

NATIONAL ALLIANCE FOR CAREGIVING

Making Caregiving More Sustainable, Dignified, and Equitable



February 25, 2025

The Honorable Jason Smith, Chairman
U.S. House Committee on Ways and Means
The Honorable Vern Buchanan, Chairman
Ways and Means Subcommittee on Health
1139 Longworth House Office Building
Washington, DC 20515

The Honorable Richard Neal, Ranking Member
U.S. House Committee on Ways and Means
The Honorable Lloyd Doggett, Ranking Member
Ways and Means Subcommittee on Health
1129 Rayburn House Office Building
Washington, DC 20515

Dear Chairmen Smith and Buchanan, Ranking Members Neal and Doggett, and Members of the Subcommittee:

The National Alliance for Caregiving (NAC) is a national membership-based organization focused on building health and wellness of family caregivers, as well as promoting financial well-being and building caregiver friendly communities. We appreciate the opportunity to provide comments for the record in response to the February 11, 2025, Subcommittee on Health hearing on *Modernizing American Health Care: Creating Healthy Options and Better Incentives*. We appreciate the spirit of the Subcommittee to examine ways to promote healthy living with more options, greater flexibility, and better incentives for patients. We strongly believe that supporting our nation's more than 53 million family caregivers, 72 percent of whom work more than 30 hours a week,¹ through many of the employer-based proposals discussed is essential to achieving the committee's vision for a more flexible, patient-centered, and consumer-driven healthcare system.

Family caregivers are the backbone of our healthcare system, providing an estimated \$600 billion in uncompensated care while serving as essential partners to both patients and healthcare providers.² Yet despite their critical role, research shows that one in four caregivers struggles to maintain their own health. This reality not only impacts caregiver well-being generally but also compromises the quality of care they can provide for their loved ones. In fact, according to the CDC, between 2015 and 2022, family caregivers showed significantly poorer health across multiple measures compared to non-caregivers, with worse outcomes in 13 of 19 key health indicators including smoking, depression, and experiencing chronic conditions.³

¹ AARP and National Alliance for Caregiving. Caregiving in the United States 2020. Washington, DC: AARP. May 2020. <https://doi.org/10.26419/ppi.00103.001>

² *Ibid*

³ Kilmer G, Omura JD, Bouldin ED, et al. Changes in Health Indicators Among Caregivers — United States, 2015–2016 to 2021–2022. *MMWR Morb Mortal Wkly Rep* 2024;73:740–746. DOI: <http://dx.doi.org/10.15585/mmwr.mm7334a2>.

While we appreciate the effort of the Committee's Majority Members to explore policy solutions that improve access to affordable employer-driven healthcare options to address chronic disease prevention, screening, and to increase the availability of employee wellness programs, we urge the Committee to understand that these solutions address a portion of the existing obstacles to realizing the Administration's goal of Making America Healthy Again. To truly modernize American healthcare and create better options for patients, we must recognize and support family caregivers through federal policy solutions.

We commend Committee leaders for proactively pursuing important legislative and administrative actions with the potential to meaningfully improve healthcare offered through employer-sponsored plans and innovative CMS approaches. However, the fundamental threats posed to critical national healthcare programs, including Medicaid, outlined in the House FY 2025 Budget Resolution, will ultimately undermine any policy improvements aimed at creating healthy options and better incentives within the Subcommittee's jurisdiction.

We urge you to work with your House colleagues to reject the short-sighted and harmful provisions included in the proposed House Budget Resolution as you focus on private-sector solutions and federal innovations discussed during the Subcommittee's hearing. As we have detailed for your colleagues on the House [Budget and Energy and Commerce](#) Committees, the anticipated federal fiscal savings of the proposals offered will ultimately pale in comparison to the inevitable economic and health costs for millions of older adults, people with disabilities, and their caregivers who depend on vital federal healthcare programs should the House Budget Resolution serve as the blueprint for the nation's long-term healthcare strategy.

