPUT.—The Secretary
10 shall establish a process for public input to inform the de-
11 velopment of, and updates to, the Strategy, including a
12 process for the public to submit recommendations to the
13 Advisory Council and an opportunity for public comment
14 on the proposed Strategy.

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

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

19 (a) CONVENING.—The Secretary shall convene a
20 Family Caregiving Advisory Council to provide advice to
21 the Secretary on recognizing and supporting family care-
22 givers.

23 (b) MEMBERSHIP.—

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

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

3 (B) the Federal members under paragraph
4 (3).

5 (2) APPOINTED MEMBERS.—In addition to the
6 Federal members under paragraph (3), the Sec-
7 retary shall appoint not more than 15 members of
8 the Advisory Council who are not representatives of
9 Federal departments or agencies and who shall in-
10 clude at least one representative of each of the fol-
11 lowing:

12 (A) Family caregivers.

13 (B) Older adults with long-term services
14 and supports needs, including older adults fac-
15 ing disparities.

16 (C) Individuals with disabilities.

17 (D) Advocates for family caregivers, older
18 adults with long-term services and supports
19 needs, and individuals with disabilities.

20 (E) Health care and social service pro-
21 viders.

22 (F) Long-term services and supports pro-
23 viders.

24 (G) Employers.

25 (H) Paraprofessional workers.

1 (I) State and local officials.

2 (J) Accreditation bodies.

3 (K) Relevant industries.

4 (L) Veterans.

5 (M) As appropriate, other experts in family
6 caregiving.

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

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

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

17 (C) The Assistant Secretary for the Ad-
18 ministration for Children and Families (or the
19 Assistant Secretary's designee).

20 (D) The Secretary of Veterans Affairs (or
21 the Secretary's designee).

22 (E) The Secretary of Labor (or the Sec-
23 retary's designee).

24 (F) The Secretary of the Treasury (or the
25 Secretary's designee).

1 (G) The National Coordinator for Health
 2 Information Technology (or the National Coor-
 3 dinator's designee).

4 (H) The Administrator of the Small Busi-
 5 ness Administration (or the Administrator's
 6 designee).

7 (I) The Chief Executive Officer of the Cor-
 8 poration for National and Community Service
 9 (or the Chief Executive Officer's designee).

10 (J) The heads of other Federal depart-
 11 ments or agencies (or their designees), as ap-
 12 pointed by the Secretary or the Chair of the
 13 Advisory Council.

14 (4) DIVERSE REPRESENTATION.—The Sec-
 15 retary shall ensure that the membership of the Advi-
 16 sory Council reflects the diversity of family care-
 17 givers and individuals receiving services and sup-
 18 ports.

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.—

1 (1) IN GENERAL.—Not later than 12 months
2 after the date of enactment of this Act, and annually
3 thereafter, the Advisory Council shall submit to the
4 Secretary and Congress a report concerning the de-
5 velopment, maintenance, and updating of the Strat-
6 egy and the implementation thereof, including a de-
7 scription of the outcomes of the recommendations
8 and priorities under paragraph (2), as appropriate.
9 Such report shall be made publicly available by the
10 Advisory Council.

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

13 (A) an inventory and assessment of all fed-
14 erally funded efforts to recognize and support
15 family caregivers and the outcomes of such ef-
16 forts, including analyses of the extent to which
17 federally funded efforts are reaching family
18 caregivers and gaps in such efforts;

19 (B) recommendations for priority actions—

20 (i) to improve and better coordinate
21 programs; and

22 (ii) to deliver services based on the
23 performance, mission, and purpose of a
24 program while eliminating redundancies

1 and ensuring the needs of family caregivers
2 are met;

3 (C) recommendations to reduce the finan-
4 cial impact and other challenges of caregiving
5 on family caregivers; and

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

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

12 **SEC. 5. SUNSET PROVISION.**

13 The authority and obligations established by this Act
14 shall terminate on the date that is 5 years after the date
15 of enactment of this Act.

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