Milken Institute School of Public Health
THE GEORGE WASHINGTON UNIVERSITY

LeadingAge LTSS CENTER @UMass Boston
Research bridging policy and practice

The John A. Hartford Foundation

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Compendium of Federal Proposals to Support Family Caregivers

About this Work

Supported by The John A. Hartford Foundation and The SCAN Foundation, the George Washington University Milken Institute School of Public Health and the LeadingAge LTSS Center @UMass Boston compiled federal legislation and policy proposals that have been put forward over the last ten years to support family caregivers of older adults and people with disabilities of all ages. The primary objective of this work is to create a concise, practical compendium of federal legislative policies and proposed solutions designed to address the financial, logistical, emotional, and physical challenges that family caregivers encounter as they provide a vast and growing array of services and supports to aging and disabled individuals in their lives.

This compendium is a companion product to the Compendium of Federal LTSS Financing Policy Options. Long-term services and supports (LTSS) are assistance to older adults and people with disabilities in activities like bathing, dressing, and going out in the community that help people remain independent and safe. There is an interconnectedness among legislative and policy proposals to support family caregivers and proposals to address the unaffordability and access barriers to LTSS due to inadequate financing.

Sixty-three million family caregivers provide care, most without any compensation, to an aging or disabled family member, forming the backbone of the LTSS system. Family caregiving is inextricably tied to the financing of LTSS; many families step in to provide care because their family member cannot afford or access the LTSS they need from paid care providers due to a financing system that is woefully inadequate. Making LTSS more affordable and accessible through sustainable LTSS financing policy solutions would go a long way to addressing some (but not all) of the most acute issues faced by family caregivers.

Interest in family caregiving policy reform is growing and has bipartisan support. Increasingly, policymakers, advocates, and researchers consider family caregiving policies as part of broader LTSS reforms. This compendium serves as a convening tool and consolidated resource that policymakers, researchers, and advocates can use to explore the policy solutions put forth for federal legislative changes to better sustain and support family caregivers. It illustrates the role of family caregivers in the broader context of LTSS reform efforts. It can be a helpful tool for policymakers seeking legislative solutions, for advocates identifying and coordinating priorities, and for researchers studying caregiving and LTSS policy. The ultimate goal of the compendium is to help coordinate and unify efforts to advance legislative solutions to better support family caregivers.

Finally, this is the second part of a series exploring federal policy reforms for LTSS. A subsequent compendium will focus on federal legislative proposals addressing the LTSS direct care workforce.

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Foreword

HISTORICAL CONTEXT OF FEDERAL INITIATIVES SUPPORTING FAMILY CAREGIVERS

One in four people in the U.S. provides care to an older adult or person with a disability of any age, including people with serious health conditions. The number of family caregivers has surged over the last decade to 63 million individuals, an increase of nearly 50 percent since 2015.

The care family members provide has also become more complex. In addition to helping an older adult or disabled person with tasks like bathing, dressing, and managing finances, nearly 40 percent of family caregivers perform complex medical and nursing tasks like monitoring medical equipment or administering medications. Most family caregivers do not receive training for providing this type of complex care.

Family caregivers face financial, physical, and/or emotional impacts because of caregiving. They often bear costs associated with the caregiving role in terms of out-of-pocket expenses, lost wages, reduced retirement savings, and having to leave employment due to caregiving. Unpaid caregivers lose over $522 billion in wages annually. The 60 percent of family caregivers who also work face challenges balancing work and caregiving due to inadequate leave policies and inflexible workplaces. Many family caregivers also report impacts on their physical and mental health due to the strains of caregiving.

The number of family caregivers has increased by necessity, due to worsening challenges in affording or accessing LTSS from a paid provider, including the home and community-based services (HCBS) that help older adults and disabled people to remain in their own homes and communities instead of in nursing homes or other institutional settings. The inadequacy of LTSS financing and the need to address it – the subject of the first compendium in this series – is inextricably linked with family caregiving.

CONNECTION BETWEEN FAMILY CAREGIVING AND THE LARGER LTSS SYSTEM

The significant increase in the number of family caregivers and the complexity of their roles is driven by two factors. First, as the population ages, the number of older adults and disabled people who need assistance with daily activities like dressing, bathing, transportation, and managing medication increases. More than 10,000 people turn 65 each day, the majority of whom will need these types of long-term services and supports (LTSS) during their lifetime. The population of people with disabilities who need LTSS is also growing, as they are living longer and aging with and into disabilities.

Second, the number of family caregivers has increased by necessity, due to worsening challenges in affording or accessing LTSS from a paid provider, including the home and community-based services (HCBS) that help older adults and disabled people to remain in their own homes and communities instead of in nursing homes or other institutional settings. The inadequacy of LTSS financing and the need to address it – the subject of the first compendium in this series – is inextricably linked with family caregiving.

Neither Medicare nor private health insurance covers LTSS. Few people have long-term care insurance, and most people cannot afford to privately pay for care. Privately paying for LTSS is becoming even further out of reach, with the cost of in-home care and assisted living increasing by nearly 50 percent and nursing home care by over 33 percent between 2019 and 2024, all costing well above the median income of older adult households. The expected lifetime cost of care, for adults turning age 65 today who will need care, is nearly $250,000 (in 2020 dollars).

Medicaid is the primary funder of both institutional LTSS like nursing homes and HCBS. But Medicaid has strict income and asset limits, forcing people to spend down to access the care they need. In addition, Medicaid law allows states to limit access to HCBS because these services are considered "optional"; there are currently more than 600,000 people on waiting lists for HCBS nationally. The passage of H.R. 1, with nearly $1 trillion in reduced federal funding to Medicaid, makes optional services like HCBS at particular risk for cuts, further restricting access to the primary source of HCBS.

Even when people are eligible for Medicaid LTSS or can privately pay, they face additional barriers in accessing care due to severe shortages in the direct care workforce that provides these services. It is estimated that nearly a million workers will be needed by 2032 to meet growing care needs. Yet, due to low wages, lack of benefits, and few advancement opportunities, the workforce faces significant turnover and vacancies. According to a 2025 report, nearly 90 percent of providers experienced moderate to severe workforce shortages, and 62 percent have declined referrals and 29 percent have closed programs due to workforce shortages despite growing demand.

As a result, families often have no choice but to step in. Replacing the care provided by family caregivers with paid services would cost more than $1 trillion per year.

INCREASING FEDERAL POLICY INTEREST IN FAMILY CAREGIVING

Over the last fifteen years, Congress has established several federal programs to help support family caregivers. These include the National Family Caregiver Support Program under the Older Americans Act (OAA), the Lifespan Respite Care Program, the Veterans Affairs Caregiving programs, and the Developmental Disabilities Act programs, each discussed in detail in Appendix I. Other federal programs, including Medicaid and Medicare, have begun to cover some supports for family caregivers, such as Medicaid HCBS programs covering respite and allowing family members to be paid through self-direction models and Medicare covering the training of caregivers. And the Family Medical Leave Act (FMLA) provides limited unpaid leave for some employees to provide care for their spouses, children, or parents. Current federal caregiving programs are discussed in more detail in the Appendix.

Unfortunately, current federal programs are inadequate to meet the significant and growing needs of family caregivers. Congressional appropriations for these programs have remained relatively flat despite the huge growing need.

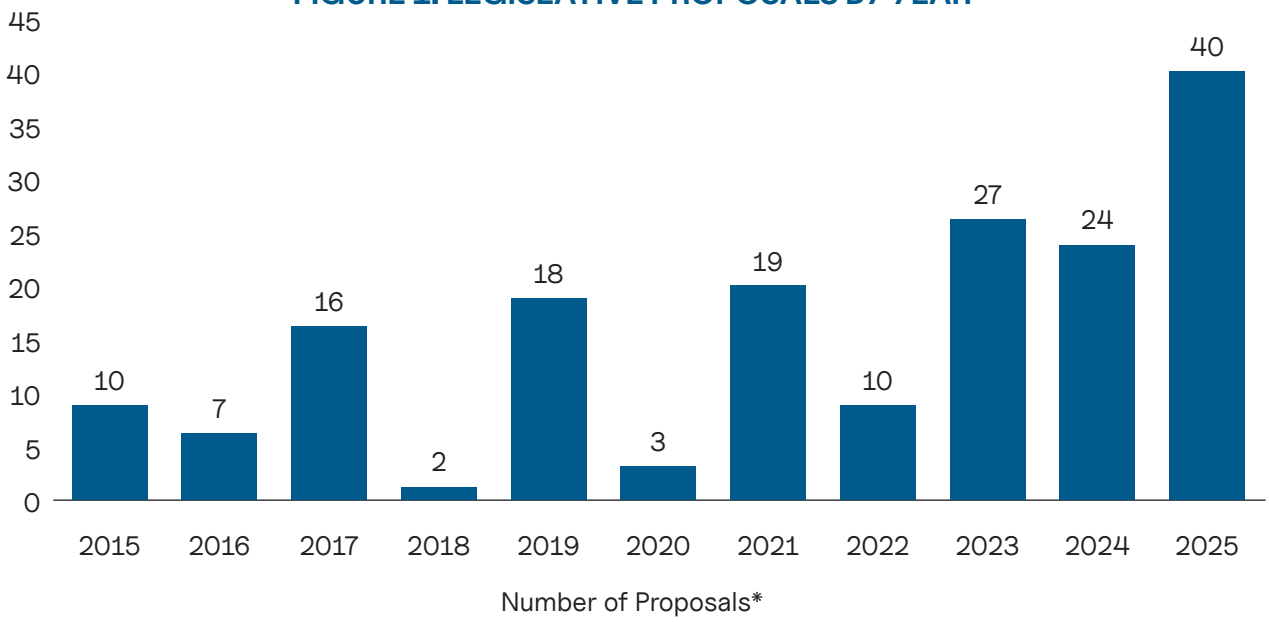
Unfortunately, current federal programs are inadequate to meet the significant and growing needs of family caregivers. Programs like the OAA Family Caregiver Support Program and Lifespan Respite program are underfunded and only reach a small percentage of eligible caregivers; Congressional appropriations for these programs have remained relatively flat despite the huge growing need. FMLA is similarly inadequate; it only provides unpaid leave that is time-limited, covers only approximately half of U.S. employees, and only provides leave for limited caregiving situations. And as discussed in more detail in the appendix, Medicaid and Medicare's support directly for family caregivers is limited.

The growing number and visibility of caregivers, combined with the inadequacy of the current infrastructure to support caregivers, has led to increased efforts by Congress to introduce legislation to improve caregiver supports.

Most notably, in 2018, Congress passed the Recognize, Assist, Include, Support, and Engage Family Caregivers (RAISE) Act, bipartisan legislation directing the U.S. Department of Health and Human Services, through the Administration for Community Living (ACL), to lead the development of a National Strategy to Support Family Caregivers in coordination with an Advisory Committee made up of caregivers, people receiving care, and experts in caregiving. In partnership with ACL, The John A. Hartford Foundation (JAHF) made grants to the National Academy for State Health Policy (NASHP) to support the Advisory Committee in the development of the National Strategy. In 2022, ACL submitted to Congress the National Strategy to Support Family Caregivers, with commitments for action by federal agencies and recommendations for Congress, state and local government, business, and advocates. The National Strategy is discussed in detail in the Appendix.

The COVID-19 pandemic also created visibility and momentum around family caregiving issues, as many family members had to step in when their aging or disabled family members lost access to paid care during the pandemic. Legislation expanding HCBS for older adults and people with disabilities and supports for their caregivers was part of the Build Back Better Act, which ultimately was not passed by Congress. These provisions from Build Back Better have been reintroduced in subsequent Congresses. Moreover, Build Back Better's inclusion of care for older adults, disabled people, and their family caregivers as part of the broader "care agenda" has had continuing impact not only on legislative proposals but also on advocacy efforts. As reflected in the chart below, of all of the proposals included in the compendium, the number of caregiving bills has greatly increased since the pandemic.

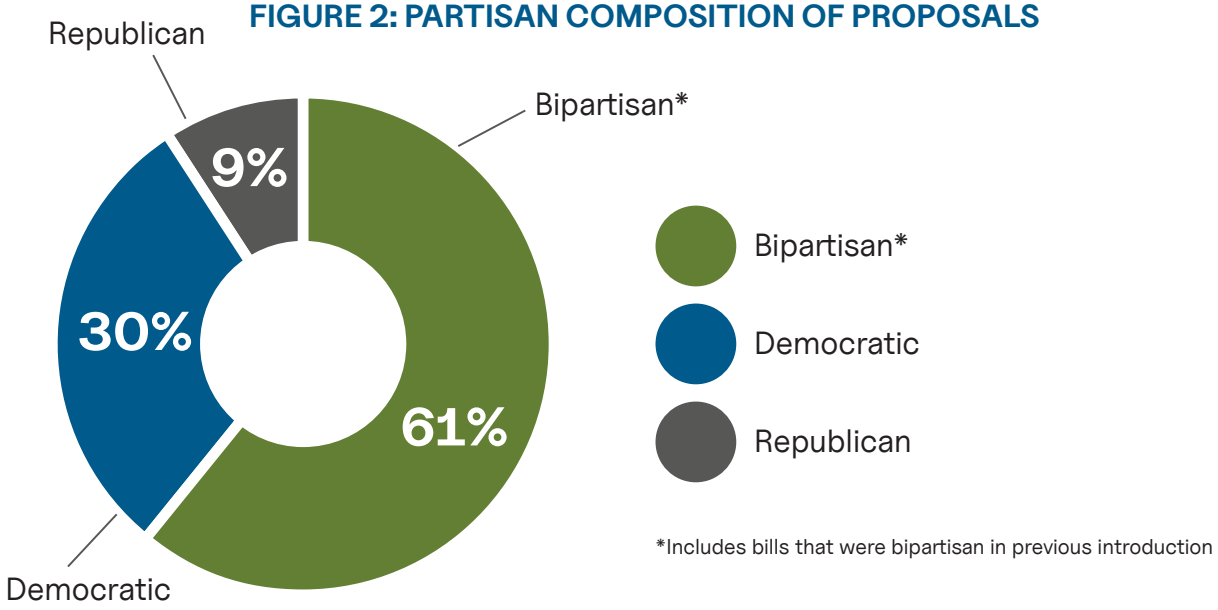
FIGURE 1: LEGISLATIVE PROPOSALS BY YEAR



*Includes related and companion bills

This chart shows all the federal legislative proposals – including related and companion bills – during the timeframe of our study period. It shows that interest in proposals to better support family caregivers is growing, with 40 bills introduced in 2025, compared with 10 in 2015. In addition, there is strong bipartisan support for policies to support family caregivers. A recent poll found that 79% of all voters believe it is important for policy makers to focus on bipartisan solutions around caregiving, and 82% cite increasing investments to help caregivers as a priority. Reflecting this, the majority of the caregiving bills in the compendium (over 60%) are bipartisan, despite the hyper-partisan nature of the last several Congresses.

FIGURE 2: PARTISAN COMPOSITION OF PROPOSALS



METHODS

This compendium captures major federal legislative proposals put forward in the last ten years to support family caregivers who provide care to older adults and people with disabilities of all ages. The authors used the definition of "family caregiver" from the RAISE Family Caregiver Act and the National Strategy to Support Family Caregivers: "*a family member or other individual who has a significant relationship with, and who provides a broad range of assistance to, an individual with a chronic or other health condition, disability or functional limitation.*" The focus of the compendium is on unpaid family caregivers.

To develop the compendium, the authors first conducted desktop research to identify relevant legislation, major reports, and other gray literature over this timeframe. This research included a review of congressional websites and archives, including commentary pieces on proposals, as well as a targeted search for notable authors, organizations, and academic institutions that have focused on family caregiving as part of their research and advocacy. The team included any legislation that addresses family caregivers who are caring for older adults and/or people with disabilities of any age. The team also reviewed legislative tracking lists provided by several advocacy organizations that monitor family caregiving legislation, including Caring Across Generations, AARP, and the National Alliance for Caregiving.

The project team then developed a taxonomy framework to analyze the identified policy proposals including specific subtopics within each category (See Figure 3). Proposals were grouped by policy concept, not by care recipient population. For example, proposals related to caregiving for veterans span multiple topic areas; there are proposals to expand the Veterans Caregiving program under "Expand/Enhance LTSS" and proposals to provide stipends to caregivers of veterans appear under "Financial Support."

FIGURE 3: TAXONOMY FRAMEWORK

Expand/Enhance Caregiver Programs	Financial Supports for Family Caregivers	Training and Education	Workplace Supports	Other
• Infrastructure • Medicaid • Medicare • Older Americans Act • Respite • Retirement/ Social Security • Veterans Affairs Caregiver Support Programs	• Caregiver Stipend/ Voucher/Direct Pay • Tax Benefit • Tax Credit/ Deduction for Caregiver Expenses • Other	• Caregiver Training • Other	• Expanded Family Medical Leave • Protections Against Discriminations • Retirement/ Social Security	• Caregiver Assessment • Inclusion in Care Teams • Study Commissions • Miscellaneous

Certain legislative proposals were excluded from the compendium if they met one or more of the following criteria:

- The proposal had already been enacted;
- It focused exclusively on the paid direct care workforce without specific provisions for family caregivers;
- It addressed only LTSS expansion for older adults and/or people with disabilities without specific provisions about family caregivers;
- It involved reauthorization of an existing program without substantive changes;
- It pertained primarily to caregiver awareness or recognition;
- It focused exclusively on childcare, without addressing caregiving for older adults and/or disabled individuals; or
- It was introduced more than ten years ago.

The authors developed a standardized template for analyzing all bills, based on relevant components of the various proposals. Additional information relating to how bills were analyzed is provided below in “How to Use This Document.”

The analysis reflects the most current version of each bill. Companion bills – introduced in the same congressional session in the other chamber – and related bills – identical or nearly identical bills introduced in prior sessions – were noted but not analyzed separately. Both related and companion bills are included as a component of the analysis within each legislative proposal. In total, there are 56 legislative proposals analyzed in the compendium, comprised of 176 bills when related and companion bills are included. There are 16 policy and advocacy reports analyzed in the compendium.