As Members of the Subcommittee and Full Committee consider important future policy proposals pertaining to payments and costs for healthcare and health delivery systems, we implore you to recognize and respect how essential family caregivers are to mitigating hundreds of billions in federal healthcare and long-term care costs annually. We urge lawmakers to refer to the policy proposals outlined in the [National Alliance for Caregiving's 2025 Policy Agenda](#) and the 2022 National Strategy to Support Family Caregivers (National Strategy). The National Strategy builds upon progress made through the RAISE Family Caregivers Act, which was first signed into law by President Trump in 2018.

We are eager to work with Ways and Means Committee Leaders and Members on proposals that will modernize American healthcare and create better options for patients, including:

Strengthen Medicare's Support of Family Caregivers

We urge the committee to strengthen billing and payment opportunities through Medicare to support family caregivers through expanding caregiver training and assessment services, telehealth flexibilities, and coverage of in-home health benefits.

- We urge Congress to direct CMS to leverage the annual Medicare physician fee schedule to further expand beneficiary and caregiver services in traditional Medicare, including in-home support services, education, and training. This approach builds upon the important precedent established in 2024 with the addition of coverage for Caregiver Training Services (CTS) and Principal Illness Navigation (PIN). Congress should ensure CMS optimizes implementation of these pathways through enhanced provider education and awareness campaigns, while expanding the types of providers authorized to bill for caregiver training services to include registered nurses, non-clinical social workers, and community health workers. Additionally, Congress should address significant barriers that currently limit access to Medicare-funded caregiver training services, particularly by eliminating the mandatory copayment requirement that creates financial obstacles for many beneficiaries and their caregivers.

- We also urge Congress to direct the Centers for Medicare and Medicaid Services (CMS) to promote broader access to Medicare's in-home health benefits and provide clearer, more accessible information regarding benefits, eligibility rules, and appeal rights for beneficiaries and family caregivers.

Increase Access to Supports for Family Caregivers through Medicaid

- We urge the committee to protect and strengthen Medicaid policies that increase access to cost-effective and popular home and community-based long-term services and supports (HCBS) as an alternative to institutional long-term care, including consumer directed care. Consumer-directed – also called self-directed care – allows Medicaid beneficiaries to direct their care to family caregivers, helping to address the growing shortage of direct care workers while providing opportunities for family caregivers to receive modest support for their essential care.

Alleviate Financial Strain on Family Caregivers

- We urge the Committee to champion policy solutions that will help family caregivers address the financial strain associated with caregiving, including passing a caregiver tax credit, which would improve the economic security for the majority of caregivers balancing work and caregiving responsibilities.
- We urge Congress to address the harmful impact of co-pay accumulator adjustment programs on family caregivers who manage medications on behalf of their family members and for themselves. These programs prevent manufacturer assistance from counting toward deductibles and out-of-pocket maximums, creating additional financial burden and administrative complexity for caregivers already struggling with medication management responsibilities. According to NAC research, approximately one in two family caregivers assists with medication management.

These evidence-based policies would create the flexibility and options that both patients and their family caregivers desperately need while strengthening our overall healthcare system. They also directly support the National Strategy's core goals of advancing innovations in caregiver services and strengthening financial security for the country's 53 million family caregivers—an effort catalyzed under the first Trump Administration. These goals also directly align with the current Trump Administration's commitment to prioritize strategies that promote the health, well-being, consumer choice and fiscal responsibility for all Americans.

We appreciate the Committee's commitment to modernizing healthcare delivery and welcome the opportunity to serve as a resource as you consider policy solutions that support family caregivers as essential partners in care. If you have any questions about this letter, please contact Elaine Dalpiaz, Vice President, Government Affairs and Policy at elaine@caregiving.org.

Sincerely,

Jason Resendez
President & CEO
National Alliance for Caregiving

CC: Members of the U.S. House Committee on Ways and Means Subcommittee on Health