

**Suspend the Rules and Pass the Bill, H.R. 3759, With an Amendment****(The amendment strikes all after the enacting clause and inserts a new text)**115<sup>TH</sup> CONGRESS  
1<sup>ST</sup> SESSION**H. R. 3759**

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

---

**IN THE HOUSE OF REPRESENTATIVES**

SEPTEMBER 13, 2017

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

---

**A BILL**

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,*

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”.

1 **SEC. 2. DEFINITIONS.**

2 In this Act:

3 (1) **ADVISORY COUNCIL.**—The term “Advisory  
4 Council” means the Family Caregiving Advisory  
5 Council convened under section 4.

6 (2) **FAMILY CAREGIVER.**—The term “family  
7 caregiver” means an adult family member or other  
8 individual who has a significant relationship with,  
9 and who provides a broad range of assistance to, an  
10 individual with a chronic or other health condition,  
11 disability, or functional limitation.

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

14 (4) **STRATEGY.**—The term “Strategy” means  
15 the Family Caregiving Strategy set forth under sec-  
16 tion 3.

17 **SEC. 3. FAMILY CAREGIVING STRATEGY.**

18 (a) **IN GENERAL.**—The Secretary, in consultation  
19 with the heads of other appropriate Federal agencies, shall  
20 develop jointly with the Advisory Council and submit to  
21 the Committee on Health, Education, Labor, and Pen-  
22 sions and the Special Committee on Aging of the Senate,  
23 the Committee on Education and the Workforce of the  
24 House of Representatives, and the State agencies respon-  
25 sible for carrying out family caregiver programs, and make  
26 publicly available on the internet website of the Depart-

1 ment of Health and Human Services, a Family Caregiving  
2 Strategy.

3 (b) CONTENTS.—The Strategy shall identify rec-  
4 ommended actions that Federal (under existing Federal  
5 programs), State, and local governments, communities,  
6 health care providers, long-term services and supports pro-  
7 viders, and others are taking, or may take, to recognize  
8 and support family caregivers in a manner that reflects  
9 their diverse needs, including with respect to the following:

10 (1) Promoting greater adoption of person- and  
11 family-centered care in all health and long-term  
12 services and supports settings, with the person re-  
13 ceiving services and supports and the family care-  
14 giver (as appropriate) at the center of care teams.

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

18 (3) Information, education and training sup-  
19 ports, referral, and care coordination, including with  
20 respect to hospice care, palliative care, and advance  
21 planning services.

22 (4) Respite options.

23 (5) Financial security and workplace issues.

1           (6) Delivering services based on the perform-  
2           ance, mission, and purpose of a program while elimi-  
3           nating redundancies.

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

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

18          (2) Coordinating and assessing existing Federal  
19          Government programs and activities to recognize  
20          and support family caregivers while ensuring max-  
21          imum effectiveness and avoiding unnecessary dupli-  
22          cation.

23          (3) Providing technical assistance, as appro-  
24          priate, such as disseminating identified best prac-  
25          tices and information sharing based on reports pro-

1 vided under section 4(d), to State or local efforts to  
2 support family caregivers.

3 (d) INITIAL STRATEGY; UPDATES.—The Secretary  
4 shall—

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

17 (2) biennially update, republish, and submit to  
18 the Committee on Health, Education, Labor, and  
19 Pensions and the Special Committee on Aging of the  
20 Senate, the Committee on Education and the Work-  
21 force of the House of Representatives, and the State  
22 agencies responsible for carrying out family care-  
23 giver programs the Strategy, taking into account the  
24 most recent annual report submitted under section  
25 4(d)(1)—

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

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

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

21 (1) mandate, direct, or control the allocation of  
22 State or local resources;

23 (2) mandate the use of any of the best practices  
24 identified in the reports required under this Act; or

1           (3) otherwise expand the authority of the Sec-  
2           retary beyond that expressly provided to the Sec-  
3           retary in this Act.

