

115TH CONGRESS
1ST SESSION

S. 1028

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 27, 2017

Referred to the Committee on Education and the Workforce

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
11 caregiver” means an adult family member or other
12 individual who has a significant relationship with,
13 and who provides a broad range of assistance to, an
14 individual with a chronic or other health condition,
15 disability, or functional limitation.

16 (3) **SECRETARY.**—The term “Secretary” means
17 the Secretary of Health and Human Services.

18 (4) **STRATEGY.**—The term “Strategy” means
19 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
15 family-centered care in all health and long-term
16 services and supports settings, with the person re-
17 ceiving services and supports and the family care-
18 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-
23 ports, referral, and care coordination, including with
24 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
19 domestic and foreign) regarding the provision of
20 care by family caregivers or support for family care-
21 givers.

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

1 imum effectiveness and avoiding unnecessary dupli-
2 cation.

3 (3) Providing technical assistance, as appro-
4 pate, 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 Secretary
9 shall—

10 (1) not later than 18 months after the date of
11 enactment of this Act, develop, publish, and submit
12 to 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, an initial Strategy incorporating the
18 items addressed in the Advisory Council’s initial re-
19 port under section 4(d) and other relevant informa-
20 tion, including best practices, for recognizing and
21 supporting family caregivers; and

22 (2) biennially update, republish, and submit to
23 the Committee on Health, Education, Labor, and
24 Pensions and the Special Committee on Aging of the
25 Senate, the Committee on Education and the Work-

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
10 family caregivers in the Strategy and, based on
11 the results of such review, recommend priority
12 actions for improving the implementation of
13 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).

5 (C) The Secretary of Veterans Affairs (or
6 the Secretary's designee).

7 (D) The heads of other Federal depart-
8 ments or agencies (or their designees), includ-
9 ing relevant departments or agencies that over-
10 see labor and workforce, economic, government
11 financial policies, community service, and other
12 impacted populations, as appointed by the Sec-
13 retary or the Chair of the 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, the Committee on Health, Education,
5 Labor, and Pensions and the Special Committee on
6 Aging of the Senate, the Committee on Education
7 and the Workforce of the House of Representatives,
8 and the State agencies responsible for carrying out
9 family caregiver programs, and make publically
10 available on the internet website of the Department
11 of Health and Human Services, a report concerning
12 the development, maintenance, and updating of the
13 Strategy, including a description of the outcomes of
14 the recommendations and any priorities included in
15 the initial report pursuant to paragraph (2), as ap-
16 propriate.

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

19 (A) an inventory and assessment of all fed-
20 erally funded efforts to recognize and support
21 family caregivers and the outcomes of such ef-
22 forts, including analyses of the extent to which
23 federally funded efforts are reaching family
24 caregivers and gaps in such efforts;

25 (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:

JULIE E. ADAMS,

Secretary.