Completed analyses were reviewed internally by two research experts and further vetted by external subject matter experts and further refined based on their feedback. The authors incorporated feedback on the taxonomy, template for analyses, and the inventory of legislative proposals and reports from the National Alliance on Caregiving, AARP, and Caring Across Generations.

HOW TO USE THIS DOCUMENT

This compendium is organized into two primary sections:
1) Federal Legislative Proposals Supporting Family Caregivers
2) Policy and Advocacy Reports Relevant to Family Caregiver Issues

Within Section 1, proposals are organized based on the primary topics in the taxonomy framework as described below.

Expand/Enhance Caregiver Programs. Proposals addressing existing programs that currently fund initiatives to support family caregivers, including Medicaid, Medicare, the Older Americans Act, Veterans' Affairs programs, respite care, and more.

Financial Supports for Family Caregivers. Proposals that address the financial challenges family caregivers face.

Training and Education. Proposals that specifically focus on family caregiver education and training.

Workplace Supports. Proposals focusing on the issues that confront family caregivers as they attempt to balance employment and family caregiving, which can often include cutting back on hours, passing up promotions, or leaving the workplace entirely.

Other. Proposals that did not fit into another primary topic, including innovating caregiver assessments, support for inclusion of caregivers in integrated care teams, and study commissions putting forward new and innovative ways to support caregivers.

Each proposal in Section 1 provides details about the bill sponsor and co-sponsors, identifies companion and related bills (if any), and provides an overview. The primary and sub-topics to which the bill best relates are identified. The section on proposal details describes the specifics of the proposal, for example, which family caregivers are eligible, what amount of financial support is recommended, and other relevant details. Some proposals apply exclusively to a specific population (e.g., caregivers for veterans or people with dementia); this is included in the analysis where applicable. Where available, proposed cost, revenue source, financing, and implementation details are also provided.

Section 2 provides summaries of the academic, research, and advocacy literature related to support for caregivers. Typically, these reports address more than one topic and/or subtopic in the taxonomy. As a result, the analysis template for Section 2 proposals differs slightly. It includes identification of the report publication date and issuing organization (and authors), along with an overview. It also notes the domains and sub-domains cited in the report. If the report includes greater detail on specific proposals, those will be described. But many of the report recommendations are at a general level and do not detail specifics within a topic (e.g., they may advocate for tax credits, but not describe amounts, whether these are refundable or nonrefundable, or other nuances.) Reports that do not include recommendations regarding legislative proposals were not included.

PROPOSALS AND REPORTS BY CATEGORY

PROPOSALS	EXPAND/ ENHANCE CAREGIVER PROGRAMS	FINANCIAL SUPPORTS FOR FAMILY CAREGIVER	TRAINING AND EDUCATION	WORKPLACE SUPPORTS	OTHER	BIPARTISAN
Section 1: Legislative Proposals						
Strategic Plan for Aging Act, 2025 (S. 3337)	✓					
A bill to amend the Internal Revenue Code of 1986 to establish a credit for adult child caregivers, 2025 (S. 3295)		✓				✓
In-Home Caregiver Assessment Resources and Education (CARE) Act, 2025 (S. 3271)			✓			
Convenient Care for Caregivers Act, 2025 (S. 3234)	✓					
Financial Services Improving Noble and Necessary Caregiving Experiences (FINANCE) Act, 2025 (S. 3233)	✓					
Family Caregiver Research and Innovation Act, 2025 (S. 3232)	✓					
Family Caregiver Peer Support Act, 2025 (S. 3230)	✓					
Respite Care and Resources for Everyone (CARE) Act, 2025 (S. 3231)	✓					
HSAs for Heroes Act, 2025 (H.R. 5933)		✓				

PROPOSALS	EXPAND/ ENHANCE CAREGIVER PROGRAMS	FINANCIAL SUPPORTS FOR FAMILY CAREGIVER	TRAINING AND EDUCATION	WORKPLACE SUPPORTS	OTHER	BIPARTISAN
Section 1: Legislative Proposals						
Double Dependents Relief Act, 2025 (H.R. 5881)		✓				
Family and Medical Insurance Leave (FAMILY) Act, 2025 (S. 2823, H.R. 5390)				✓		✓*
Supporting Our Seniors Act, 2025 (S. 2762)					✓	✓*
Palliative Care and Hospice Education and Training Act, 2025 (S. 2287, H.R. 4425)			✓			✓
Autism Family Caregivers Act of 2025 (H.R. 4086)			✓			✓
Home and Community-Based (HCBS) Relief Act of 2025 (S. 2076, H.R. 4029)	✓					
Veterans' Caregiver Appeals Modernization Act of 2025 (S. 2055, H.R. 3833)	✓					✓*
Lowering Costs for Caregivers Act of 2025 (S. 1565, H.R. 138)		✓				✓
Interstate Paid Leave Action Network (I-PLAN) Act of 2025 (H.R. 3090)				✓		✓
More Paid Leave for More Americans Act (H.R. 3089)				✓		✓

PROPOSALS	EXPAND/ ENHANCE CAREGIVER PROGRAMS	FINANCIAL SUPPORTS FOR FAMILY CAREGIVER	TRAINING AND EDUCATION	WORKPLACE SUPPORTS	OTHER	BIPARTISAN
Section 1: Legislative Proposals						
Green Star Families Act, 2025 (H.R. 3027)	✓					
Alleviating Barriers for Caregivers (ABC) Act, 2025 (S. 1227, H.R. 2491)	✓					✓
Families Care Act, 2025 (S. 1132)	✓					✓
Veteran Caregiver Reeducation, Reemployment, and Retirement Act, 2025 (S. 879, H.R. 2148)			✓			✓
Credit for Caring Act of 2025 (S. 925, H.R. 2036)		✓				✓
Lifespan Respite Care Reauthorization Act of 2025 (S. 830, H.R. 2560)	✓					✓
Helping Heroes Act, 2025 (S. 701, H.R. 2077)	✓					✓
Job Protection Act, 2025 (S. 408, H.R. 1035)				✓		
Freedom for Families Act, 2025 (H.R. 74)		✓				
Transparency and Effective Accountability Measures (TEAM) Veteran Caregivers Act, 2025 (H.R. 109)					✓	
Alzheimer's Caregiver Support Act, 2024, (Public Health Service Act), (S. 5418)			✓			✓

PROPOSALS	EXPAND/ ENHANCE CAREGIVER PROGRAMS	FINANCIAL SUPPORTS FOR FAMILY CAREGIVER	TRAINING AND EDUCATION	WORKPLACE SUPPORTS	OTHER	BIPARTISAN
Section 1: Legislative Proposals						
Alzheimer's Caregiver Support Act of 2024, (Older Americans Act), (H.R. 10192)			✓			✓
Caregiver Financial Relief Act, 2024 (H.R. 10182)		✓				✓
Americans Giving Care to Elders (AGE) Act of 2024 (S. 5163)		✓				✓*
Catching Up Family Caregivers Act of 2024 (S. 5149, H.R. 9764)				✓		✓
Improving Retirement Security for Family Caregivers Act of 2024 (S. 5148, H.R. 9765)				✓		✓
Essential Caregivers Act of 2024 (S. 4280, H.R. 8331)	✓					✓
Connecting Caregivers to Medicare Act of 2024 (S. 3766, H.R. 7274)	✓					✓
Expanding Access to Retirement Savings for Caregivers Act, 2023 (H.R. 6772)				✓		✓
Social Security Caregiver Credit Act of 2023 (S. 1211, H.R. 3729)				✓		
Supporting Our Direct Care Workforce and Family Caregivers Act, 2023 (S. 1298)			✓			

PROPOSALS	EXPAND/ ENHANCE CAREGIVER PROGRAMS	FINANCIAL SUPPORTS FOR FAMILY CAREGIVER	TRAINING AND EDUCATION	WORKPLACE SUPPORTS	OTHER	BIPARTISAN
Section 1: Legislative Proposals						
Support Our Services (S.O.S.) Veterans Caregivers Act, 2023 (H.R. 2526)	✓					
Home and Community-Based (HCBS) Access Act, 2023 (S. 762, H.R. 1493)	✓					
Military and Veteran Caregiver Student Loan Relief Act of 2023 (H.R. 1001)		✓				✓
Better Care Better Jobs Act, 2023 (S. 100, H.R. 547)	✓					
VA Caregiver Continuity Act, 2022 (H.R. 9661)	✓					✓
Protecting Family Caregivers from Discrimination Act of 2022 (S. 5136)				✓		
Expanding Small Employer Pooling Options for Paid Family Leave Act of 2021 (H.R. 5161)				✓		
Care for the Veteran Caregiver Act, 2021 (H.R. 110)	✓					✓
Supporting Family Caregivers Act of 2019 (H.R. 3782)					✓	✓

PROPOSALS	EXPAND/ ENHANCE CAREGIVER PROGRAMS	FINANCIAL SUPPORTS FOR FAMILY CAREGIVER	TRAINING AND EDUCATION	WORKPLACE SUPPORTS	OTHER	BIPARTISAN
Section 1: Legislative Proposals						
To amend the Internal Revenue Code of 1986 to allow for contributions to the Alzheimer's Research and Caregiving Trust Fund, and for other purposes, 2019 (S. 3125, H.R. 3453)	✓					✓
Supporting Caregivers Act, 2019 (S. 1146)	✓					✓
Supporting America's Caregivers and Families Act, 2019 (S. 1017)	✓					
Caregiver Program Information Improvement Act of 2017 (S. 1378)	✓					✓
Support Our Military Caregivers Act, 2017 (H.R. 1910)	✓					✓*
CARE for All Veterans Act, 2017 (H.R. 1802)		✓				✓
Military and Veteran Caregiver Services Improvement Act of 2017 (S. 591, H.R. 1472)	✓					✓

✓* was bipartisan in previous introduction.

PROPOSALS	EXPAND/ ENHANCE CAREGIVER PROGRAMS	FINANCIAL SUPPORTS FOR FAMILY CAREGIVER	TRAINING AND EDUCATION	WORKPLACE SUPPORTS	OTHER
Section 2: Policy and Advocacy Reports					
AARP, 2025: National Legislative Priorities Survey		✓			
Institute for Women's Policy Research, 2025: Promoting Access to Care: Caregiving and Families	✓			✓	
Roosevelt Institute, 2025: Direct Spending on Care Work: Thinking Beyond the Tax Code for Caregiving Infrastructure	✓	✓	✓	✓	
Urban-Brookings Tax Policy Center, 2025: Beyond Tax Credits: A Path to Meaningful Paid Family Leave				✓	
The Ability Lab, 2025: Supporting America's 53 Million Caregivers	✓	✓		✓	✓
National Alliance on Caregiving, 2025: Strengthening the National Strategy to Support Family Caregivers: A Medicare Policy Framework	✓				✓
Bipartisan Policy Center, 2025: The Growing Cost of Inaction: A Practical Framework for Addressing the Long-Term Care Financing Challenge	✓				
AARP, 2024: Respite Services: A Critical Support for Family Caregivers	✓				
Oxfam, 2024: Unseen Work, Unmet Needs: Exploring the Intersections of Gender, Race and Ethnicity in Unpaid Care Labor and Paid Labor in the U.S.	✓	✓		✓	
AARP, 2024: Spectrum of Financial Supports for Family Caregivers	✓	✓		✓	
AARP, 2023: Valuing the Invaluable 2023 Update, Strengthening Supports for Family Caregivers		✓	✓	✓	✓

PROPOSALS	EXPAND/ ENHANCE CAREGIVER PROGRAMS	FINANCIAL SUPPORTS FOR FAMILY CAREGIVER	TRAINING AND EDUCATION	WORKPLACE SUPPORTS	OTHER
Section 2: Policy and Advocacy Reports					
Family & Individual Needs for Disability Supports, 2023: FINDS Community Report 2023		✓			
The Commonwealth Fund, 2023: Policy Options to Support Family Caregiving for Medicare Beneficiaries at Home	✓	✓			
Administration for Community Living, 2022: National Strategy to Support Family Caregivers	✓	✓		✓	✓
Center for Health Research & Transformation, 2021: Family Caregiver Support: State and Federal Policy and Programmatic Solutions	✓			✓	
National Women's Law Center & Georgetown Center on Poverty and Inequality, 2019: A Tax Code for the Rest of Us: A Framework & Recommendations for Advancing Gender & Racial Equity Through Tax Credits		✓			

Section 1: Federal Legislative Proposals Supporting Family Caregivers

INTRODUCTION

Proposals supporting family caregivers vary since they address a wide variety of types of caregivers and care recipients and the many unique contexts and care situations that arise. But what they have in common is the objective of lessening one or more of the challenges that family caregivers encounter. Not all family caregivers encounter these challenges; some may experience little to no financial hardship but may find the physical and emotional stress of caregiving to be overwhelming. In contrast, many caregivers readily accept their role and even see it as an important familial responsibility in which they take pride. But for them, being a caregiver might impose harsh financial conditions such as having to reduce the hours they work or leave their career entirely, putting their own economic stability at risk.

In recognition of the many challenges that family caregivers encounter, this section presents proposals supporting family caregivers across many domains. These are organized according to the taxonomy matrix previously presented. This section briefly highlights the types of proposals within each domain.

- **Expand/Enhance Caregiver Programs.** Several proposals address the limited scope of existing programs to support family caregivers such as respite care, caregiver support programs, self-direction in Medicaid, or seek to expand existing programs to include more provisions to support family caregivers. In this category, we identify proposals to modify and enhance programs funded by Medicaid, Medicare, the Older Americans Act, the Veterans' Administration, and others to expand the eligibility criteria, reduce administrative burden, and/or create new services specific to family caregivers. Some proposals in this section propose new technology to support family caregivers.

- **Financial Support for Family Caregivers.** These proposals focus on expanding existing tax benefits, such as the dependent care tax credit, use of health savings accounts, medical expense deductions, or creating new tax credits or deductions specifically for family caregivers to help offset the care-related expenses they incur. Other approaches propose providing financial stipends to family caregivers or direct payments through existing programs such as Medicaid home and community-based services (HCBS) programs, the VA's family caregiver support programs, or others.

- **Training and Education.** Many caregivers cite the need for training and peer support groups to enable them to have the knowledge and skills they need to be an effective caregiver and to sustain caregiver health and to reduce isolation and burnout.

- **Workplace Supports.** More than 60% of family caregivers are also employed full or part-time. They experience additional challenges in maintaining their employment, passing up promotions, experiencing discrimination in the workplace, and being unable to take leave when needed to fulfill their caregiving role. Proposals to address these concerns focus on expanding current family medical leave (FML) to include paid time off, broadening how time off can be taken, and the circumstances under which an employee is

eligible for paid leave. Other proposals attempt to protect employees from workplace discrimination based on their status as a caregiver and offer financial protection in the form of unemployment insurance and/or re-training if they must step out of the workforce temporarily to carry out their caregiving. Some proposals seek to provide caregivers who must leave the workforce with a means to earn retirement or Social Security credits for the time spent caregiving.

- **Other.** Proposals that do not fit into another primary topic were included in "Other." This includes proposals related to caregiver assessments, inclusion in care teams, and study commissions related to caregiving.

The analyses of the legislative proposals evidence a number of themes:

- While there have been a large (and growing) number of proposals related to family caregiving, most fall into a handful of policy ideas, like expanding caregiver support programs, financial supports for caregivers, or workplace supports like paid family leave.
- Many legislative proposals have been introduced across numerous Congresses without being passed.
- Numerous legislative proposals target subsets of populations of caregivers (e.g., caregivers of veterans, caregivers of people with Alzheimer's), sometimes with similar proposals targeted to different populations.
- More recently, proposals related to family caregiving are being included in broader LTSS reform proposals.

LEGISLATIVE PROPOSALS ANALYSES

EXPAND/ENHANCE CAREGIVER PROGRAMS

Infrastructure

PROPOSAL OVERVIEW	
Bill #	H.R. 3453
Name	**To amend the Internal Revenue Code of 1986 to allow for contributions to the Alzheimer's Research and Caregiving Trust Fund, and for other purposes**
Congress	116th
Year	2019
Sponsor	Representative Thomas Suozzi (D-NY)
Co-Sponsors	19 Bipartisan cosponsors
Companion Bill	S. 3125: A bill to amend the Internal Revenue Code of 1986 to allow for contributions to the Alzheimer's Research and Caregiving Trust Fund, and for other purposes (2019)
Related Bills from Prior Congresses	None

PROPOSAL OVERVIEW *(CONTINUED)*	
CATEGORY	
Primary	**Expand/Enhance Caregiver Programs**
Sub-topic	Infrastructure
PROPOSAL DETAILS	
Overview	This bill creates a voluntary federal income tax write-off allowing taxpayers to contribute to a new "Alzheimer's Research and Caregiving Trust Fund." The Trust Fund supports caregiver services and biomedical research. Taxpayers may choose to contribute when filing their tax returns. Half of the funds will go to the Administration on Aging for education, counseling, respite, and support services under the Older Americans Act. The other half will go to the National Institute for Health (NIH) for Alzheimer's disease treatment and cure research.
FINANCING & IMPLEMENTATION	
Program Administration	Department of the Treasury
Revenue Source	Revenue comes from voluntary taxpayer contributions to the Trust Fund. Funds are available and do not require additional Congressional appropriations
Program Cost Estimate	Not specified

PROPOSAL OVERVIEW	
Bill #	S. 1378
Name	**Caregiver Program Information Improvement Act of 2017**
Congress	115th
Year	2017
Sponsor	Senator Mike Rounds (R-SD)
Co-Sponsors	Senator Richard Durbin (D-IL)
Companion Bill	None
Related Bills from Prior Congresses	None
CATEGORY	
Primary	**Expand/Enhance Caregiver Programs**
Sub-topic	Infrastructure

PROPOSAL OVERVIEW *(CONTINUED)*	
PROPOSAL DETAILS	
Overview	The Bill requires the Department of Defense to provide information about caregiver supports to service members during pre-separation counseling. The information must explain available benefits and services and include eligibility criteria for the VA Caregiver Support Program.
Definition of Caregiver	Individuals (including a spouse, partner, parent, sibling, adult child, other relative, or friend) who provide physical or emotional assistance to former members of the Armed Forces during and after their transition from military life to civilian life.
FINANCING & IMPLEMENTATION	
Program Administration	Department of Veterans Affairs
Revenue Source	Not specified
Program Cost Estimate	Not specified

PROPOSAL OVERVIEW	
Bill #	H.R. 1910
Name	**Support Our Military Caregivers Act**
Congress	115th
Year	2017
Sponsor	Representative Elise Stefanik (R-NY)
Co-Sponsors	23 Republican cosponsors
Companion Bill	None
Related Bills from Prior Congresses	H.R. 3989: Support Our Military Caregivers Act (2015)
CATEGORY	
Primary	**Expand/Enhance Caregiver Programs**
Sub-topic	Infrastructure
PROPOSAL DETAILS	
Overview	This bill improves the appeals and review process for the VA Caregiver Support Program (CSP). It permits independent external review of denied caregiver applications. The VA must also consider external assessment findings before issuing final decisions about the amount of personal care a veteran requires or revoking assistance. The bill directs the Government Accountability Office (GAO) to evaluate eligibility determinations under the program.

