

Below are relevant pieces of current caregiving legislation that we would like to share with our networks.

The RAISE (Recognize, Assist, Include, Support, and Engage) Family Caregivers Act - [S. 1719](#) and [H.R. 3099](#)

The bill was introduced by Senator Collins (R-ME) and Senator Baldwin (D-WI) and Representative Greg Harper (R-MS) and Representative Kathy Castor (D-FL) in the House. The bill contains three main objectives: directs the Department of Health and Human Services (HHS) to develop, maintain, and periodically update a National Family Caregiving Strategy; directs HHS to convene a Family Caregiving Advisory Council to advise it on recognizing and supporting family caregivers; and mandates that federal departments and agencies must share with HHS any data they maintain that HHS needs to prepare the initial and updated Strategies. The bill has passed the Senate and is awaiting action on the House side.

Social Security Caregiver Credit Act of 2015 – [H.R. 3377](#)

Representative Nita Lowey (D-NY) recently reintroduced her Social Security Caregiver Credit bill. The bill would provide a social security credit to be added to a person's total career earnings and used to calculate future social security benefits. This is a progressive benefit for caregivers who spend at least 80 hours a month providing care. Caregivers of children under the age of 12 and those caring for a chronically ill or dependent relative (or a relative of a spouse) are eligible to receive the credit for up to five years. This includes caregivers of a parent, aunt, uncle, grandchild, niece, nephew, spouse, or domestic partner. This bill was introduced in the house in July 2015.

National Care Corps Act of 2015 – [H.R. 2668](#)

U.S. Rep. Michelle Lujan Grisham (D-NM) has reintroduced a bill, H.R. 5288 to create a national Care Corps program. Modeled after the Peace Corps, the program, housed within the Administration for Community Living, is designed to provide support for family caregivers and help meet the growing demand for the care of aging and disabled Americans. Rep. Lujan Grisham's National Care Corps Act will place volunteers in communities to work with seniors and individuals with disabilities who need extra support to live independently. Volunteers would receive a minimum of 40 hours of training. The bill was referred to the Subcommittee on Higher Education and Workforce Training in November 2015.

The Family and Medical Insurance Leave or FAMILY Act - [S. 786](#) and [H.R. 1439](#)

Sponsored by Rep. Rosa DeLauro (D-CT) in the House and Sen. Kirsten Gillibrand (D-NY) in the Senate, the FAMILY Act would provide workers with up to 12 weeks of partial income when they take time for their own serious health condition, including pregnancy and childbirth recovery; the serious health condition of a child, parent, spouse or domestic partner; the birth or adoption of a child; and/or for particular military caregiving and leave purposes. The benefit would be administered through a new Office of Paid Family and Medical Leave within the Social Security Administration. Payroll contributions would cover both insurance benefits and administrative costs. The House bill was referred to the Ways and Means Committee in March 2015, and the Senate bill was referred to Senate Finance.

Care Planning Act of 2015 - [S. 1549](#)

Introduced by Senators Mark Warner (D-VA) and Johnny Isakson (R-GA), the Care Planning Act creates a new Medicare benefit called Planning Services that would offer voluntary advance care planning for those with advanced illness. This would include discussion goals of care, values, and explanation of disease progression, exploration of treatment options, and a documented care plan that reflects an individual's goals, values, and preferences. The bill also direct HHS to develop quality measures focused on end-of-life care, commission a study and report to HHS on the state of advanced care planning, and include advance care planning materials in the Medicare & You handbook.

CARE for all Veterans ACT - [H.R. 2894](#)

Congressman Ryan Costello (R-PA) and Congresswoman Elizabeth Esty (D-CT) have introduced the Caregivers Access and Responsible Expansion (CARE) for All Veterans Act in an effort to increase access to the current VA Caregiver Support Program to all service-era veterans. Currently, the VA Caregiver Support Program is limited to post-9/11 veterans and excludes all members who have served in previous service-eras. The CARE for All Veterans Act treats veterans of all service-eras equally by gradually granting access to supports for pre-9/11 veteran caregivers and prioritizing the

veterans most in need. To be eligible for the Program of Comprehensive Assistance for Family Caregivers, Veterans must first be enrolled for VA health services, if not enrolled previously. The bill was referred to the Subcommittee on Health.

Americans Giving Care to Elders or AGE Act – [S. 879](#)

Introduced by Senator Amy Klobuchar (D-MN), the AGE Act is a caregiver tax credit bill that would: (1) provides a non-refundable tax credit for family caregivers caring for a parent or grandparent for up to \$6,000; (2) increase funding for the National Family Caregiver Support Program; and (3) create a “National Resource Center on Family Caregiving.”

Credit for Caring Act - [H.R. 4708](#)

Introduced by Congressman Tom Reed (R-NY) and Congresswoman Linda Sanchez (D-CA), this bill would provide for a tax credit for up to \$3,000 for qualified families to help defray the costs of caring for a loved one. This credit would be available to caregivers of persons across the lifespan (adult or for a child with a disability). The bill was referred to the House Ways and Means Committee in March of 2016.

Lifespan Respite Care Reauthorization Act of 2015 – [H.R. 3913](#)

The Lifespan Respite Care Program (LRCP) provides competitive grants to state agencies working in concert with Aging and Disability Resource Centers and non-profit state respite coalitions or organizations to make quality respite available and accessible to family caregivers regardless of age or disability through the establishment of State Lifespan Respite Systems. The nation’s 65 million family caregivers provide 80% of long-term care, yet 89% do not receive any respite services. This bill amends the Public Health Service Act to extend lifespan respite care programs (services for family caregivers of children and adults with special needs) through FY2020. The bill was referred to the House Committee on Energy and Commerce in November 2015.

Congressional Assisting Caregivers Today or ACT Caucus

Launched in the spring of 2015, the ACT Caucus is a bicameral, bipartisan Congressional Caucus focused on bringing greater visibility to the value and need to support family caregivers. There are four co-chairs for this caucus; Senator Susan Collins (R-ME), Senator Michael Bennet (D-CO), Congressman Diane Black (R-TN), and Congresswoman Michelle Lujan Grisham (D-NM). The aim is to inform Members of Congress about these issues and foster an environment conducive to reaching bipartisan solutions for America’s 43.5 million family caregivers. As of now, the caucus has 43 members. The Caucus has not endorsed specific legislation at this time.

Forthcoming Legislation

Senator Chris Murphy’s (D-CT) Social Security Caregiver Credit Bill

Similar to Congresswoman Nita Lowey’s (D-NY) Social Security Caregiver bill, this bill would provide a social security credit to be added to a person’s total career earnings and used to calculate future social security benefits. Caregivers of children under the age of 12 and those caring for a chronically ill or dependent relative (or a relative of a spouse) are eligible to receive the credit for up to five years. This includes caregivers of a parent, aunt, uncle, grandchild, niece, nephew, spouse, domestic partner or sibling. The bill is slated to be introduced mid-March.

State Initiatives

The Caregiver Advise, Record, Enable or [CARE Act](#):

Passed in 18 states, the Care Act is model legislation that mandates hospitals offer training to family and friends who care for patients after they are discharged from the hospital. The CARE Act has three components: 1) it requires a recording of a family caregiver’s name at admission to a hospital or rehabilitation facility; (2) notifies the family caregiver if a loved one is going to be discharged to another facility or home; and (3) requires a facility to provide an explanation (and instruction) of the medical tasks a patient requires that the family caregiver will likely perform at home, like medication management, injections, wound care, and transfers.