### 115TH CONGRESS 1ST SESSION H.R. 3759

## 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, In3 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 sec20 tion 3.

#### 21 SEC. 3. FAMILY CAREGIVING STRATEGY.

(a) IN GENERAL.—The Secretary, in consultation
with the heads of other appropriate Federal agencies, shall
develop jointly with the Advisory Council and submit to
the Committee on Health, Education, Labor, and Pensions and the Special Committee on Aging of the Senate,
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the Committee on Education and the Workforce of the
 House of Representatives, and the State agencies respon sible for carrying out family caregiver programs, and make
 publicly available on the internet website of the Depart ment of Health and Human Services, a Family Caregiving
 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:

(1) Promoting greater adoption of person- and
family-centered care in all health and long-term
services and supports settings, with the person receiving services and supports and the family caregiver (as appropriate) at the center of care teams.

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

(3) Information, education and training supports, referral, and care coordination, including with
respect to hospice care, palliative care, and advance
planning services.

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(4) Respite options.

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2 (5) Financial security and workplace issues.

3 (6) Delivering services based on the perform4 ance, mission, and purpose of a program while elimi5 nating redundancies.

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

8 (1) Collecting and making publicly available in-9 formation submitted by the Advisory Council under 10 section 4(d) to the Committee on Health, Education, 11 Labor, and Pensions and the Special Committee on 12 Aging of the Senate, the Committee on Education 13 and the Workforce of the House of Representatives, 14 and the State agencies responsible for carrying out 15 family caregiver programs, including evidence-based 16 or promising practices and innovative models (both 17 domestic and foreign) regarding the provision of 18 care by family caregivers or support for family care-19 givers.

20 (2) Coordinating and assessing existing Federal
21 Government programs and activities to recognize
22 and support family caregivers while ensuring max23 imum effectiveness and avoiding unnecessary dupli24 cation.

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

6 (d) INITIAL STRATEGY; UPDATES.—The Secretary7 shall—

8 (1) not later than 18 months after the date of 9 enactment of this Act, develop, publish, and submit 10 to the Committee on Health, Education, Labor, and 11 Pensions and the Special Committee on Aging of the 12 Senate, the Committee on Education and the Work-13 force of the House of Representatives, and the State 14 agencies responsible for carrying out family care-15 giver programs, an initial Strategy incorporating the 16 items addressed in the Advisory Council's initial re-17 port under section 4(d) and other relevant informa-18 tion, including best practices, for recognizing and 19 supporting family caregivers; and

20 (2) biennially update, republish, and submit to
21 the Committee on Health, Education, Labor, and
22 Pensions and the Special Committee on Aging of the
23 Senate, the Committee on Education and the Work24 force of the House of Representatives, and the State
25 agencies responsible for carrying out family care-

giver programs the Strategy, taking into account the
 most recent annual report submitted under section
 4(d)(1)—

4 (A) to reflect new developments, chal5 lenges, opportunities, and solutions; and

6 (B) to review progress based on rec-7 ommendations for recognizing and supporting 8 family caregivers in the Strategy and, based on 9 the results of such review, recommend priority 10 actions for improving the implementation of 11 such recommendations, as appropriate.

(e) PROCESS FOR PUBLIC INPUT.—The Secretary
shall establish a process for public input to inform the development of, and updates to, the Strategy, including a
process for the public to submit recommendations to the
Advisory Council and an opportunity for public comment
on the proposed Strategy.

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

(g) RULE OF CONSTRUCTION.—Nothing in this Act
shall be construed to permit the Secretary (through regulation, guidance, grant criteria, or otherwise) to—

24 (1) mandate, direct, or control the allocation of25 State or local resources;

(2) mandate the use of any of the best practices
 identified in the reports required under this Act; or
 (3) otherwise expand the authority of the Sec retary beyond that expressly provided to the Sec retary in this Act.

#### 6 SEC. 4. FAMILY CAREGIVING ADVISORY COUNCIL.

7 (a) CONVENING.—The Secretary shall convene a
8 Family Caregiving Advisory Council to advise and provide
9 recommendations, including identified best practices, to
10 the Secretary on recognizing and supporting family care11 givers.