PROPOSAL OVERVIEW *(CONTINUED)*	
PROPOSAL DETAILS	
Definition of Caregiver	This bill defines family caregiver as a family member who is a caregiver of an eligible veteran.
FINANCING & IMPLEMENTATION	
Program Administration	Department of Veterans Affairs
Revenue Source	Not specified
Program Cost Estimate	Not specified

Medicaid

PROPOSAL OVERVIEW	
Bill #	S. 2076
Name	**Home and Community-Based Services (HCBS) Relief Act of 2025**
Congress	119th
Year	2025
Sponsor	Senator Ben Ray Luján (D-NM)
Co-Sponsors	17 Democratic cosponsors
Companion Bill	H.R. 4029: To provide for an emergency increase in Federal funding to State Medicaid programs for expenditures on home and community-based services (2025)
Related Bills from Prior Congresses	S. 3118: HCBS Relief Act of 2023 H.R. 6296: HCBS Relief Act of 2023
CATEGORY	
Primary	**Expand/Enhance Caregiver Programs**
Sub-topic	Medicaid
PROPOSAL DETAILS	
Overview	This bill temporarily increases the Federal Medical Assistance Percentage (FMAP) by 10 percentage points for Home and Community-Based Services (HCBS) provided during fiscal years 2026 and 2027. This bill includes a number of provisions related to HCBS, but this analysis focuses on provisions related only to family caregivers.
Increase in FMAP Share	This bill allows for a 10% increase to the FMAP for eligible states.
State Application Process	States apply for the FMAP increase and outline how they will use the funds to improve the delivery of home and community-based care, and the expansion of supports for family caregivers. New funds must supplement and not replace existing state spending.

PROPOSAL OVERVIEW *(CONTINUED)*	
PROPOSAL DETAILS	
Activities to Improve Support of Family Caregivers Through HCBS	States can use the additional federal funding to support family caregivers with supplies, equipment, and other services such as direct payments to family caregivers and respite care.
FINANCING & IMPLEMENTATION	
Program Administration	Centers for Medicare and Medicaid Services and state Medicaid programs
Revenue Source	Not specified
Program Cost Estimate	Not specified

PROPOSAL OVERVIEW	
Bill #	H.R. 1493
Name	**Home and Community-Based (HCBS) Access Act**
Congress	118th
Year	2023
Sponsor	Representative Debbie Dingell (D-MI)
Co-Sponsors	12 Democratic cosponsors
Companion Bill	S. 762: HCBS Access Act (2023)
Related Bills from Prior Congresses	None
CATEGORY	
Primary	**Expand/Enhance Caregiver Programs**
Sub-topic	Medicaid
PROPOSAL DETAILS	
Overview	The bill makes Home and Community-Based Services (HCBS) a mandatory Medicaid benefit. It requires states to cover HCBS for individuals with functional impairment that is expected to last at least 90 days. It covers individuals already receiving HCBS through a Medicaid HCBS waiver or other state option, including those under the age of 21.
Covered Services	Covered services must include home health, private nursing services, homemaker services, transportation, and caregiver support.
Support for Direct Care Professionals	The bill requires the Office of Management and Budget (OMB) to revise the Standard Occupational Classification system to classify direct support professionals under a separate code as a health care support occupation.

PROPOSAL OVERVIEW *(CONTINUED)*	
PROPOSAL DETAILS	
Technical Assistance Center	The bill establishes a technical assistance center to strengthen the direct care workforce. It provides grants to government, nonprofit, educational entities, and relevant employers for workforce recruitment, retention, training, and advancement.
Grant Awards	The Technical Assistance Center can award grants to eligible entities to carry out the work described above.
Eligible Grant Categories	The two primary grant categories are: Direct Care Professionals and Managers. Grants for projects focused on recruitment, retention and advancement of direct care professionals, including self-directed care professionals, and their supervisors. Family Caregiver Grants to support entities that offer training or other resources and support to paid or unpaid family caregivers. At least 30% of the grants should focus specifically on professional development and advancement opportunities for direct care professionals.
Evaluation	Centers for Medicare & Medicaid Services (CMS) will study how the bill impacts HCBS beneficiaries and the direct care workforce.
Creating Permanent Programs within Medicaid HCBS	Makes spousal impoverishment protections and the Money Follows the Person demonstration program permanent.
FINANCING & IMPLEMENTATION	
Program Administration	Office of Management and Budget, Centers for Medicare & Medicaid Services, Administration for Community Living
Revenue Source	$2 million annually for each of fiscal years 2024 through 2028, for the technical assistance center. Authorizes $1 billion in workforce grants (FY 2024)
Program Cost Estimate	Not specified

PROPOSAL OVERVIEW	
Bill #	S. 100
Name	**Better Care Better Jobs Act***
Congress	118th
Year	2023
Sponsor	Senator Robert Casey (D-PA)
Co-Sponsors	41 Democratic cosponsors
Companion Bill	H.R. 547: Better Care Better Jobs Act (2023)
Related Bills from Prior Congresses	S. 2210: Better Care Better Jobs Act (2021) H.R. 4131: Better Care Better Jobs Act (2021)

PROPOSAL OVERVIEW *(CONTINUED)*	
CATEGORY	
Primary	**Expand/Enhance Caregiver Programs**
Sub-topic	Medicaid
PROPOSAL DETAILS	
Overview	This bill creates new programs and funding for state Medicaid programs to improve access to home and community-based services (HCBS) and to support the direct care workforce. The bill is included in the Compendium of Federal Long-Term Services and supports (LTSS) Financing Policy Options. This analysis focuses on the bill's family caregiving provisions.
HCBS Infrastructure Improvement Planning Grants	The bill provides HCBS planning grants to states. States must describe: 1) the current Medicaid HCBS landscape; 2) how they will use findings from experience of care surveys from family caregivers to improve quality of HCBS services to family caregivers; 3) how they will use the funds to improve HCBS services; and 4) how they will include input from family caregivers in their plans.
Enhanced Federal Medical Assistance Percentage (FMAP)	The proposal increases the FMAP for HCBS programs to 80% for qualifying states. States must provide supports to family caregivers, including respite; adopt qualification standards and training programs for caregivers; and update payment rates based on family caregiver feedback. Family caregiver support programs may also include caregiver assessments, peer supports, and paid family caregiving.
Self-Directed LTSS Delivery Models	The proposal encourages self-directed service models including family caregivers that might be hired as direct care workers.
Report	The Secretary of the Department of Health and Human Services (HHS) will report to Congress, including making recommendations to guide HCBS infrastructure improvement as informed by family caregivers.
HCBS Quality Measure Development	The Secretary of HHS will develop core HCBS quality measures informed by family caregivers.
FINANCING & IMPLEMENTATION	
Program Administration	Centers for Medicare and Medicaid Services and state Medicaid programs
Revenue Source	Not specified
Program Cost Estimate	Not specified

*Also included in the Compendium of Federal Long-Term Services and Supports (LTSS) Financing Policy Options.

Medicare

PROPOSAL OVERVIEW	
Bill #	S. 1227
Name	**Alleviating Barriers for Caregivers (ABC) Act**
Congress	119th
Year	2025
Sponsor	Senator Edward Markey (D-MA)
Co-Sponsors	20 Bipartisan cosponsors
Companion Bill	H.R. 2491: ABC Act of 2025
Related Bills from Prior Congresses	H.R. 8018: ABC Act of 2024 S. 3109: ABC Act of 2023
CATEGORY	
Primary	**Expand/Enhance Caregiver Programs**
Sub-topic	Medicare
Sub-topic	Medicaid
Sub-topic	Retirement/Social Security
PROPOSAL DETAILS	
Overview	The Bill requires the Centers for Medicare and Medicaid Services (CMS) to simplify administrative processes and forms so family caregivers can more easily help individuals enroll in and maintain Medicare, Medicaid, Children's Health Insurance Program (CHIP), and Social Security benefits. The bill also directs CMS to gather input from family caregivers; state, national, and Tribal organizations; and state Medicaid and CHIP programs and issue a report to Congress. CMS must issue a letter to each State Medicaid and CHIP Director to encourage them to adopt best practices for caregiver-friendly enrollment systems.
FINANCING & IMPLEMENTATION	
Program Administration	Centers for Medicare & Medicaid Services
Revenue Source	Not specified
Program Cost Estimate	Not specified

PROPOSAL OVERVIEW	
Bill #	S. 4280
Name	**Essential Caregivers Act of 2024**
Congress	118th
Year	2024
Sponsor	Senator Richard Blumenthal (D-CT)
Co-Sponsors	18 Bipartisan cosponsors
Companion Bill	H.R. 8331: Essential Caregivers Act of 2024
Related Bills from Prior Congresses	H.R. 2114: Essential Caregivers Act of 2021 H.R. 3733: Essential Caregivers Act of 2021
CATEGORY	
Primary	**Expand/Enhance Caregiver Programs**
Sub-topic	Medicaid/Medicare
PROPOSAL DETAILS	
Overview	Ensure that essential caregivers of residents of Medicare and Medicaid-funded facilities maintain access to residents during designated emergency periods when visitation is otherwise restricted. This applies to skilled nursing facilities, intermediate care facilities, and inpatient rehabilitation facilities.
Essential Caregiver	An essential caregiver is identified by the resident as someone who provides them with daily living assistance, emotional support, or companionship. Essential caregivers must comply with facility safety protocols.
Facility's Limited Right to Restrict Access	Allows facilities to temporarily restrict access for essential caregivers during an emergency for up to seven days.
FINANCING & IMPLEMENTATION	
Program Administration	Centers for Medicare & Medicaid Services
Revenue Source	Not specified
Program Cost Estimate	Not specified

PROPOSAL OVERVIEW	
Bill #	S. 3766
Name	**Connecting Caregivers to Medicare Act of 2024**
Congress	118th
Year	2024
Sponsor	Senator Thom Tillis (R-NC)
Co-Sponsors	5 Bipartisan cosponsors
Companion Bill	H.R. 7274: Connecting Caregivers to Medicare Act of 2024
Related Bills from Prior Congresses	None
CATEGORY	
Primary	**Expand/Enhance Caregiver Programs**
Sub-topic	Medicare
PROPOSAL DETAILS	
Overview	Improves caregiver access to information on Medicare and on the beneficiary authorization process. Amends the Social Security Act to provide for additional free outreach and education to Medicare beneficiaries and simplifies access to information for family caregivers through 1-800-MEDICARE.
Information Available	Allows beneficiaries to authorize caregivers to access personal health information. Requires fraud-prevention best practices related to caregiver access.
Mechanisms for Outreach	Outreach is conducted via 1-800-MEDICARE and relevant websites. Information must be accessible. The bill provides for education and training of 1-800-MEDICARE operators regarding relevant information for family caregivers. Coordinates outreach with the State Health Insurance Assistance Programs (SHIP).
Topics included in Training	Training focuses on helping patients, caregivers, and other entities understand how to authorize access to personal health information for family caregivers.
Eligible Family Caregivers	Family caregivers of individuals eligible for Medicare or enrolled in both Traditional Medicare and Medicare Advantage.
Evaluation and Reporting	Within one year, the Secretary of the Office of the Inspector General of the Department of Health and Human Services, will report to Congress on best practices to protect individuals from fraud resulting from access to personal health information of beneficiaries.

PROPOSAL OVERVIEW *(CONTINUED)*	
FINANCING & IMPLEMENTATION	
Program Administration	Centers for Medicare & Medicaid Services
Revenue Source	Not specified
Program Cost Estimate	Not specified

Older Americans Act

PROPOSAL OVERVIEW	
Bill #	S. 3337
Name	**Strategic Plan for Aging Act**
Congress	119th
Year	2025
Sponsor	Senator Kirsten Gillibrand (D-NY)
Co-Sponsors	2 Democratic cosponsors
Companion Bill	None
Related Bills from Prior Congresses	S. 3827: Strategic Plan for Aging Act (2024)
CATEGORY	
Primary	**Expand/Enhance Caregiver Programs**
Sub-topic	Older Americans Act
PROPOSAL DETAILS	
Overview	This bill provides grants to States, Indian tribes, and tribal organizations to create or implement Multisector Plans for Aging and Aging with a Disability.
Eligible Entity	Eligible entities include states, Indian tribes, and tribal organizations.
Purpose of the Grants	The grants enable eligible entities to create, coordinate, implement, and evaluate cross-sector plans to improve the health, well-being, and quality of life of covered individuals.
Covered Individuals and Targeted Subgroups	The grant focuses on the care needs of older individuals, including older individuals with disabilities; their family members; paid and unpaid caregivers; and older relative caregivers. Targeted subgroups are those who have the greatest social or economic need as a result of location, disability status, sexual orientation, gender identity, gender, socioeconomic status, language, immigration status, or other factors.

PROPOSAL OVERVIEW *(CONTINUED)*	
PROPOSAL DETAILS	
Number and Amount of Grant Awards	The Assistant Secretary shall award up to 65 grants over the 5-year period after bill enactment. At least 10 grants will be made to Indian tribes or tribal organizations. The maximum award amount to an eligible entity is $500,000.
FINANCING & IMPLEMENTATION	
Program Administration	Administration for Community Living
Revenue Source	Annual appropriations
Program Cost Estimate	$6,500,000

PROPOSAL OVERVIEW	
Bill #	S. 3234
Name	**Convenient Care for Caregivers Act**
Congress	119th
Year	2025
Sponsor	Senator Edward Markey (D-MA)
Co-Sponsors	2 Democratic cosponsors
Companion Bill	None
Related Bills from Prior Congresses	S. 4729: Convenient Care for Caregivers Act (2024)
CATEGORY	
Primary	**Expand/Enhance Caregiver Programs**
Sub-topic	Older Americans Act
PROPOSAL DETAILS	
Overview	The bill establishes a pilot program through the Older Americans Act to support and improve the physical and mental health of caregivers of individuals with Alzheimer's disease and related disorders.
Grant Funding to Qualified Entities	Grants are for area agencies on aging, senior centers, higher education institutions, and Tribal organizations. They may be used to carry out projects that assist family caregivers of individuals with Alzheimer's disease or related disorders.
Qualifying Entity	Entities eligible for grants include area agency on aging, multipurpose senior centers, institutions of higher education, or tribal organizations. The grant application must document: their accessible physical space; assurance they will submit outcome data; and a description of how they will share necessary information about the caregiver and care recipient with providers involved in the project.

PROPOSAL OVERVIEW *(CONTINUED)*	
PROPOSAL DETAILS	
Use of Funds	Grant funds can be used for providing cognitive health screenings, care consultations, education, family caregiver support groups, bereavement services, insurance support, and social and cultural activities.
Outcome Data	Grant entities must report data on enrollment, baseline health information, payment, and outcomes to the Centers for Medicare and Medicaid Services (CMS). Information on enrollment and key health indicators will be shared on an ongoing basis to measure changes in health and well-being.
Report	Within 120 days after the fiscal year, the Assistant Secretary of Aging will report on outcome data, including differences between the estimated and calculated payment amounts and changes in health indicators.
FINANCING & IMPLEMENTATION	
Program Administration	Administration for Community Living
Revenue Source	Annual appropriations
Program Cost Estimate	Not specified

PROPOSAL OVERVIEW	
Bill #	S. 3233
Name	**Financial Services Improving Noble and Necessary Caregiving Experience (FINANCE) Act**
Congress	119th
Year	2025
Sponsor	Senator Ed Markey (D-MA)
Co-Sponsors	3 Democratic cosponsors
Companion Bill	None
Related Bills from Prior Congresses	S. 4735: Financial Services Improving Noble and Necessary Caregiving Experience (FINANCE) Act (2024)
CATEGORY	
Primary	**Expand/Enhance Caregiver Programs**
Sub-topic	Older Americans Act
PROPOSAL DETAILS	
Overview	This bill amends the Older Americans Act to provide grant funding for financial planning services for family caregivers.