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

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

10          (b) MEMBERSHIP.—

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

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

15                   (B) the Federal members under paragraph  
16                   (3).

17           (2) APPOINTED MEMBERS.—In addition to the  
18           Federal members under paragraph (3), the Sec-  
19           retary shall appoint not more than 15 voting mem-  
20           bers of the Advisory Council who are not representa-  
21           tives of Federal departments or agencies and who  
22           shall include at least one representative of each of  
23           the following:

24                   (A) Family caregivers.

1 (B) Older adults with long-term services  
2 and supports needs.

3 (C) Individuals with disabilities.

4 (D) Health care and social service pro-  
5 viders.

6 (E) Long-term services and supports pro-  
7 viders.

8 (F) Employers.

9 (G) Paraprofessional workers.

10 (H) State and local officials.

11 (I) Accreditation bodies.

12 (J) Veterans.

13 (K) As appropriate, other experts and ad-  
14 vocacy organizations engaged in family  
15 caregiving.

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

19 (A) The Administrator of the Centers for  
20 Medicare & Medicaid Services (or the Adminis-  
21 trator's designee).

22 (B) The Administrator of the Administra-  
23 tion for Community Living (or the Administra-  
24 tor's designee who has experience in both aging  
25 and disability).



1 (C) The Secretary of Veterans Affairs (or  
2 the Secretary's designee).

3 (D) The heads of other Federal depart-  
4 ments or agencies (or their designees), includ-  
5 ing relevant departments or agencies that over-  
6 see labor and workforce, economic, government  
7 financial policies, community service, and other  
8 impacted populations, as appointed by the Sec-  
9 retary or the Chair of the Advisory Council.

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

15 (c) MEETINGS.—The Advisory Council shall meet  
16 quarterly during the 1-year period beginning on the date  
17 of enactment of this Act and at least three times during  
18 each year thereafter. Meetings of the Advisory Council  
19 shall be open to the public.

20 (d) ADVISORY COUNCIL ANNUAL REPORTS.—

21 (1) IN GENERAL.—Not later than 12 months  
22 after the date of enactment of this Act, and annually  
23 thereafter, the Advisory Council shall submit to the  
24 Secretary, the Committee on Health, Education,  
25 Labor, and Pensions and the Special Committee on

1 Aging of the Senate, the Committee on Education  
2 and the Workforce of the House of Representatives,  
3 and the State agencies responsible for carrying out  
4 family caregiver programs, and make publicly avail-  
5 able on the internet website of the Department of  
6 Health and Human Services, a report concerning the  
7 development, maintenance, and updating of the  
8 Strategy, including a description of the outcomes of  
9 the recommendations and any priorities included in  
10 the initial report pursuant to paragraph (2), as ap-  
11 propriate.

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

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

20 (B) recommendations—

21 (i) to improve and better coordinate  
22 Federal programs and activities to recog-  
23 nize and support family caregivers, as well  
24 as opportunities to improve the coordina-

1                   tion of such Federal programs and activi-  
2                   ties with State programs; and

3                   (ii) to effectively deliver services based  
4                   on the performance, mission, and purpose  
5                   of a program while eliminating  
6                   redundancies, avoiding unnecessary dupli-  
7                   cation and overlap, and ensuring the needs  
8                   of family caregivers are met;

9                   (C) the identification of challenges faced  
10                  by family caregivers, including financial, health,  
11                  and other challenges, and existing approaches  
12                  to address such challenges; and

13                  (D) an evaluation of how family caregiving  
14                  impacts the Medicare program, the Medicaid  
15                  program, and other Federal programs.

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

19   **SEC. 5. FUNDING.**

20           No additional funds are authorized to be appro-  
21   priated to carry out this Act. This Act shall be carried  
22   out using funds otherwise authorized.

1 **SEC. 6. SUNSET PROVISION.**

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