12 (b) MEMBERSHIP.—

13 (1) IN GENERAL.—The members of the Advi14 sory Council shall consist of—

15 (A) the appointed members under para-16 graph (2); and

17 (B) the Federal members under paragraph18 (3).

(2) APPOINTED MEMBERS.—In addition to the
Federal members under paragraph (3), the Secretary shall appoint not more than 15 voting members of the Advisory Council who are not representatives of Federal departments or agencies and who
shall include at least 1 representative of each of the
following:

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

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1	tor's designee who has experience in both aging
2	and disability).
3	(C) The Secretary of Veterans Affairs (or
4	the Secretary's designee).
5	(D) The heads of other Federal depart-
6	ments or agencies (or their designees), includ-
7	ing relevant departments or agencies that over-
8	see labor and workforce, economic, government
9	financial policies, community service, and other
10	impacted populations, as appointed by the Sec-
11	retary or the Chair of the Advisory Council.
12	(4) DIVERSE REPRESENTATION.—The Sec-
13	retary shall ensure that the membership of the Advi-
14	sory Council reflects the diversity of family care-
15	givers and individuals receiving services and sup-
16	ports.
17	(c) MEETINGS.—The Advisory Council shall meet
18	quarterly during the 1-year period beginning on the date
19	of enactment of this Act and at least three times during
20	each year thereafter. Meetings of the Advisory Council
21	shall be open to the public.
22	(d) Advisory Council Annual Reports.—
23	(1) IN GENERAL.—Not later than 12 months
24	after the date of enactment of this Act, and annually

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after the date of enactment of this Act, and annuallythereafter, the Advisory Council shall submit to the

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1	Secretary, the Committee on Health, Education,
2	Labor, and Pensions and the Special Committee on
3	Aging of the Senate, the Committee on Education
4	and the Workforce of the House of Representatives,
5	and the State agencies responsible for carrying out
6	family caregiver programs, and make publicly avail-
7	able on the internet website of the Department of
8	Health and Human Services, a report concerning the
9	development, maintenance, and updating of the
10	Strategy, including a description of the outcomes of
11	the recommendations and any priorities included in
12	the initial report pursuant to paragraph (2), as ap-
13	propriate.
14	(2) INITIAL REPORT.—The Advisory Council's
15	initial report under paragraph (1) shall include—
16	(A) an inventory and assessment of all fed-
17	erally funded efforts to recognize and support
18	family caregivers and the outcomes of such ef-
19	forts, including analyses of the extent to which
20	federally funded efforts are reaching family
21	caregivers and gaps in such efforts;
22	(B) recommendations—
23	(i) to improve and better coordinate
24	Federal programs and activities to recog-

25 nize and support family caregivers, as well

1 as opportunities to improve the coordina-2 tion of such Federal programs and activi-3 ties with State programs; and 4 (ii) to effectively deliver services based on the performance, mission, and purpose 5 6 of while eliminating a program 7 redundancies, avoiding unnecessary dupli-8 cation and overlap, and ensuring the needs 9 of family caregivers are met; (C) the identification of challenges faced 10 11 by family caregivers, including financial, health, and other challenges, and existing approaches 12 13 to address such challenges; and 14 (D) an evaluation of how family caregiving 15 impacts the Medicare program, the Medicaid 16 program, and other Federal programs. 17 (e) NONAPPLICABILITY OF FACA.—The Federal Advisory Committee Act (5 U.S.C. App.) shall not apply to 18 the Advisory Council. 19 20 SEC. 5. FUNDING. 21 No additional funds are authorized to be appro-

21 No additional funds are authorized to be appro22 priated to carry out this Act. This Act shall be carried
23 out using funds otherwise authorized.

#### 1 SEC. 6. SUNSET PROVISION.

2 The authority and obligations established by this Act3 shall terminate on the date that is 3 years after the date4 of enactment of this Act.

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Passed the House of Representatives December 18, 2017.

Attest:

Clerk.

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