PROPOSAL OVERVIEW *(CONTINUED)*	
PROPOSAL DETAILS	
Family Caregiver Definitions	A family caregiver is (1) an adult family member or other person who provides home and community care, without payment, to an older individual or a person of any age with Alzheimer's disease or a related disorder; or (2) is at least 55 years old and is the primary, live-in caregiver for a child or disabled individual. Family caregivers do not include those whose primary relationship with the care recipient is based on a financial or professional agreement.
Grant Eligibility	Eligible applicants for the grants include states, local government agencies, nonprofit organizations, area agencies on aging, senior center providers, higher education institutions, or tribal organizations.
Grant Uses	Grant funds can be used to provide financial planning services, education on public benefits; care options, such as supports for paid and unpaid family caregivers; budgeting; care preferences of care recipients; debt management and bankruptcy; long-term care costs; and referrals to legal assistance providers.
FINANCING & IMPLEMENTATION	
Program Administration	Administration for Community Living
Revenue Source	Annual appropriations
Program Cost Estimate	Not specified

PROPOSAL OVERVIEW	
Bill #	S. 3232
Name	**Family Caregiver Research and Innovation Act**
Congress	119th
Year	2025
Sponsor	Senator Edward Markey (D-MA)
Co-Sponsors	3 Democratic cosponsors
Companion Bill	None
Related Bills from Prior Congresses	S. 4732: Family Caregiver Research and Innovation Act (2024)
CATEGORY	
Primary	**Expand/Enhance Caregiver Programs**
Sub-topic	Older Americans Act

PROPOSAL OVERVIEW *(CONTINUED)*	
PROPOSAL DETAILS	
Overview	This bill authorizes funding for research, evaluation, and innovation related to family caregiving under the Older Americans Act of 1965. Specifically, it would fund the Research, Demonstration, and Evaluation Center for the Aging Network to conduct research and evaluations related to family caregiving. It also updates the statutory definition of "family caregiver" to exclude individuals whose primary relationship with the person receiving care is based on a financial or professional agreement. The Act aligns with the goals of the Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregivers Act.
Definition of Family Caregiver	A family caregiver is an adult family member or other individual who provides home or community care to an any-age individual with Alzheimer's disease or related disorders. An older adult relative caregiver means someone age 55 plus, who lives with, and is the unpaid care provider for a child or an individual with a disability. In the case of an individual with a disability, the older adult relative is a parent, grandparent, or other relative by blood, marriage, or adoption of the individual with the disability.
National Family Caregiver Support Program Revision	This bill amends the National Family Caregiver Support Program by narrowing access to respite and supplemental services to family caregivers under the updated definition above. This excludes individuals whose primary relationship with the person receiving care is based on financial or professional agreement. The program also expands the definition of family caregiver.
FINANCING & IMPLEMENTATION	
Program Administration	Administration for Community Living
Revenue Source	Annual appropriations
Program Cost Estimate	$30,000,000 for research and evaluation services about family caregivers for each of the fiscal years 2026 through 2030.

PROPOSAL OVERVIEW	
Bill #	S. 3230
Name	**Family Caregiver Peer Support Act**
Congress	119th
Year	2025
Sponsor	Senator Ed Markey (D-MA)
Co-Sponsors	2 Democratic cosponsors
Companion Bill	None

PROPOSAL OVERVIEW *(CONTINUED)*	
Related Bills from Prior Congresses	S. 4733: Family Caregiver Peer Support Act (2024)
CATEGORY	
Primary	**Expand/Enhance Caregiver Programs**
Sub-topic	Older Americans Act
PROPOSAL DETAILS	
Overview	This bill amends the Older Americans Act. It authorizes the Secretary of the Department of Health and Human Services (HHS) to award grants to develop or expand in-person and virtual peer support programs for family caregivers.
Eligible Entity	Grants can be awarded to a state; nonprofit organization; institution of higher education; aging and disability network entity; junior or community college; and Indian tribe or tribal organization.
Purpose of Grants	The grants help eligible entities develop or expand in-person and/or virtual peer support programs for family caregivers. This includes both paid and unpaid family caregivers. Grant-funded programs should use peer family caregivers to assist others with navigating administrative or financial forms, policies, and processes and provide emotional support. Funds also support workforce development to recruit and retain peer support specialists and development and/or expansion of behavioral health services for family caregivers including translation and interpretation services.
Covered Individuals and Targeted Subgroups	This program serves all family caregivers (paid or unpaid). Targeted subgroups include underserved regions and populations; low-income communities; underserved racial and ethnic groups; communities with a large immigrant population; communities with a high number of people for whom English is not their first language; the LGBTQ+ community; family caregivers under age 35; and family caregivers with a disability.
FINANCING & IMPLEMENTATION	
Program Administration	Department of Health and Human Services
Revenue Source	Annual appropriations
Program Cost Estimate	Authorizes appropriation of $10,000,000 for each of the fiscal years 2026 through 2030.

PROPOSAL OVERVIEW	
Bill #	S. 1132
Name	**Families Care Act**
Congress	119th

PROPOSAL OVERVIEW *(CONTINUED)*	
Year	2025
Sponsor	Senator Ted Budd (R-NC)
Co-Sponsors	Senator Ben Ray Luján (D-NM)
Companion Bill	None
Related Bills from Prior Congresses	None
CATEGORY	
Primary	**Expand/Enhance Caregiver Programs**
Sub-topic	Older Americans Act
PROPOSAL DETAILS	
Overview	The bill adds peer supports as an authorized service under the National Family Caregiver Support Program. It encourages states to address the unique needs of certain caregivers, including caregivers affected by substance use disorder.
FINANCING & IMPLEMENTATION	
Program Administration	Administration for Community Living
Revenue Source	Annual appropriations
Program Cost Estimate	Not specified

PROPOSAL OVERVIEW	
Bill #	S. 1146
Name	**Supporting Caregivers Act**
Congress	116th
Year	2019
Sponsor	Senator Bob Casey (D-PA)
Co-Sponsors	Senator Susan Collins (R-ME)
Companion Bill	None
Related Bills from Prior Congresses	None
CATEGORY	
Primary	**Expand/Enhance Caregiver Programs**
Sub-topic	Older Americans Act

PROPOSAL OVERVIEW *(CONTINUED)*	
PROPOSAL DETAILS	
Overview	This bill promotes quality and best practices to support family caregivers and older related caregivers through the Older Americans Act's (OAA) National Caregiver Support Program. It requires dissemination of best practices by the Assistant Secretary for Aging. Grant awards to support quality improvements, research, training and evaluation can be made to states, public or private nonprofit organizations, and institutions of higher education. The bill allows states to exceed the cap on the amount of funds they may use to support to family caregivers.
Best Practices	Every 2 years, the Assistant Secretary will identify and disseminate best practices for caregiver support to state agencies, area agencies on aging (AAA), and entities contracted with AAAs. Best practices include procedures and tools used to assess caregiver needs, procedures and tools to monitor and evaluate state programs, the development and use of caregiver service plans, the use of evidence-based caregiver support services, and best practices identified by the Family Caregiving Strategy and the Family Caregiving Advisory Council within the RAISE Family Caregivers Act.
Availability of Funds	A state can only use 15% of the total federal and non-federal share available to them to provide support services to caregivers. However, AAA can request an additional share if they have a demonstrated need.
Annual Report	The Assistant Secretary will report annually on the number of requests granted to AAAs, the percentage of total federal and non-federal funding they used, by geographic area, the number of caregivers that received support services, and other appropriate information.
FINANCING & IMPLEMENTATION	
Program Administration	Administration for Community Living
Revenue Source	Annual appropriations
Program Cost Estimate	$3,000,000 annually for each of the fiscal years 2020 through 2024.

PROPOSAL OVERVIEW	
Bill #	S. 1017
Name	**Supporting America's Caregivers and Families Act**
Congress	116th
Year	2019
Sponsor	Senator Richard Durbin (D-IL)
Co-Sponsors	Senator Tim Kaine (D-VA)

PROPOSAL OVERVIEW *(CONTINUED)*	
Companion Bill	None
Related Bills from Prior Congresses	None
CATEGORY	
Primary	**Expand/Enhance Caregiver Programs**
Sub-topic	Older Americans Act
PROPOSAL DETAILS	
Overview	This bill amends the Older Americans Act (OAA) to strengthen caregiver assessment practices and establish a technical assistance center. The bill also allows area agencies on aging to partner with health care payers and private pay programs to expand capacity.
Family Caregiver Assessments	The bill requires the Assistant Secretary for Aging to develop and implement a strategy to increase the use of comprehensive caregiver assessment tools. Considered will be the option to make the use of such tools across the aging network mandatory.
Technical Assistance Center	The bill establishes the National Family Caregiver Resource and Technical Assistance Center to support state and local agencies, community-based providers, and caregivers.
Eligible Entities for TA Center Grants	Entities eligible for funding include public or private nonprofit entities that provide information and assistance to state agencies, area agencies on aging, and community-based service providers funded under OAA.
Purpose of the Grants	The grants are used to build capacity and provide technical assistance to entities that receive OAA funding to support family caregivers.
FINANCING & IMPLEMENTATION	
Program Administration	Administration for Community Living
Revenue Source	Annual appropriations
Program Cost Estimate	Increases funding from $154,366,482 to $360,000,000 for each of the fiscal years 2020 through 2024 for the purpose of supporting caregivers under the OAA.

Respite

PROPOSAL OVERVIEW	
Bill #	S. 3231
Name	**Respite Care and Resources for Everyone (CARE) Act**
Congress	119th

PROPOSAL OVERVIEW *(CONTINUED)*	
Year	2025
Sponsor	Senator Edward Markey (D-MA)
Co-Sponsors	2 Democratic cosponsors
Companion Bill	None
Related Bills from Prior Congresses	S. 4736: Respite CARE Act (2024)
CATEGORY	
Primary	**Expand/Enhance Caregiver Programs**
Sub-topic	Respite
PROPOSAL DETAILS	
Overview	The bill establishes a grant program to help providers integrate caregiver support services within the respite care they provide to family caregivers. Services include providing information about available services; help with access to services; individual counseling; support groups; caregiver training; and respite care. Services must be provided in an accessible format. Entities eligible for grants include state or local government agencies; nonprofit organization; an area agency on aging; providers of multipurpose senior centers; institutions of higher education; and tribal organizations.
Family Caregiver	Eligible family caregivers include an adult family member (or another individual) who is an informal provider of in-home and community care to an older individual or to an individual of any age with Alzheimer's disease or related disorders, or an older relative caregiver.
Older Relative Caregiver	Older relative caregiver means a caregiver who is age 55 or older, lives with and is the informal and primary care provider of in-home and community care to a child or an individual with a disability. In the case of a caregiver of an individual with a disability, an older relative caregiver is a parent, grandparent, or other relative by blood, marriage, or adoption, of the individual with a disability.
FINANCING & IMPLEMENTATION	
Program Administration	Administration for Community Living
Revenue Source	Annual appropriations
Program Cost Estimate	Not specified

PROPOSAL OVERVIEW	
Bill #	S. 830
Name	**Lifespan Respite Care Reauthorization Act of 2025**
Congress	119th
Year	2025
Sponsor	Senator Susan Collins (R-ME)
Co-Sponsors	Senator Tammy Baldwin (D-WI)
Companion Bill	H.R. 2560: Lifespan Respite Care Reauthorization Act of 2025
Related Bills from Prior Congresses	S. 4325: Lifespan Respite Care Reauthorization Act of 2024 H.R. 6160 Lifespan Respite Care Reauthorization Act of 2024 H.R. 8906: Lifespan Respite Care Reauthorization Act of 2020 S. 995: Lifespan Respite Care Reauthorization Act of 2019 H.R. 2035: Lifespan Respite Care Reauthorization Act of 2019 S. 1188: Lifespan Respite Care Reauthorization Act of 2017 H.R. 2535: Lifespan Respite Care Reauthorization Act of 2017 H.R. 3913: Lifespan Respite Care Reauthorization Act of 2015 H.R. 4683: Lifespan Respite Care Reauthorization Act of 2014 H.R. 3266: Lifespan Respite Care Reauthorization Act of 2011 H.R. 6350: Lifespan Respite Care Reauthorization Act of 2010
CATEGORY	
Primary	**Expand/Enhance Caregiver Programs**
Sub-topic	Respite
PROPOSAL DETAILS	
Overview	The bill amends the Public Health Service Act to reauthorize lifespan respite care programs and expand eligibility to children and youth caregivers in addition to the adult family caregivers eligible under current law.
FINANCING & IMPLEMENTATION	
Program Administration	Administration for Community Living
Revenue Source	Annual appropriations
Program Cost Estimate	Up to $10 million annually

Veterans Affairs Caregiver Support Program

PROPOSAL OVERVIEW	
Bill #	H.R. 3833
Name	**Veterans' Caregiver Appeals Modernization Act of 2025**
Congress	119th
Year	2025
Sponsor	Representative Tom Barrett (R-MI)
Co-Sponsors	4 Republican cosponsors
Companion Bill	S. 2055: Veterans' Caregiver Appeals Modernization Act of 2025
Related Bills from Prior Congresses	None
CATEGORY	
Primary	**Expand/Enhance Caregiver Programs**
Sub-topic	Veterans Affairs Caregiver Support Program
PROPOSAL DETAILS	
Overview	The bill modernizes and streamlines the application and appeals process for the Department of Veterans Affairs' (VA) Program of Comprehensive Assistance for Family Caregivers. The bill standardizes guidance and training for Veterans Health Administration staff reviewing appeals.
Required Considerations	The Secretary may consider lessons learned from the implementation of the Veterans Benefit Management System to process claims. Using an integrated digital system to improve review of caregiver applications and appeals will be considered. The Secretary may consider best practices for the guidance and training of VA employees who oversee disability compensation.
FINANCING & IMPLEMENTATION	
Program Administration	Department of Veterans Affairs
Revenue Source	Annual appropriations
Program Cost Estimate	Not specified

PROPOSAL OVERVIEW	
Bill #	H.R. 3027
Name	**Green Star Families Act**
Congress	119th
Year	2025
Sponsor	Representative Jefferson Van Drew (R-NJ)
Co-Sponsors	None
Companion Bill	None
Related Bills from Prior Congresses	None
CATEGORY	
Primary	**Expand/Enhance Caregiver Programs**
Sub-topic	Veterans Affairs Caregiver Support Program
PROPOSAL DETAILS	
Overview	The bill establishes a free counseling program for next of kin and caregivers of veterans who died by suicide. The Secretary may provide counseling service if they are reasonably accessible and substantially equivalent or superior to similar services furnished by the VA to such individuals. The VA may coordinate with a federal, state, or private entity to provide the services. The VA must publish information relating to the program and eligible individuals.
Former Volunteer Caregiver	A former volunteer caregiver is an individual age 18 or older who provided the veteran with counseling, social work, or other personal care services without compensation and for at least three months. Services must have been provided in connection with a covered veterans' service organization prior to the death of the veteran.
FINANCING & IMPLEMENTATION	
Program Administration	Department of Veterans Affairs
Revenue Source	Annual appropriations
Program Cost Estimate	Not specified

PROPOSAL OVERVIEW	
Bill #	S. 701
Name	**Helping Heroes Act**
Congress	119th
Year	2025
Sponsor	Senator Patty Murray (D-WA)
Co-Sponsors	11 Bipartisan cosponsors
Companion Bill	H.R. 2077: Helping Heroes Act (2025)
Related Bills from Prior Congresses	S. 622: Helping Heroes Act of 2023 H.R. 5904: Helping Heroes Act of 2023 S. 4276: Helping Heroes Act of 2022
CATEGORY	
Primary	**Expand/Enhance Caregiver Programs**
Sub-topic	Veterans Affairs Caregiver Support Program
PROPOSAL DETAILS	
Overview	The bill creates the Veteran Family Resource Program to address social determinants of health affecting veterans and their families. It will provide care coordination, connection to benefits, and community resource engagement so veterans and their families have access to the services and resources they need.
Veterans' Family Resource Program	Every Veterans' Integrated Service Network will have a family coordinator serving in a VA's medical center as the knowledgeable contact connecting survivors, families, and caregivers to the available community resources when VA programs cannot meet their needs. Family coordinators will assess needs and help veterans, families, caregivers, and survivors access and navigate public and private resources.
Program Assessment	The bill requires the development of program performance metrics and surveys of disabled veterans and families to assess unmet needs. This survey will be conducted within a year of the Act's enactment and repeated at least once every five years.
FINANCING & IMPLEMENTATION	
Program Administration	Department of Veterans Affairs
Revenue Source	Not specified
Program Cost Estimate	Not specified

PROPOSAL OVERVIEW	
Bill #	H.R. 2526
Name	**Support our Services (S.O.S) Veterans Caregiver Act**
Congress	118th
Year	2023
Sponsor	Representative Paul Ruiz (D-CA)
Co-Sponsors	None
Companion Bill	None
Related Bills from Prior Congresses	None
CATEGORY	
Primary	**Expand/Enhance Caregiver Programs**
Sub-topic	Veterans Affairs Caregiver Support Program
PROPOSAL DETAILS	
Overview	This bill expands eligibility for VA caregiver assistance to include veterans with a serious illness related to military service. It expands eligibility beyond injury to include serious illness incurred or aggravated during service.
Family Caregiver Assessment	The bill requires an annual multidimensional assessment to measure burdens felt by family caregivers that are the primary providers of personal care services to veterans.
Eligible Family Caregivers	This bill expands eligibility for support to all caregivers of veterans who have a serious illness that was triggered or worsened by military, naval, or air service.
FINANCING & IMPLEMENTATION	
Program Administration	Department of Veterans Affairs
Revenue Source	Not specified
Program Cost Estimate	Not specified

PROPOSAL OVERVIEW	
Bill #	H.R. 9661
Name	**VA Caregiver Continuity Act**
Congress	117th
Year	2022

PROPOSAL OVERVIEW *(CONTINUED)*	
Sponsor	Representative Andy Kim (D-NJ)
Co-Sponsors	Representative Richard Hudson (R-NC)
Companion Bill	None
Related Bills from Prior Congresses	None
CATEGORY	
Primary	**Expand/Enhance Caregiver Programs**
Sub-topic	Veterans Affairs Caregiver Support Program
PROPOSAL DETAILS	
Overview	This bill protects veterans and caregivers from losing benefits due to regulatory eligibility changes. It ensures that priority veterans are not removed from the caregiver program due to rule changes.
Notifying Impacted Family Caregivers	The bill directs the Secretary of Veterans Affairs to notify affected caregivers of their appeal and eligibility options.
Priority Participants	Different priority categories determine a veteran's eligibility and the order in which they can enroll for VA health care. The bill defines priority participants as veterans with service-connected disabilities of 50% or greater or who were awarded the medal of honor.
FINANCING & IMPLEMENTATION	
Program Administration	Department of Veterans Affairs
Revenue Source	Not specified
Program Cost Estimate	Not specified

PROPOSAL OVERVIEW	
Bill #	H.R. 110
Name	**Care for the Veteran Caregiver Act**
Congress	117th
Year	2021
Sponsor	Representative Richard Hudson (R-NC)
Co-Sponsors	5 Bipartisan cosponsors
Companion Bill	None
Related Bills from Prior Congresses	H.R. 5701: Care for the Veteran Caregiver Act (2020)

