

114TH CONGRESS  
1ST SESSION

# H. R. 3099

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

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## IN THE HOUSE OF REPRESENTATIVES

JULY 16, 2015

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

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## 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 2015” 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 a relative, partner, friend, or  
6           neighbor who has a significant relationship with, and  
7           who provides a broad range of assistance for, a per-  
8           son with a chronic or other health condition, dis-  
9           ability, 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 culturally com-  
25          petent manner, including with respect to the following:

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

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

9           (3) Training and other supports.

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

13          (5) Respite options.

14          (6) Financial security.

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

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

20           (1) Collecting and making publically available  
21 information, including evidence-based or promising  
22 practices and innovative models (both domestically  
23 and internationally) regarding the provision of care  
24 by family caregivers or support for family caregivers.

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

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

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

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

14          (d) INITIAL STRATEGY; UPDATES.—The Secretary  
15 shall—

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

22           (2) not less than annually, update, republish,  
23           and submit to Congress the Strategy, taking into ac-  
24           count the most recent annual report submitted  
25           under section 4(d)(1)—

1 (A) to reflect new developments, chal-  
2 lenges, opportunities, and solutions; and

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

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

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

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

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

21 (b) MEMBERSHIP.—

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

24 (A) the Federal members under paragraph

25 (2); and

1 (B) the appointed members under para-  
2 graph (3).

3 (2) FEDERAL MEMBERS.—The Federal mem-  
4 bers of the Advisory Council shall consist of the fol-  
5 lowing:

6 (A) The Administrator of the Centers for  
7 Medicare & Medicaid Services (or the Adminis-  
8 trator’s designee).

9 (B) The Administrator of the Administra-  
10 tion for Community Living (or the Administra-  
11 tor’s designee who has experience in both aging  
12 and disability).

13 (C) The Assistant Secretary for the Ad-  
14 ministration for Children and Families (or the  
15 Assistant Secretary’s designee).

16 (D) The Secretary of Veterans Affairs (or  
17 the Secretary’s designee).

18 (E) The Secretary of Labor (or the Sec-  
19 retary’s designee).

20 (F) The Secretary of the Treasury (or the  
21 Secretary’s designee).

22 (G) The National Coordinator for Health  
23 Information Technology (or the National Coor-  
24 dinator’s designee).

1           (H) The heads of other Federal depart-  
2           ments or agencies (or their designees), as ap-  
3           pointed by the President or the Chair of the  
4           Advisory Council.

5           (3) APPOINTED MEMBERS.—In addition to the  
6           Federal members under paragraph (2), 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.

15                 (C) Individuals with disabilities.

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

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

21                 (F) Long-term-services-and-support pro-  
22                 viders.

23                 (G) Employers.

24                 (H) Direct care workers or advocates for  
25                 such 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 (4) DIVERSE REPRESENTATION.—The Sec-  
8 retary shall ensure that the membership of the Advi-  
9 sory Council reflects the diversity of—

10 (A) the overall population; and

11 (B) family caregivers.

12 (c) MEETINGS.—The Advisory Council shall meet  
13 quarterly. Meetings of the Advisory Council shall be open  
14 to the public.

15 (d) ADVISORY COUNCIL ANNUAL REPORTS.—

16 (1) IN GENERAL.—Not later than 15 months  
17 after the date of enactment of this Act, and annually  
18 thereafter, the Advisory Council shall submit to the  
19 Secretary and Congress a report concerning the de-  
20 velopment, maintenance, and updating of the Strat-  
21 egy and the implementation thereof, including a de-  
22 scription of the outcomes of the recommendations  
23 and priorities under paragraph (2), as appropriate.  
24 Such report shall be made publically available by the  
25 Advisory Council.



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

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

9           (B) recommendations for priority actions—

10           (i) to improve and better coordinate  
11 programs; and

12           (ii) to deliver services based on the  
13 performance, mission, and purpose of a  
14 program while eliminating redundancies  
15 and ensuring the needs of family caregivers  
16 are met;

17           (C) recommendations to reduce the finan-  
18 cial impact and other challenges of caregiving  
19 on family caregivers; and

20           (D) an evaluation of how family caregiving  
21 impacts the Medicare program, the Medicaid  
22 program, and other Federal programs.

1 **SEC. 5. SHARING OF DATA.**

2       The heads of Federal departments and agencies, as  
3 appropriate, shall share with the Secretary any data that  
4 is—

5           (1) maintained by the respective department or  
6       agency; and

7           (2) needed by the Secretary to prepare the ini-  
8       tial and updated Strategies under section 3(d).

9 **SEC. 6. SUNSET PROVISION.**

10       The authority and obligations established by this Act  
11 shall terminate on December 31, 2030.

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