PROPOSAL OVERVIEW *(CONTINUED)*	
CATEGORY	
Primary	**Expand/Enhance Caregiver Programs**
Sub-topic	Veterans Affairs Caregiver Support Program
PROPOSAL DETAILS	
Overview	The bill provides transitional and permanent eligibility protections for family caregivers after a veteran's death. The family caregiver will continue to receive medical care and the monthly personal caregiver stipend for at least six months after the death of the participating veteran for whom they were caring. It also establishes permanent eligibility for the program for veterans with the highest need and their caregivers.
Permanent Eligibility	Veterans who have the most significant need for caregiver assistance are permanently eligible for the program.
Application Procedures	Both the eligible veteran and family member apply. The application will identify the needs for caregiver training.
FINANCING & IMPLEMENTATION	
Program Administration	Department of Veterans Affairs
Revenue Source	Not specified
Program Cost Estimate	Not specified

PROPOSAL OVERVIEW	
Bill #	H.R. 1472
Name	**Military and Veteran Caregiver Services Improvement Act of 2017**
Congress	115th
Year	2017
Sponsor	Representative James Langevin (D-RI)
Co-Sponsors	94 Bipartisan cosponsors
Companion Bill	S. 591: Military and Veteran Caregiver Services Improvement Act of 2017
Related Bills from Prior Congresses	S. 1085: Military and Veteran Caregiver Services Improvement Act of 2015 H.R. 1969: Military and Veteran Caregiver Services Improvement Act of 2015 S. 2243: Military and Veteran Caregiver Services Improvement Act of 2014 H.R. 4892: Military and Veteran Caregiver Services Improvement Act of 2014

PROPOSAL OVERVIEW *(CONTINUED)*	
CATEGORY	
Primary	**Expand/Enhance Caregiver Programs**
Sub-topic	Veterans Affairs Caregiver Support Program
PROPOSAL DETAILS	
Overview	This bill seeks to expand eligibility for and services under the Veteran Affairs' Program of Comprehensive Assistance for Family Caregivers of members of the uniformed services who require personal care assistance services.
Eligibility Expansion	Eligible individuals include those with a serious illness (in addition to an injury) and those who need instruction or supervision to properly function in daily life.
Service Expansion	Services are expanded to include financial planning and legal services, respite care, and peer support activities.
Modification of Monthly Family Caregiver Stipend Calculation	Revises the stipend calculation to reflect caregiver-reported supervision needs; the needs and limitations of the veteran; the extent to which the veteran can function safely and independently in the absence of caregiver support; and the time required from the family caregiver.
Assistance for Family Caregivers	In addition to the monthly stipend, family caregivers may receive respite care, caregiver training, mental health support, technical assistance, and more.
Transfer of Educational Assistance	Educational benefits available to the veteran that remain unused may be transferred to their spouse and/or children, up to the limit of 18 to 36 months. The monthly rate of educational assistance transferred to a dependent is payable on the same basis it would have been paid to the veteran.
Inter-Agency Workgroup	Establishes an inter-agency workgroup on caregiver policy for Veterans within the Executive Branch, including subject matter experts and representation from each of the following agencies or organizations: The Department of Veterans Affairs; the Department of Defense; the Department of Health and Human Services; the Department of Labor; and the Centers for Medicare and Medicaid Services.
FINANCING & IMPLEMENTATION	
Program Administration	Department of Veterans Affairs
Revenue Source	Not specified
Program Cost Estimate	Not specified

FINANCIAL SUPPORTS FOR FAMILY CAREGIVERS

Caregiver Stipend/Voucher/Direct Pay

PROPOSAL OVERVIEW	
Bill #	H.R. 1802
Name	**Caregivers Access and Responsible Expansion (CARE) for All Veterans Act**
Congress	115th
Year	2017
Sponsor	Representative Elizabeth Esty (D-CT)
Co-Sponsors	24 Bipartisan cosponsors
Companion Bill	None
Related Bills from Prior Congresses	H.R. 2894: CARE for All Veterans Act (2015)
CATEGORY	
Primary	**Financial Supports for Family Caregivers**
Sub-topic	Caregiver Stipend/Voucher/Direct Pay
PROPOSAL DETAILS	
Overview	This bill expands eligibility for the Family Caregiver Program of the Department of Veterans Affairs to include members of the Armed Forces or veterans who are seriously injured or who became ill (or who aggravated an injury or illness) on active duty before September 11, 2001 (currently limited to service after September 11, 2001).
Eligibility Criteria for the Caregiver Stipend	Program eligibility considers a veteran's need for regular or extensive instruction or supervision in completing two or more instrumental activities of daily living (IADLs).
Stipend Amount	Family caregivers receive a monthly stipend. The amount is based on the veteran's level of need and where they are located. It is calculated based a monthly stipend amount from the Bureau of Labor Statistics' home health aide wage in the veteran's area. Caregivers receive either Level 1 (62.5% of the monthly rate) for veterans who can generally care for themselves or Level 2 (100% of the monthly rate) for veterans who are unable to self-sustain in the community.
FINANCING & IMPLEMENTATION	
Program Administration	Department of Veterans Affairs
Revenue Source	Not specified
Program Cost Estimate	Not specified

Tax Benefit

PROPOSAL OVERVIEW	
Bill #	H.R. 5933
Name	**HSAs for Heroes Act**
Congress	119th
Year	2025
Sponsor	Representative Andy Biggs (R-AZ)
Co-Sponsors	None
Companion Bill	None
Related Bills from Prior Congresses	None
CATEGORY	
Primary	**Financial Supports for Family Caregivers**
Sub-topic	Tax Benefit
PROPOSAL DETAILS	
Overview	The bill expands the flexibility of Health Savings Accounts (HSAs) for veterans and caregivers during periods of qualified caregiving. Individuals eligible for veterans' benefits can take tax-free distributions from their HSA during a period of qualified caregiving. They also can establish an HSA without enrollment in a high-deductible health plan (HDHP) and can increase HSA contribution limits.
Eligibility	This bill allows individuals eligible for veteran benefits, to contribute to an HSA, regardless of disability status.
HSA Distributions During Periods of Qualified Caregiving	Funds from an HSA used for qualified medical expenses during a period of qualified caregiving will not be included in gross income calculations. A period of qualified caregiving is a period during which an individual is unemployed or on leave for reasons consistent with the provisions in the Family and Medical Leave Act of 1993, including to care for a spouse, child, or parent with a serious health condition.
HSA Contribution Restrictions	The bill removes the requirement that one must enroll in a HDHP in order to access to an HSA. It also increases the HSA contribution limit to $9,000 for individuals and to $18,000 for joint returns.
Regulatory Authority and Reporting	The Department of Veterans Affairs will issue necessary regulations and a report annually to Congress. The report will summarize veterans' use of these provisions and make recommendations for improving policies. The Department of the Treasury will estimate the revenue effects of this bill and report to the Congressional Budget Office (CBO).

PROPOSAL OVERVIEW *(CONTINUED)*	
FINANCING & IMPLEMENTATION	
Program Administration	Department of the Treasury, Department of Veterans Affairs
Revenue Source	Not specified
Program Cost Estimate	Not specified

PROPOSAL OVERVIEW	
Bill #	S. 1565
Name	**Lowering Costs for Caregivers Act of 2025**
Congress	119th
Year	2025
Sponsor	Senator Jacky Rosen (D-NY)
Co-Sponsors	Senator Bill Cassidy (R-LA)
Companion Bill	H.R. 138: Lowering Costs for Caregivers Act of 2025
Related Bills from Prior Congresses	S. 3254: Lowering Costs for Caregivers Act of 2023 H.R. 7222: Lowering Costs for Caregivers Act of 2023
CATEGORY	
Primary	**Financial Supports for Family Caregivers**
Sub-topic	Tax Benefit
PROPOSAL DETAILS	
Overview	This bill allows taxpayers to use funds from pre-tax health savings account (HSA) or flexible spending account (FSA) to pay for their parents' long-term services and supports. (Current law already allows taxpayers to use pre-tax funds from these accounts to pay for their own qualified medical expenses, including LTSS for themselves.) The amount the taxpayer uses from these accounts on their parents' behalf will not be included in the calculation of the taxpayers' gross income.
Eligibility	Any taxpayer with an HSA or FSA who incurs expenses related to the care they provide for a parent who needs LTSS can access funds on a pre-tax basis.
FINANCING & IMPLEMENTATION	
Program Administration	Internal Revenue Service
Revenue Source	Not specified
Program Cost Estimate	Not specified

PROPOSAL OVERVIEW	
Bill #	H.R. 74
Name	**Freedom for Families Act**
Congress	119th
Year	2025
Sponsor	Representative Andy Biggs (R-AZ)
Co-Sponsors	Representative Eric Burlison (R-MO)
Companion Bill	None
Related Bills from Prior Congresses	H.R. 107: Freedom for Families Act (2023) H.R. 53: Freedom for Families Act (2021) H.R. 2163: Freedom for Families Act (2019)
CATEGORY	
Primary	**Financial Supports for Family Caregivers**
Sub-topic	Tax Benefit
PROPOSAL DETAILS	
Overview	The bill allows tax-free distributions from health savings accounts (HSA) during a period of qualified caregiving. It allows caregivers to establish an HSA without enrolling in a high-deductible health plan (HDHP). It increases HSA contribution limits.
HSA Distributions During Periods of Qualified Caregiving	Caregivers can withdraw funds tax-free from an HSA if they are used for qualified medical expenses of an account beneficiary or withdrawn during a period of qualified caregiving. A period of qualified caregiving is when an individual is unemployed or on leave for reasons consistent with the Family and Medical Leave Act of 1993. This includes caring for a spouse, child, or parent with a serious health condition.
HSA Contribution Restrictions	The bill removes the requirement to be enrolled in a HDHP enrollment to access an HSA. It increases the HSA contribution limit to $9,000 for individuals and $18,000 for joint returns.
FINANCING & IMPLEMENTATION	
Program Administration	Internal Revenue Service
Revenue Source	Not specified
Program Cost Estimate	Not specified

Tax Credit/Deduction for Caregiver Expenses

PROPOSAL OVERVIEW	
Bill #	S. 3295
Name	**A bill to amend the Internal Revenue Code of 1986 to establish a credit for adult child caregivers**
Congress	119th
Year	2025
Sponsor	Senator Peter Welch (D-VT)
Co-Sponsors	Senator Rick Scott (R-FL)
Companion Bill	None
Related Bills from Prior Congresses	None
CATEGORY	
Primary	**Financial Supports for Family Caregivers**
Sub-topic	Tax Credit/Deduction for Caregiver Expenses
PROPOSAL DETAILS	
Overview	Creates a federal tax credit of up to $2,000 for adult children or relatives providing unpaid care in a shared household. The new tax credit is called the Multigenerational Home Caregiver Credit
Eligible Individual	A U.S. citizen who is at least 18 years of age (or at least 16 years of age if legally emancipated), who resides with the care recipient for at least 6 months during the taxable year, and provides at least 10 hours per week of assistance with activities of daily living.
Qualified Relative	An individual who is a child, sibling or stepsibling, parent or stepparent, niece/nephew, uncle/aunt, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law to the eligible individuals. The qualified relative must be at least 55 years old and unable to perform at least 1 activity of daily living or 3 instrumental activities of daily living without substantial assistance from another individual. They also must require at least 10 hours per week of assistance.
Limitations	The $2,000 credit is reduced by 1% of the excess of taxpayers' income above $75,000 ($150,000 joint). The tax credit is only allowed for 1 taxpayer. The taxpayer can only take credit for 2 qualified relatives. Married individuals must file a joint tax return. This tax credit must be coordinated with child and dependent care credit.

PROPOSAL OVERVIEW *(CONTINUED)*	
FINANCING & IMPLEMENTATION	
Program Administration	Internal Revenue Service
Revenue Source	Not specified
Program Cost Estimate	Not specified

PROPOSAL OVERVIEW	
Bill #	H.R. 5881
Name	**Double Dependents Relief Act**
Congress	119th
Year	2025
Sponsor	Representative Josh Harder (D-CA)
Co-Sponsors	None
Companion Bill	None
Related Bills from Prior Congresses	None
CATEGORY	
Primary	**Financial Supports for Family Caregivers**
Sub-topic	Tax Credit/Deduction for Caregiver Expenses
PROPOSAL DETAILS	
Overview	The bill creates a refundable tax credit equal to 30% of eligible caregiving expenses above $2,000 up to $10,000 annually. This helps defray the out-of-pocket expenses incurred by family caregivers who are employed and also caregiving for a child and a spouse or other close family member with long-term care needs. The $10,000 cap will increase over time with inflation.
Eligible Caregiver	Eligible caregivers include individuals with earned income over $7,500 annually and who pay caregiving expenses for a dependent child.
Qualified Care Recipient	A qualified care recipient is the spouse or close family member of an eligible caregiver who has been certified by a licensed health care practitioner as being an individual with long-term care needs.

PROPOSAL OVERVIEW *(CONTINUED)*	
PROPOSAL DETAILS	
Qualified Expenses for Eligible Caregivers	Qualified expenses refer to goods, services, and supports that assist a care recipient with activities of daily living. This can include human assistance, supervision, cuing, and standby assistance, assistive technologies and devices, environmental modifications, health maintenance tasks, information, transportation, and coordination of services. Expenditures for respite care, counseling, support groups, or training, technologies that assist in caregiving, travel costs, and lost wages for unpaid time off due to caregiving are also qualified expenses. Expenses covered by other tax credits or accounts cannot be double counted.
Phase Out Based on Adjusted Gross Income	The amount of the credit is reduced by $100 for each $1,000 by which the taxpayer's adjusted gross income exceeds the threshold amount of $75,000 ($150,000 for a joint return.)
FINANCING & IMPLEMENTATION	
Program Administration	Internal Revenue Service
Revenue Source	Not specified
Program Cost Estimate	Not specified

PROPOSAL OVERVIEW	
Bill #	S. 925
Name	**Credit for Caring Act of 2025**
Congress	119th
Year	2025
Sponsor	Senator Shelley Moore Capito (R-WV)
Co-Sponsors	7 Bipartisan cosponsors
Companion Bill	H.R. 2036: Credit for Caring Act of 2025
Related Bills from Prior Congresses	S. 3702: Credit for Caring Act of 2024 H.R. 7165: Credit for Caring Act of 2024 S. 1670: Credit for Caring Act of 2021 H.R. 3321: Credit for Caring Act of 2021 S. 1443: Credit for Caring Act of 2019 H.R. 2730: Credit for Caring Act of 2019 S. 1151: Credit for Caring Act of 2017 H.R. 2505: Credit for Caring Act of 2017 S. 2759: Credit for Caring Act of 2016 H.R. 4708: Credit for Caring Act of 2016

PROPOSAL OVERVIEW *(CONTINUED)*	
CATEGORY	
Primary	**Financial Supports for Family Caregivers**
Sub-topic	Tax Credit/Deduction for Caregiver Expenses
PROPOSAL DETAILS	
Overview	Provides a non-refundable federal tax credit for expenses incurred by taxpayers who are eligible caregivers for a spouse or dependent child or relative who needs long-term care services and supports (LTSS) and has developmental or intellectual disabilities or other chronic condition or care needs.
Caregiver Population	All eligible taxpayers who are caregivers for a qualified care recipient; incur expenses providing care; and have earned income in the excess of $7,500 in the taxable year.
Care Recipient Eligibility Requirements	The care recipient must be the spouse or dependent child or relative (as defined by the IRC) of a caregiver. They also must be designated by a licensed health care practitioner as having long-term care needs for at least 180 consecutive days during the taxable year. If the care recipient is 6 years or older, they must be unable to perform at least 2 activities of daily living (ADLs) without significant assistance or supervision due to cognitive disability and be unable to perform at least 1 ADL without assistance or be unable to engage in age-appropriate activities. If the care recipient is at least 2 years old but younger than 6, they must lack the capacity to do at least 2 of the following ADLs: eating, mobility, or transferring. If the care recipient is under 2 years old, they must require durable medical equipment as the result of a severe health condition or require a skilled practitioner to be present if parents or guardians are absent.
Amount of Tax Relief	The credit is 30% of qualified expenses over $2,000 paid by the taxpayer during the taxable year. The maximum allowable tax credit is $5,000. Qualified expenses include goods, services, and supports that assist with the care recipient's performance of ADLs and are provided only for the care recipient's use.
Income-based Adjustments/ Threshold Amounts	The allowable credit amount is reduced by $100 for each $1,000 above $150,000 of taxpayer's adjusted gross income (AGI) if filing jointly or $75,000 for any other return status.
Indexing for Inflation	Amounts are adjusted by the medical care cost index.
FINANCING & IMPLEMENTATION	
Program Administration	Internal Revenue Service
Revenue Source	Not specified
Program Cost Estimate	Not specified

PROPOSAL OVERVIEW	
Bill #	H.R. 10182
Name	**Caregiver Financial Relief Act**
Congress	118th
Year	2024
Sponsor	Representative Josh Gottheimer (D-NJ)
Co-Sponsors	6 Bipartisan cosponsors
Companion Bill	None
Related Bills from Prior Congresses	None
CATEGORY	
Primary	**Financial Supports for Family Caregivers**
Sub-topic	Tax Credit/Deduction for Caregiver Expenses
PROPOSAL DETAILS	
Overview	This bill waives the 10% tax on early distributions from qualified retirement plans and employer-sponsored savings plan that meet specific tax requirements, if the withdrawal is used to pay expenses for family caregiving.
Caregiver Population	An individual who incurs expenses for providing care for a spouse, relative, in-law, or household member with long-term care needs.
Care Recipient Eligibility Requirements	An individual at least 6 years of age unable to perform at least 2 activities of daily living (ADLs) without significant assistance due to a loss of capacity; or an individual needing supervision to safeguard from health and safety threats due to cognitive impairment; and is unable to perform at least 1 ADL without significant assistance. An individual at least age 2 but not 6 years of age unable to perform at least 2 activities independently (including eating, transferring or mobility.) An individual under the age of 2 needing durable medical equipment or a skilled practitioner if parents or guardians are absent.
Amount of Tax Relief	The 10% tax penalty on early distributions from retirement plans is waived if the amount withdrawn is used exclusively for expenses related to family caregiving expenses.
Income-based Adjustments/ Threshold Amounts	The total amount that may be withdrawn on a penalty-free basis may not exceed $10,000.
FINANCING & IMPLEMENTATION	
Program Administration	Internal Revenue Service
Revenue Source	Not specified
Program Cost Estimate	Not specified

PROPOSAL OVERVIEW	
Bill #	S. 5163
Name	**Americans Giving Care to Elders (AGE) Act of 2024**
Congress	118th
Year	2024
Sponsor	Senator Amy Klobuchar (D-MN)
Co-Sponsors	Senator Tina Smith (D-MN)
Companion Bill	None
Related Bills from Prior Congresses	S. 234: Americans Giving Care to Elders (AGE) Act of 2021 H.R. 3689: Americans Giving Care to Elders (AGE) Act of 2021 S. 1351: Americans Giving Care to Elders (AGE) Act of 2019 S. 3028: Americans Giving Care to Elders (AGE) Act of 2018 H.R. 5196: Americans Giving Care to Elders (AGE) Act of 2016 S. 879: Americans Giving Care to Elders (AGE) Act of 2015 S. 1485: Americans Giving Care to Elders (AGE) Act of 2013 S. 3226: Americans Giving Care to Elders (AGE) Act of 2012 S. 1604: Americans Giving Care to Elders (AGE) Act of 2009 S. 2267: Americans Giving Care to Elders (AGE) Act of 2007
CATEGORY	
Primary	**Financial Supports for Family Caregivers**
Sub-topic	Tax Credit/Deduction for Caregiver Expenses
PROPOSAL DETAILS	
Overview	This bill gives a federal income tax credit for taxpayers with expenses caring for an older adult parent or household member. Covered expenses include medical care, adult day care, respite care, personal care, assistive technology, home modifications, and caregiver training.
Caregiver Population	Taxpayers with expenses from caring for a parent, stepparent, parent-in-law, ancestor of a parent, or other member of their household who lives with them.
Care Recipient Eligibility Requirements	A parent, stepparent, parent-in-law, ancestor of a parent, or other member of the taxpayer's household age 65 or older who needs help with activities of daily living (ADLs), and lives with the taxpayer.
Amount of Tax Relief	Credit of 20% of the covered expenses paid by taxpayer during the taxable year.
Income-based Adjustments/ Threshold Amounts	The credit amount is reduced by 1 percent for each $4,000 of gross income that exceeds $120,000. The maximum expense amount eligible for a credit is $6,000.
Indexing for Inflation	Not specified

PROPOSAL OVERVIEW *(CONTINUED)*	
FINANCING & IMPLEMENTATION	
Program Administration	Internal Revenue Service
Revenue Source	Not specified
Program Cost Estimate	Not specified

PROPOSAL OVERVIEW	
Bill #	H.R. 1001
Name	**Military and Veteran Caregiver Student Loan Relief Act of 2023**
Congress	118th
Year	2023
Sponsor	Representative Gerald Connolly (D-VA)
Co-Sponsors	Representative Michael Turner (R-OH)
Companion Bill	None
Related Bills from Prior Congresses	None
CATEGORY	
Primary	**Financial Supports for Family Caregivers**
Sub-topic	Other
PROPOSAL DETAILS	
Overview	The bill provides student loan forgiveness under the Public Service Loan Forgiveness (PSLF) program for primary family caregivers of veterans.
PSLF Program Details	The Department of Education will cancel the balance of interest and principal due on a borrower's Federal Direct Loans after the borrower makes 120 monthly loan payments while employed in a public service job. The bill broadens the definition of public service job to include being a family caregiver for a veteran enrolled in the Program of Comprehensive Assistance for Family Caregivers.
FINANCING & IMPLEMENTATION	
Program Administration	Department of Education
Revenue Source	Annual appropriations
Program Cost Estimate	Not specified

TRAINING AND EDUCATION

Caregiver Training

PROPOSAL OVERVIEW	
Bill #	S. 3271
Name	**In-Home Caregiver Assessment Resources and Education (CARE) Act**
Congress	119th
Year	2025
Sponsor	Senator Cory Booker (D-NJ)
Co-Sponsors	Senator Andy Kim (D-NJ)
Companion Bill	None
Related Bills from Prior Congresses	None
CATEGORY	
Primary	**Training and Education**
Sub-topic	Caregiver Training
PROPOSAL DETAILS	
Overview	The bill authorizes a three-year grant program for eligible organizations offering home visiting programs for family caregivers. These include local government agencies; health care entities; and nonprofit or community organizations that conduct initial home visits for family caregivers. Services include caregiver assessment; education and training; referrals to appropriate local programs; and referrals for physical and mental health care.
Application	An eligible organization submits an outreach plan that describes how they will identify family caregivers most in need of support, including those at risk of needing institutional care. The application describes how grant funds will be used. Entities must have expertise in: caregiver assessments; education and training; and support for home modifications. They must be able to provide or refer caregivers to programs for physical and mental health care needs and support services such as: transportation; home modification; respite care; adult day services; support groups; and legal assistance. They must coordinate with other state and community-based organizations and engage caregivers, family members, and care recipients.
Priority	Priority is given to eligible organizations with the greatest likelihood of providing suitable family caregiver home visiting services for their community. Organizations that use evidence-based programs and/or provide matching funds are also prioritized.

PROPOSAL OVERVIEW *(CONTINUED)*	
PROPOSAL DETAILS	
Technical Assistance Center	The Secretary will establish a technical assistance center, carried out by the National Caregiver Support Collaborative Technical Assistance and Coordinating Center. It provides evidence-based models; training for grantees; and facilitates information exchange among grantees, and other federal programs.
Evaluation	Within two years, the Secretary will evaluate the grant program, measuring: reduced hospital and nursing home use; cost reductions; and improvements in care access care and quality of life.
FINANCING & IMPLEMENTATION	
Program Administration	Administration for Community Living in consultation with the Secretary of Veterans Affairs, and the Administrator of the Centers for Medicare & Medicaid Services.
Revenue Source	Annual appropriations
Program Cost Estimate	Not specified

PROPOSAL OVERVIEW	
Bill #	S. 2287
Name	**Palliative Care and Hospice Education and Training Act**
Congress	119th
Year	2025
Sponsor	Senator Tammy Baldwin (D-WI)
Co-Sponsors	21 Bipartisan cosponsors
Companion Bill	H.R. 4425: Palliative Care and Hospice Education and Training Act (2025)
Related Bills from Prior Congresses	S. 2243: Palliative Care and Hospice Education and Training Act of 2023 S. 4260: Palliative Care and Hospice Education and Training Act of 2022 S. 2080: Palliative Care and Hospice Education and Training Act of 2019 H.R. 647: Palliative Care and Hospice Education and Training Act of 2019 S. 693: Palliative Care and Hospice Education and Training Act of 2017 H.R. 1676: Palliative Care and Hospice Education and Training Act of 2017 S. 2748: Palliative Care and Hospice Education and Training Act of 2016 H.R. 3119: Palliative Care and Hospice Education and Training Act of 2015 S. 641: Palliative Care and Hospice Education and Training Act of 2013 H.R. 1339: Palliative Care and Hospice Education and Training Act of 2013 S. 3407: Palliative Care and Hospice Education and Training Act of 2012 H.R. 6155: Palliative Care and Hospice Education and Training Act of 2012

PROPOSAL OVERVIEW	
CATEGORY	
Primary	**Training and Education**
Sub-topic	Caregiver Training
PROPOSAL DETAILS	
Overview	The bill amends the Public Health Service Act to increase the number of permanent palliative care faculty at: accredited allopathic and osteopathic medical schools; nursing schools; and other programs to promote education and research in palliative care and hospice. The bill authorizes the HHS Secretary to award grants or contracts to establish and operate Palliative Care and Hospice Education programs to train family caregivers.
Eligible Entities	Programs receiving an award must support the training of health professionals in palliative and hospice care, emphasizing patient and family engagement, integration with primary and specialty care, and collaboration with community partners.
Topics included in Training	Establishes community-based training programs for patients and caregivers to improve quality of life and health outcomes. Emphasizes education and engagement of family or caregivers on palliative and hospice care management and provides strategies to meet the needs of such family or caregivers.
Cost of the Training	Not specified
Eligible Family Caregivers	Not specified
Grant Funds and Scope	Each grant type differs in the award limit and scope.
Limitations on Use of Funds	Funds may not duplicate the activities of existing education centers funded under this section of the Public Health Service Act. The HHS Secretary may give priority to certain programs in awarding grants.
Evaluation and Reporting	Not specified
FINANCING & IMPLEMENTATION	
Program Administration	Department of Health and Human Services
Revenue Source	Annual appropriations
Program Cost Estimate	$20,000,000 each year, across multiple award categories

PROPOSAL OVERVIEW	
Bill #	H.R. 4086
Name	**Autism Family Caregivers Act of 2025**
Congress	119th

PROPOSAL OVERVIEW *(CONTINUED)*	
Year	2025
Sponsor	Representative Dave Min (D-CA)
Co-Sponsors	35 Bipartisan cosponsors
Companion Bill	None
Related Bills from Prior Congresses	S. 1333: Autism Family Caregivers Act of 2023 H.R. 2965: Autism Family Caregivers Act of 2023 S. 4198: Autism Family Caregivers Act of 2022 H.R. 6783: Autism Family Caregivers Act of 2022
CATEGORY	
Primary	**Training and Education**
Sub-topic	Caregiver Training
PROPOSAL DETAILS	
Overview	The bill authorizes the Secretary of the Department of Health and Human Services (HHS) to establish the Caregiver Skills Training Pilot Program, awarding grants to entities that provide evidenced-based caregiver skills training to family caregivers of children with autism spectrum disorders or other development disabilities.
Eligible Entities	An eligible entity must have competence in caregiver training and the ability to coordinate among community-based organizations, state agencies, payers, and providers. They will convene a stakeholder implementation committee (including family caregivers) for oversight.
Topics included in Training	Communication skills, social engagement, activities of daily living (ADLs), caregiver response to challenging behaviors, coping and self-care, and more.
Cost of the Training	The caregiver training must be provided free-of-charge.
Eligible Family Caregivers	Family caregivers include adult family members or other individuals who have a significant relationship with and who provide a broad range of assistance to one or more children (age 0 to 9) diagnosed with autism spectrum disorder or other developmental disability or delay.
Grant Funds and Scope	At least 25 eligible entities in at least 15 states. Each grant will be at least $500,000 over a 5-year period.
Limitations on Use of Funds	An entity cannot use funds to support existing activities; funds can only be used to supplement and expand existing activities and resources.
Evaluation and Reporting	The Secretary shall assist entities in developing plans for sustainability. Evaluation is conducted annually. The Secretary will convene at least one national or regional meeting where grant recipients discuss best practices. The Secretary will report to Congress on the implementation of the grants.

PROPOSAL OVERVIEW *(CONTINUED)*	
FINANCING & IMPLEMENTATION	
Program Administration	Health Resources & Services Administration
Revenue Source	Annual appropriations
Program Cost Estimate	$10 million a year

PROPOSAL OVERVIEW	
Bill #	S. 5418
Name	**Alzheimer's Caregiver Support Act**
Congress	118th
Year	2024
Sponsor	Senator Amy Klobuchar (D-CA)
Co-Sponsors	10 Bipartisan cosponsors
Companion Bill	None
Related Bills from Prior Congresses	S. 56: Alzheimer's Caregiver Support Act of 2021 H.R. 1474: Alzheimer's Caregiver Support Act of 2021 S. 740: Alzheimer's Caregiver Support Act of 2019 S. 311: Alzheimer's Caregiver Support Act of 2017 H.R. 2972: Alzheimer's Caregiver Support Act of 2017 S. 3113: Alzheimer's Caregiver Support Act of 2016 H.R. 3090: Alzheimer's Caregiver Support Act of 2015 H.R. 2975: Alzheimer's Caregiver Support Act of 2013 H.R. 2798: Alzheimer's Caregiver Support Act of 2011
CATEGORY	
Primary	**Training and Education**
Sub-topic	Caregiver Training
PROPOSAL DETAILS	
Overview	The bill amends the Public Health Service Act to offer grants for training and support to families and caregivers of people living with Alzheimer's disease or related dementia.
Eligible Entities	Eligible entities include public or nonprofit health care providers that: agree to a comprehensive approach to caring for patients with Alzheimer's disease or related dementia; and that integrate patient treatment with training and support services for family caregivers. Program services must be provided in the appropriate languages.
Topics included in Training	Not specified
Cost of the Training	Not specified

PROPOSAL OVERVIEW *(CONTINUED)*	
PROPOSAL DETAILS	
Eligible Family Caregivers	Not specified
Grant Funds and Scope	Not specified
Limitations on Use of Funds	At least 10% of the amounts appropriated must be awarded to public or nonprofit private health care providers that primarily reach medically underserved communities.
Evaluation and Reporting	Not specified
FINANCING & IMPLEMENTATION	
Program Administration	Department of Health and Human Services, in coordination with the Director of the Office on Women's Health and the Director of the Office on Minority Health.
Revenue Source	Annual appropriations
Program Cost Estimate	Not specified

PROPOSAL OVERVIEW	
Bill #	H.R. 10192
Name	**Alzheimer's Caregiver Support Act of 2024**
Congress	118th
Year	2024
Sponsor	Representative Maxine Waters (D-CA)
Co-Sponsors	20 Democratic cosponsors
Companion Bill	None
Related Bills from Prior Congresses	None
CATEGORY	
Primary	**Training and Education**
Sub-topic	Caregiver Training
PROPOSAL DETAILS	
Overview	The bill amends the Older Americans Act of 1965 to provide grants to eligible entities to train and support families and unpaid caregivers of people living with Alzheimer's disease or a related dementia. The HHS Secretary will conduct outreach in low-income, minority, and underserved communities to inform eligible entities about the grants.

PROPOSAL OVERVIEW *(CONTINUED)*	
PROPOSAL DETAILS	
Eligible Entities	Eligible entities include public or nonprofit private home and community-based service (HCBS) providers. Entities may include health care organizations; community health centers; senior centers; area agencies on aging; community-based organizations; organizations serving younger-onset Alzheimer's and related patients; tribal organizations; and others.
Topics included in Training	Not specified
Cost of the Training	Not specified
Eligible Family Caregivers	Not specified
Grant Funds and Scope	Not specified
Limitations on Use of Funds	Grant recipients must: provide culturally or linguistically appropriate services; spend at least 50% of grant funding on direct services to families and unpaid caregivers; and spend no more than 10% on administrative expenses.
Evaluation and Reporting	Not specified
FINANCING & IMPLEMENTATION	
Program Administration	Department of Health and Human Services in coordination with the Administrator of the Administration for Community Living, the Director of the Office on Women's Health, and the Director of the Office of Minority Health.
Revenue Source	Annual appropriations
Program Cost Estimate	Not specified

PROPOSAL OVERVIEW	
Bill #	S. 1298
Name	**Supporting Our Direct Care Workforce and Family Caregivers Act**
Congress	118th
Year	2023
Sponsor	Senator Tim Kaine (D-VA)
Co-Sponsors	9 Democratic cosponsors
Companion Bill	None
Related Bills from Prior Congresses	S. 2344: Supporting Our Direct Care Workforce and Family Caregivers Act of 2021

PROPOSAL OVERVIEW *(CONTINUED)*	
CATEGORY	
Primary	**Training and Education**
Sub-topic	Caregiver Training
PROPOSAL DETAILS	
Overview	The bill requires that Department of Health and Human Services (HHS) sets up a national technical assistance and grant program to support the direct care workforce and family caregivers. The technical assistance (TA) center will make recommendations for curricula to educate and train direct care workers and family caregivers; and disseminate strategies to strengthen the direct care workforce
Technical Assistance Center	The TA center will explore national data gaps, workforce shortage areas, and data collection strategies for direct care professionals. It will recommend an occupation category in the Standard Occupational Classification system for direct support professionals as a healthcare support occupation. HHS will award grants to eligible entities for recruiting, training, and retaining direct care workers and supporting family caregivers.
Grant Award Program Eligible Entities	Eligible entities include states; labor organizations; employers; nonprofits with relevant experience; Indian Tribes or tribal organizations; institutions of higher education; and others. In consultation with state Medicaid agencies, grantees must include older adults, people with disabilities, direct care professionals, and family caregivers as advisors and trainers in grant activities.
Topics included in Training	The four categories of grants for direct care include: professionals, managers, self-direct care professionals, and family caregivers. Grants are to be used for recruiting, retaining, or advancing these types of caregivers. This includes resources for caregiver self-care and training for individuals newly in a caregiving role seeking additional support.
Cost of the Training	Not specified
Eligible Family Caregivers	“Family caregiver” means an adult family member or other individual who has a significant relationship, and provides a broad range of assistance to, an individual with a chronic or other health condition, disability, or functional limitation. This definition extends to both paid and unpaid family caregivers.
Grant Funds and Scope	$2,000,000 is appropriated for each of the fiscal years 2024 through 2028 for the establishment and activities of the technical assistance center. $1 billion dollars in grant funds are available for fiscal year 2024.

PROPOSAL OVERVIEW *(CONTINUED)*	
PROPOSAL DETAILS	
Limitations on Use of Funds	Funds may be used to supplement, not supplant, funds used to address recruitment, training and education, retention, and advancement of the direct care workforce. At least 30% of grant-funded projects shall provide career pathways that offer direct care workers opportunities for professional development and advancement. No more than 5% of funds may be used for administrative costs, and at least 5% must be used to provide direct financial benefits or supportive services to direct care professionals.
Evaluation and Reporting	Eligible entities will provide a project plan that describes the activities to be carried out. The HHS Secretary may request annual reports. Project plans must describe the advisory board, with community representatives, who will advise grant activities. The HHS Secretary must submit a report to Congress, within 2 years, on the progress of each project. The Government Accountability Office (GAO) will report to Congress with an assessment of the technical assistance center and recommendations for legislative or administrative actions.
FINANCING & IMPLEMENTATION	
Program Administration	Department of Health and Human Services in consultation with the Secretary of Labor, the Secretary of Education, the Administrator of the Centers for Medicare & Medicaid Services, and the heads of other entities as necessary.
Revenue Source	Annual appropriations
Program Cost Estimate	$2,000,000 each fiscal year for the technical assistance program. $1 billion dollars in grant funds to be available for fiscal year 2024.

Other

PROPOSAL OVERVIEW	
Bill #	H.R. 2148
Name	**Veteran Caregiver Reeducation, Reemployment, and Retirement Act**
Congress	119th
Year	2025
Sponsor	Representative Joseph Morelle (D-NY)
Co-Sponsors	8 Bipartisan cosponsors
Companion Bill	S. 879: Veteran Caregiver Reeducation, Reemployment, and Retirement Act (2025)

PROPOSAL OVERVIEW *(CONTINUED)*	
Related Bills from Prior Congresses	S. 3885: Veteran Caregiver Reeducation, Reemployment, and Retirement Act (2024) H.R. 9276: Veteran Caregiver Reeducation, Reemployment, and Retirement Act (2024)
CATEGORY	
Primary	**Training and Education**
Sub-topic	Other
PROPOSAL DETAILS	
Overview	This bill provides services and support to family caregivers about to retire or return to work. It expands support and assistance provided under the Program of Comprehensive Assistance for Family Caregivers administered by the Department of Veterans Affairs (VA). It provides support to family caregivers upon discharge or dismissal from the program and as they transition from caregiving.
Extension of Health Benefits	The bill extends medical care coverage for primary family caregivers to 180 days after they lose their designation as a caregiver. The VA also provides bereavement counseling to family caregivers following the death of a veteran receiving care under the program.
Other Fees and Benefits	This program reimburses the caregiver for fees they incur to obtain certifications or re-licensure needed for reemployment, up to a maximum of $1,000.
Eligible/Qualified Family Caregivers	Individuals designated as a primary provider of personal care services
FINANCING & IMPLEMENTATION	
Program Administration	The Department of Veterans Affairs in consultation with the Secretary of Defense, the Secretary of Labor, and the Secretary of the Treasury.
Revenue Source	Not specified
Program Cost Estimate	Not specified

WORKPLACE SUPPORTS

Expanded Family Medical Leave

PROPOSAL OVERVIEW	
Bill #	S. 2823
Name	**Family and Medical Insurance Leave (FAMILY) Act**
Congress	119th
Year	2025

PROPOSAL OVERVIEW *(CONTINUED)*	
Sponsor	Senator Kirsten Gillibrand (D-NY)
Co-Sponsors	38 Democratic cosponsors
Companion Bill	H.R. 5390: FAMILY Act (2025)
Related Bills from Prior Congresses	S. 1714: FAMILY Act (2023) H.R. 3481: FAMILY Act (2023) S. 248: FAMILY Act of 2021 H.R. 804: FAMILY Act of 2021 S. 463: FAMILY Act of 2019 H.R. 1185: FAMILY Act of 2019 S. 337: FAMILY Act of 2017 H.R. 947: FAMILY Act of 2017 S. 786: Family Medical Insurance Leave Act of 2015 H.R. 1439: Family and Medical Insurance Leave Act of 2015 S. 1810: Family and Medical Insurance Leave Act of 2013 H.R. 3712: Family and Medical Insurance Leave Act of 2013
CATEGORY	
Primary	**Workplace Supports**
Sub-topic	Expanded Family Medical Leave
PROPOSAL DETAILS	
Overview	This bill creates a monthly benefit payment as part of a family and medical leave insurance (FMLI) for employees engaged in qualified caregiving. It also expands the type of qualifying relationships beyond those in the current Family Medical Leave Act. A new Office of Paid Family and Medical Leave in the Social Security Administration (SSA) will administer the program. The bill identifies legal protections against discrimination of employees using the FMLI benefit.
Amount of PFML Credit	The credit to the employers is 85 percent of the individual's monthly earnings. The minimum and maximum monthly benefits are %580 and $4,000, respectively.
Qualified Caregivers	Qualified caregivers are those: (1) entitled to leave under the Family and Medical Leave Act; (2) caring for a qualified family member with a serious health condition; or (3) assisting a family member who seeks victim services, health or mental health support as a result of domestic violence, sexual assault, or stalking.
Eligible Family Members	Qualified family relationships include spouses/domestic partners and their parents; children of any age and their spouses; parents and their spouses; siblings and their spouses; grandparents and grandchildren and their spouses; and any other family member related by blood or affinity who is the equivalent of a family relationship.
Covered Conditions	Serious health condition as defined by the Family Medical Leave Act.
Covered Benefit	Up to 20 caregiving days per month or 60 caregiving days per year.

PROPOSAL OVERVIEW *(CONTINUED)*	
PROPOSAL DETAILS	
Treatment of Benefits Mandated/ Paid by State or Local Governments	This bill does not preempt or supersede state or local law that authorizes paid family and medical leave similar to benefits under this bill.
FINANCING & IMPLEMENTATION	
Program Administration	Social Security Administration
Revenue Source	This Federal Family and Medical Leave Insurance Trust is funded by an employee contribution tax and employer excise tax, along with annual appropriations.
Program Cost Estimate	Not specified

PROPOSAL OVERVIEW	
Bill #	H.R. 3090
Name	**Interstate Paid Leave Action Network (I-PLAN) Act of 2025**
Congress	119th
Year	2025
Sponsor	Representative Chrissy Houlahan (D-PA)
Co-Sponsors	7 Bipartisan cosponsors
Companion Bill	None
Related Bills from Prior Congresses	None
CATEGORY	
Primary	**Workplace Supports**
Sub-topic	Expanded Family Medical Leave
PROPOSAL DETAILS	
Overview	This bill streamlines benefits and administrative practices across states for paid family and medical leave (PFML) programs. It establishes an Interstate Paid Leave Action Network (I-PLAN) to develop blueprints for states to follow. The I-PLAN creates a policy and administrative standard to facilitate easier compliance and understanding of PFML across states. It creates a process to coordinate the delivery of benefits across participating states.
Treatment of Benefits Mandated/ Paid by State or Local Governments	States can receive grant funding to support this work. They will designate an entity to participate in the I-PLAN, lead efforts to implement it, and help communicate with relevant stakeholders.

PROPOSAL OVERVIEW *(CONTINUED)*	
PROPOSAL DETAILS	
Outreach	Outreach is done in coordination with a range of external stakeholders, including state legislatures, governors, employees, employers, self-employed individuals, policy experts, and tribal governments.
State Implementation Grants	States receive grants to support administrative costs, data and technology, staffing, training, and outreach. Subject to the availability of appropriations, the state grant amounts range from $1,500,000 to a maximum of $8,000,000.
FINANCING & IMPLEMENTATION	
Program Administration	Employment and Training Administration, Department of Labor
Revenue Source	Not specified
Program Cost Estimate	Not more than $90,000,000 for fiscal years 2026 through 2028.

PROPOSAL OVERVIEW	
Bill #	H.R. 3089
Name	**More Paid Leave for More Americans Act**
Congress	119th
Year	2025
Sponsor	Representative Stephanie Bice (R-OK)
Co-Sponsors	9 Bipartisan cosponsors
Companion Bill	None
Related Bills from Prior Congresses	None
CATEGORY	
Primary	**Workplace Supports**
Sub-topic	Expanded Family Medical Leave
PROPOSAL DETAILS	
Overview	Creates a grant program for states that operate a paid family leave program and participate in the Interstate Paid Leave Action Network (I-PLAN) (see H.R. 3090).

PROPOSAL OVERVIEW *(CONTINUED)*	
PROPOSAL DETAILS	
Application	States must submit an application that explains: how they will use grant funds; the size of the state's working population; the share of the workers in the state who can access paid family leave benefit; and the source of those benefits. When reviewing applications, the Secretary will give priority to states that: plan to use commercially available software to administer benefits; have a low percentage of workers with current access to paid family leave; present a plan to finance the program without relying on federal funding and show how the state paid family leave program will serve low-income populations.
Paid Family Leave Program Requirements	At a minimum, a state family leave program must provide 6 weeks of paid leave to eligible employees following the birth or adoption of a child. Eligible employees will receive weekly payment equal to their average weekly earnings during the leave period.
Use of Funds	States may use grants for: start-up costs to implement the program; benefits for eligible employees; development of the covered partnership; program design; software needed to operate the program; technical assistance, outreach and education about the program; research; and evaluation of existing programs and models.
Grant Amounts	States may receive grants ranging from $1,500,000 and $7,000,000. When determining grant amounts, the Secretary will consider: the size of the state's working population compared with other states receiving a grant; the state's birth rate compared to other states; the share of low-income residents in the state, and the state's demonstrated need as described in the application.
Oversight	States must submit an annual report describing how they used the grant funds; and how many individuals used paid family leave benefits because of the grant program. The Secretary will submit an annual report on the progress of participating states. The Inspector General of the Department of Labor will audit states that receive grants to ensure they comply with program requirements.
FINANCING & IMPLEMENTATION	
Program Administration	Employment and Training Administration, Department of Labor
Revenue Source	Not specified
Program Cost Estimate	Not more than $262,250,000 for fiscal years 2026 through 2028 ($39,787,500 for fiscal year 2026; $79,575,000 for fiscal year 2027; and $145,887,500 for fiscal year 2028).

PROPOSAL OVERVIEW	
Bill #	H.R. 1035
Name	**Job Protection Act**

PROPOSAL OVERVIEW *(CONTINUED)*	
Congress	119th
Year	2025
Sponsor	Representative Lauren Underwood (D-IL)
Co-Sponsors	60 Democratic cosponsors
Companion Bill	S. 408: Job Protection Act (2025)
Related Bills from Prior Congresses	S. 210: Job Protection Act of 2023 H.R. 694: Job Protection Act of 2023 S. 3748: Job Protection Act of 2022 H.R. 6938: Job Protection Act of 2022
CATEGORY	
Primary	**Workplace Supports**
Sub-topic	Expanded Family Medical Leave
PROPOSAL DETAILS	
Overview	This bill expands the type of employee eligible for benefits under the Family Medical Leave Act of 1993. Instead of requiring employees to have been employed for at least 12 months and at least 1,250 hours, eligible employees only need to have been employed for at 90 days. Also, the definition of participating employer is expanded to include those employing 1 or more employees, rather than 50 or more under the current Act.
FINANCING & IMPLEMENTATION	
Program Administration	Not specified
Revenue Source	Not specified
Program Cost Estimate	Not specified

PROPOSAL OVERVIEW	
Bill #	H.R. 5161
Name	**Expanding Small Employer Pooling Options for Paid Family Leave Act of 2021**
Congress	117th
Year	2021
Sponsor	Representative Drew Ferguson (R-GA)
Co-Sponsors	Representative Jackie Walorski (R-IN)

PROPOSAL OVERVIEW *(CONTINUED)*	
Companion Bill	None
Related Bills from Prior Congresses	None
CATEGORY	
Primary	**Workplace Supports**
Sub-topic	Expanded Family Medical Leave
PROPOSAL DETAILS	
Overview	This bill expands the pooling options for small employers offering paid family and medical leave. It allows qualifying plans that include paid family and medical leave as employee benefit plans under the Employee Retirement Income Security Act of 1974. The bill also designates voluntary employees' beneficiary associations as tax-exempt if they provide paid disability and paid family medical leave.
Reporting Requirements	The Secretary of Labor and the Secretary of the Treasury report on recommendations for statutory or regulatory changes needed to facilitate multi-employer and small business pooling, and to allow the employers provide paid family and medical leave benefits through a tax-exempt trust.
FINANCING & IMPLEMENTATION	
Program Administration	Department of the Treasury, Department of Labor
Revenue Source	Not specified
Program Cost Estimate	Not specified

Protections Against Discrimination

PROPOSAL OVERVIEW	
Bill #	S. 5136
Name	**Protecting Family Caregivers from Discrimination Act of 2022**
Congress	117th
Year	2022
Sponsor	Senator Cory Booker (D-NJ)
Co-Sponsors	None
Companion Bill	None
Related Bills from Prior Congresses	S. 3878: Protecting Family Caregivers from Discrimination Act of 2020

PROPOSAL OVERVIEW *(CONTINUED)*	
CATEGORY	
Primary	**Workplace Supports**
Sub-topic	Protections Against Discrimination
PROPOSAL DETAILS	
Overview	This bill prohibits employers from discriminating against employees or job applicants based on their family caregiving responsibilities.
Prohibited Actions	The bill also prohibits employers from taking adverse action against employees due to family caregiver responsibilities. Adverse actions include: harassment relating to compensation; advancement; terms; conditions; or scheduling or work hours. This bill prohibits employers from retaliating against employees who exercise their rights under this proposed legislation.
Enforcement	The Equal Employment Opportunity Commission will enforce violations of this bill. This may include a penalty of up to $10,000 for each act of discrimination and $5,000 for each act of retaliation. Penalties collected by the Commission will be transferred to the Family Caregiver Anti-discrimination Fund to be used for a grant program.
Grant Program	This bill establishes a grant program to enable nonprofit organizations, institutions of higher education, or research centers to assist in preventing and combatting discrimination against applicants and employees with family caregiver responsibilities. Grant recipients can use the funds to educate employees about the prohibited actions and caregiver rights, conduct educational training for employees, provide support to applicants and employees facing caregiver discrimination, and recruit and hire staff and volunteers to carry out these activities.
Report	Within one year, the Equal Employment Opportunity Commission will submit an evaluation report to Congress.
FINANCING & IMPLEMENTATION	
Program Administration	Department of Labor
Revenue Source	Not specified
Program Cost Estimate	Not specified

Retirement/Social Security

PROPOSAL OVERVIEW	
Bill #	S. 5149
Name	**Catching Up Family Caregivers Act of 2024**
Congress	118th

PROPOSAL OVERVIEW *(CONTINUED)*	
Year	2024
Sponsor	Senator Susan Collins (R-ME)
Co-Sponsors	Senator Gary Peters (D-MI)
Companion Bill	H.R. 9764: Catching Up Family Caregivers Act of 2024
Related Bills from Prior Congresses	None
CATEGORY	
Primary	**Workplace Supports**
Sub-topic	Retirement/Social Security
PROPOSAL DETAILS	
Overview	Allows qualified family caregivers of any age who are temporarily underemployed or unemployed due to caregiving responsibilities to make catch-up contributions to a retirement account for up to five years.
Eligibility	A qualified family caregiver is an unemployed or severely underemployed adult who provides at least 500 hours per year of caregiving or supervision to an adult or child with special needs. An adult with special needs includes an elderly adult who requires care or supervision due to an age-related condition.
Amount of Catch-up Contribution	The catch-up contribution is an amount additional to the standard annual IRA contribution limit. It varies by tax year. For the 2025 tax year, the standard IRA contribution limit is $7,000, and the catch-up amount is $1,000, for a total of $8,000. The limit applies to the total contributions across all of one's Traditional and Roth IRAs.
FINANCING & IMPLEMENTATION	
Program Administration	Internal Revenue Service
Revenue Source	Not specified
Program Cost Estimate	Not specified

PROPOSAL OVERVIEW	
Bill #	S. 5148
Name	**Improving Retirement Security for Family Caregivers Act of 2024**
Congress	118th
Year	2024

PROPOSAL OVERVIEW *(CONTINUED)*	
Sponsor	Senator Susan Collins (R-ME)
Co-Sponsors	2 Bipartisan cosponsors
Companion Bill	H.R. 9765: Improving Retirement Security for Family Caregivers Act of 2024
Related Bills from Prior Congresses	None
CATEGORY	
Primary	**Workplace Supports**
Sub-topic	Retirement/Social Security
PROPOSAL DETAILS	
Overview	This bill allows unemployed or severely underemployed qualified family caregivers to make increased catch-up contributions to a retirement account.
Eligible Family Caregivers	A qualified family caregiver is an unpaid family member, foster parent, or other unpaid adult who is unemployed or severely underemployed and who provides care or supervision of a special needs child or adult. This includes an older adult who needs care or supervision due to an age-related condition. The caregiver must have completed 500 or more hours as a family caregiver and have fewer than 500 hours of paid employment in the taxable year.
Amount of Catch-up Contribution	This bill allows family caregivers to make additional "catch up" contributions to IRAs beyond the standard limits, in 2025, $7,000 or up to $8,000 for individuals age 50 or older.
FINANCING & IMPLEMENTATION	
Program Administration	Not specified
Revenue Source	Not specified
Program Cost Estimate	Not specified

PROPOSAL OVERVIEW	
Bill #	H.R. 6772
Name	**Expanding Access to Retirement Savings for Caregivers Act**
Congress	118th
Year	2023
Sponsor	Representative Claudia Tenney (R-NY)

PROPOSAL OVERVIEW *(CONTINUED)*	
Co-Sponsors	4 Bipartisan cosponsors
Companion Bill	None
Related Bills from Prior Congresses	H.R. 3644: Expanding Access to Retirement Savings for Caregivers Act of 2021 H.R. 3078: Expanding Access to Retirement Savings for Caregivers Act of 2019
CATEGORY	
Primary	**Workplace Supports**
Sub-topic	Retirement/Social Security
PROPOSAL DETAILS	
Overview	This bill amends the Internal Revenue Code (IRC) of 1986 to reduce the age for making catch-up contributions to retirement accounts for individuals who left the workforce to provide dependent care services.
Eligible Family Caregivers	Eligible individuals are those who have one or more qualified periods of unemployment, after they are 18 years old, and during which they earned no income for the care they provided to qualifying individuals. Qualifying individuals are dependents under the age of 13 or a spouse physically or mentally incapable of self-care.
Amount of Catch-up Contribution	Not specified. The catch-up contribution amounts are subject to existing IRS regulations.
FINANCING & IMPLEMENTATION	
Program Administration	Internal Revenue Service
Revenue Source	Not specified
Program Cost Estimate	Not specified

PROPOSAL OVERVIEW	
Bill #	H.R. 3729
Name	**Social Security Caregiver Credit Act of 2023**
Congress	118th
Year	2024
Sponsor	Representative Bradley Scott Schneider (D-IL)
Co-Sponsors	3 Democratic cosponsors
Companion Bill	S. 1211: Social Security Caregiver Credit Act of 2023

PROPOSAL OVERVIEW *(CONTINUED)*	
Related Bills from Prior Congresses	S. 1955: Social Security Caregiver Credit Act of 2021 H.R. 3632: Social Security Caregiver Credit Act of 2021 S. 2317: Social Security Caregiver Credit Act of 2019 H.R. 4126: Social Security Caregiver Credit Act of 2019 H.R. 6952: Social Security Caregiver Credit Act of 2018 S. 1255: Social Security Caregiver Credit Act of 2017 S. 2721: Social Security Caregiver Credit Act of 2016 H.R. 3377: Social Security Caregiver Credit Act of 2015 H.R. 5024: Social Security Caregiver Credit Act of 2014 H.R. 2290: Social Security Caregiver Credit Act of 2011 H.R. 769: Social Security Caregiver Credit Act of 2009 H.R. 1161: Social Security Caregiver Credit Act of 2007 H.R. 5936: Social Security Caregiver Credit Act of 2006 H.R. 473: Social Security Caregiver Credit Act of 2003 H.R. 4743: Social Security Caregiver Credit Act of 2002
CATEGORY	
Primary	**Workplace Supports**
Sub-topic	Retirement/Social Security
PROPOSAL DETAILS	
Overview	This bill amends Title II of the Social Security Act to allow individuals who leave work to serve as caregivers to earn Social Security benefits based on what would have been their wages, for up to five years. The intent is to prevent them from being financially disadvantaged if they take time out of their career for caregiving.
Eligible/Qualified Family Caregivers	Eligible caregivers are those who provide at least 80 hours of care per month to a dependent relative. They must document the specifics of the caregiving relationship.
Amount of Catch-up Contribution	Individuals may earn Social Security credits for each month during which they were engaged in at least 80 hours of family caregiving without monetary compensation. They can earn up to 50% of the national average wage index for up to 60 qualifying months.
FINANCING & IMPLEMENTATION	
Program Administration	Social Security Administration
Revenue Source	Not specified
Program Cost Estimate	Not specified

OTHER

Caregiver Assessments

PROPOSAL OVERVIEW	
Bill #	H.R. 3782
Name	**Supporting Family Caregivers Act of 2019**
Congress	116th
Year	2019
Sponsor	Representative Andy Levin (D-MI)
Co-Sponsors	8 Bipartisan cosponsors
Companion Bill	None
Related Bills from Prior Congresses	None
CATEGORY	
Primary	**Other**
Sub-topic	Caregiver Assessments
PROPOSAL DETAILS	
Overview	This bill amends the Older Americans Act's National Caregiver Support Program to direct the Administration on Aging to provide technical assistance related to caregiver assessments. State programs on aging may use these assessments to inform the services provided to support caregivers.
Technical Assistance	The Assistant Secretary for Aging will provide technical assistance to promote and implement caregiver assessments. This includes sharing available tools and templates, comprehensive assessment protocols, and best practices and implementing caregiver support service plans, including referrals to state and local services.
Report on Caregiver Assessments	The Assistant Secretary will report on area agencies on aging (AAAs), entities contracting with them, and tribal organizations using caregiver assessment. This report will assess the impact of caregiver assessments on caregivers and care recipients, and on the aging network and recommend best practices for caregiver assessments.
FINANCING & IMPLEMENTATION	
Program Administration	Administration for Community Living
Revenue Source	Annual appropriations
Program Cost Estimate	Not specified

Inclusion in Care Teams

PROPOSAL OVERVIEW	
Bill #	H.R. 109
Name	**Transparency and Effective Accountability Measures (TEAM) Veteran Caregivers Act**
Congress	119th
Year	2025
Sponsor	Representative Andy Biggs (R-AZ)
Co-Sponsors	None
Companion Bill	None
Related Bills from Prior Congresses	H.R. 104: TEAM Veteran Caregivers Act (2023) H.R. 7315: TEAM Veteran Caregivers Act (2022)
CATEGORY	
Primary	**Other**
Sub-topic	Inclusion in Care Teams
PROPOSAL DETAILS	
Overview	This bill requires the Department of Veteran Affairs (VA) to recognize caregivers of veterans by identifying them in the veteran's health record. The VA must notify veterans and caregivers of clinical determinations made relating to claims, tier reduction, or eligibility for or termination of assistance under specified caregiver programs.
Extension of Benefits	The bill requires the VA to temporarily extend benefits under the Program of Comprehensive Assistance for Family Caregivers for at least 90 days after the receipt of notice that a veteran is no longer clinically eligible for the program.
FINANCING & IMPLEMENTATION	
Program Administration	Department of Veterans Affairs
Revenue Source	Not specified
Program Cost Estimate	Not specified

Study Commissions

PROPOSAL OVERVIEW	
Bill #	S. 2762
Name	**Supporting Our Seniors Act**
Congress	119th
Year	2025
Sponsor	Senator Jacky Rosen (D-NV)
Co-Sponsors	Senator John Boozman (R-AR)
Companion Bill	None
Related Bills from Prior Congresses	S. 2584: Supporting Our Seniors Act of 2023 S. 4862: Supporting Our Seniors Act of 2022
CATEGORY	
Primary	**Other**
Sub-topic	Study Commissions
PROPOSAL DETAILS	
Overview	The bill establishes a "Commission on Long-Term Care." Members will be appointed by the President and Congress. They must have experience within home and community-based services; labor and workforce; and advocacy for patients and caregivers.
Study Commission Focus	This Commission will make policy recommendations to: Congress; the President; and appropriate Federal agencies, regarding caregiver supports. Workforce stability, aging in place, long-term care coverage, and other recommendations to support seniors, individuals with disabilities, and their caregivers. The Commission will develop recommendations in consultation with state and county aging agencies, other stakeholders, and MedPAC and MACPAC (congressional agencies that advise on Medicare and Medicaid policy respectively).
FINANCING & IMPLEMENTATION	
Program Administration	Not specified
Revenue Source	Annual appropriations
Program Cost Estimate	Not specified

Section 2: Policy and Advocacy Reports

INTRODUCTION

This section provides a high-level summary of the federal legislative recommendations from reports and research papers that address issues experienced by family caregivers and advocate for policy solutions. These proposals largely derive from think-tanks, research centers, academic institutions, and advocacy organizations. Some reports focus on multiple aspects of supporting family caregivers, while others focus on specific domains (e.g., financial support).

The proposals vary in the degree of detail provided. Some focus largely on the problems family caregivers confront and offer high level recommendations for policy solutions, while others provide greater detail on policy solutions and how these might be implemented. Thus, the recommendations summarized below include both conceptual proposals meant to stimulate thinking about caregiver support proposals as well as more fully formed proposals for legislative change. The level of detail in each of these report descriptions varies greatly.

Included in the compendium are reports that contain recommendations regarding federal legislative solutions. A number of policy reports go beyond the scope of this compendium but include important recommendations to better support family caregivers, including actions that employers can take to change workplace policies and culture to reduce the economic losses family caregivers experience, such as through employer paid leave policies, flexible workplaces, and more like a recent report from the Milken Institute. Other reports focused solely on actions federal agencies can take within their existing authorities, for example related to Medicare billing codes for caregiver training, which are not included in the compendium. In addition, reports that focused solely on recommendations for expanding access to LTSS or strengthening the direct care workforce without specific recommendations related to supporting family caregivers were not included in the analyses, even though those recommendations will have the effect of helping family caregivers.

The most significant report related to caregiving policy is the National Strategy to Support Family Caregivers, submitted to Congress in September 2022. . . . [I]t includes a list of nearly 25 high level recommendations for actions by Congress, which is the focus of the analysis in the compendium

The most significant report related to caregiving policy is the National Strategy to Support Family Caregivers (National Strategy), submitted to Congress in September 2022. Congress directed the Department of Health and Human Services, through the Administration for Community Living (ACL), to establish advisory councils to work with ACL and other federal agencies in developing the National Strategy. The National Strategy establishes major policy goals. It includes over 350 commitments from federal agencies about steps they would take to improve caregiver supports within existing programs and authorities; it also includes over 150 recommendations for state and local government, businesses, advocates, and more. While not a primary focus of the Strategy, it includes a list of nearly 25 high level recommendations for actions by Congress, which is the focus of the analysis in the compendium. See the Appendix for a more detailed discussion of the National Strategy to Support Family Caregivers.

REPORT ANALYSES

AARP, 2025: National Legislative Priorities Survey — February 2025	
OVERVIEW	
Description	Summary of findings from a national poll of registered voters aged 18 and older. The survey asks about tax policies to support family caregiving.
Sponsoring Organization and Key Author(s)	**Sponsoring Organization:** AARP is a nonprofit, nonpartisan organization that provides resources, advocacy, and services to support the interests of Americans age 50 and older. **Key Authors:** Jennifer Sauer
MAJOR LEGISLATIVE RECOMMENDATIONS	
Financial Supports for Family Caregivers	
Tax Credit/Deduction for Caregiver Expenses	Recommends tax relief for unpaid family caregivers. Describes several tax proposals, including a caregiver tax credit. Support for the caregiver tax credit is high regardless of political affiliation or demographic group. Individuals cited that a caregiver tax credit would help older Americans remain at home, prioritize working Americans, give financial relief to unpaid caregivers, and save taxpayers money.

Institute for Women's Policy Research, 2025: Promoting Access to Care: Caregiving and Families	
OVERVIEW	
Description	This report highlights the nationwide crisis driven by decades of underinvestment in childcare and long-term care, leaving families unable to afford needed services and without caregiving support. The report documents the positive economic impact that could be derived by investments in childcare and caregiving workforce development. It recommends policy solutions to improve the accessibility and affordability of caregiving and calls for major federal investments.
Sponsoring Organization and Key Author(s)	**Sponsoring Organization:** The Institute for Women's Policy Research is a nonpartisan, nonprofit think tank that engages in research and advocacy to support women from diverse backgrounds. **Key Authors:** Not specified
MAJOR LEGISLATIVE RECOMMENDATIONS	
Expand/Enhance Caregiver Programs	
Medicaid	Recommends increasing access to Medicaid HCBS through consistent and robust funding. The report highlights the Home and Community-Based Services Relief Act, which proposes two years of funding to states to improve HCBS programs. The report also recommends the Home and Community-Based Services Access Act, which would require coverage of HCBS under Medicaid, increase Medicaid funding for HCBS services, and support the direct care workforce and family caregivers.

Institute for Women's Policy Research, 2025: Promoting Access to Care: Caregiving and Families *(CONTINUED)*	
MAJOR LEGISLATIVE RECOMMENDATIONS *(CONTINUED)*	
Expand/Enhance Caregiver Programs *(CONTINUED)*	
Medicare	Recommends expanding Medicare to cover home care for older adults and people with disabilities.
Workplace Supports	
Expanded Family Medical Leave	Recommends advancing paid family and medical leave and paid sick and safe leave. Details not specified.

Roosevelt Institute, 2025: Direct Spending on Care Work: Thinking Beyond the Tax Code for Caregiving Infrastructure	
OVERVIEW	
Description	Policy report highlights the negative impacts of the current lack of affordable, quality care choices, and limited paid family leave. The study suggests that robust and equitable support for family caregivers requires increased direct federal spending, as tax-based policies alone are insufficient and inefficient. The report suggests that current tax subsidies, like the Child and Dependent Care Tax Credit (CDCTC), are often regressive and fail to address systemic issues. Instead of tax-based solutions, the report advocates for federal policy changes through direct spending; implementing a nationwide paid family and medical leave program; and making Home and Community-Based Services mandatory under Medicaid. It recommends reforming certain tax policies, such as making the CDCTC fully refundable to better align with direct spending and avoid discriminating against low-income families.
Sponsoring Organization and Key Author(s)	**Sponsoring Organization:** The Roosevelt Institute is a think tank focused on advancing economic and social policies inspired by Franklin and Eleanor Roosevelt. **Key Authors:** Indivar Dutta-Gupta
MAJOR LEGISLATIVE RECOMMENDATIONS	
Expand/Enhance Caregiver Programs	
Infrastructure	Recommends grant funding to help develop care options in underserved areas that operate during nontraditional hours (such as evenings, nights, and weekends.) It proposes requiring states to offer a range of care options in areas with insufficient supply, directly financing the creation of childcare and long-term care options in underserved areas, and targeting policies to reduce economic and racial disparities.
Medicaid	Recommends making HCBS a required benefit in Medicaid and increasing federal support for Medicaid HCBS.

Roosevelt Institute, 2025: Direct Spending on Care Work: Thinking Beyond the Tax Code for Caregiving Infrastructure *(CONTINUED)*	
MAJOR LEGISLATIVE RECOMMENDATIONS *(CONTINUED)*	
Financial Supports for Family Caregivers	
Tax Credit/Deduction for Caregiver Expenses	Recommends making the Child and Dependent Tax Credit fully refundable. Recommends the following: (1) restricting higher-income households' access to the Dependent Care Assistance Program (DCAP); (2) an employer-sponsored tax benefit that allows workers to set aside pretax income for child and dependent care expenses, and; (3) limiting access to those with less financial need. These changes should free up revenue to more directly and equitably support family caregivers through expansion of the Child and Dependent Care Tax Credit (CDCTC). Recommends expanding eligibility criteria for tax-based care policies, integrating tax credit outreach, and aligning benefit and phaseout levels of tax-based care policies with direct spending programs.
Training and Education	
Caregiver Training	Recommends requiring states that receive significant federal care or workforce development funding to develop career pathways and professional development opportunities in the caregiving sector.
Workplace Supports	
Expanded Family Medical Leave	Recommends a nationwide paid family and medical leave program with progressive wage replacement so lower-paid workers receive a higher percentage of their earnings.

Urban-Brookings Tax Policy Center, 2025: Beyond Tax Credits — A Path to Meaningful Paid Family Leave	
OVERVIEW	
Description	Describes existing state and federal approaches to offering paid family leave. Advocates for expansion of family leave and other tax-based policies to support family caregivers.
Sponsoring Organization and Key Author(s)	**Sponsoring Organization:** The Urban-Brookings Tax Policy Center is a joint venture of the Urban Institute and Brookings Institution, that aims to provide independent analyses of current and long-term tax issues and to communicate its analyses to the public and policymakers in a timely and accessible manner. The Center is made up of nationally recognized experts in tax, budget, and social policy who have served at the highest levels of government. **Key Authors:** Elena Spatoulas Patel

Urban-Brookings Tax Policy Center, 2025: Beyond Tax Credits — A Path to Meaningful Paid Family Leave *(CONTINUED)*	
MAJOR LEGISLATIVE RECOMMENDATIONS	
Workplace Supports	
Expanded Family Medical Leave	Advocates for mandatory paid family leave. Identifies and supports models of mandated paid family leave funded by small payroll taxes, operating like social insurance.

The Ability Lab, 2025: Supporting America's 53 Million Family Caregivers	
OVERVIEW	
Description	Policy brief provides an overview of the family caregiver experience and the current options to support family caregivers. It includes recommendations to expand and enhance supports for family caregivers. Includes recommendations for Congress.
Sponsoring Organization and Key Author(s)	**Sponsoring Organization:** The Shirley Ryan Ability Lab is a not-for-profit physical medicine and rehabilitation research hospital. Its Center for Rehabilitation Outcomes Research conducts outcomes research measuring the long-term impact of rehabilitation in patients with disabilities. The brief was co-authored with ADvancing States, the association of state aging and disability program directors. **Key Authors:** Conor Callahan of ADvancing States
MAJOR LEGISLATIVE RECOMMENDATIONS	
Expand/Enhance Caregiver Programs	
Infrastructure	Recommends strengthening, supporting, and funding existing programs to support family caregivers, including: The National Family Caregiver Support Program and Veterans Affairs programs, such as the Program of General Caregiver Support Services, Program of Comprehensive Assistance for Family Caregivers, and Veteran Directed Care.
Medicaid	Recommends increased funding for Medicaid waiver programs that cover respite care. Recommends using Structured Family Caregiving, an alternative to the Medicaid Model, for individuals not suitable to self-directed care.
Other	Recommends strengthening the direct care workforce through self-directed care.
Financial Supports for Family Caregivers	
Tax Credit/Deduction for Caregiver Expenses	Recommends tax incentives for families paying for respite care. Recommends a federal tax credit for caregivers.
Workplace Supports	
Expanded Family Medical Leave	Recommends paid family leave for working caregivers.

National Alliance on Caregiving, 2025: Strengthening the National Strategy to Support Family Caregivers - A Medicare Policy Framework	
OVERVIEW	
Description	This policy brief explores a set of federal policy options to enhance Medicare's support for family caregivers and to improve access to HCBS. It makes recommendations for the Centers for Medicare and Medicaid Services (CMS) and Congress. Policy options focus on creating and implementing healthcare delivery frameworks that recognize, value, and integrate family caregivers. The options are expected to improve outcomes for Medicare beneficiaries and address significant financial, emotional, and physical pressures facing millions of family caregivers.
Sponsoring Organization and Key Author(s)	**Sponsoring Organization:** The National Alliance for Caregiving (NAC) conducts research and policy analysis, develops national best practice programs, and works to increase public awareness of family caregiving issues. NAC also provides technical assistance to a national network of caregiving coalitions. **Key Authors:** Not specified
MAJOR LEGISLATIVE RECOMMENDATIONS	
Expand/Enhance Caregiver Programs	
Medicare	Recommends expanding eligibility for supplemental benefits within Medicare Advantage so more enrollees can access caregiver supports. Currently, eligibility is limited to enrollees who are chronically ill Recommends expanding access to caregiver training services (CTS) by making the provision to provide CTS through telehealth permanent, eliminating the copay for CTS, and allowing CTS coverage before meeting the deductible. Recommends expanding access to in-home care by eliminating Medicare's "homebound" requirement for home health care. Recommends Congress pass the Alleviating Barriers for Caregivers (ABC) Act to require CMS and the Social Security Administration to review eligibility processes, procedures, forms, and communications to reduce the administrative burden on family caregivers across programs like Medicare and Medicaid. This should help family caregivers and care recipients apply, enroll, and maintain coverage for the benefits to which they are entitled.
Financial Supports for Family Caregivers	
Tax Credit/Deduction for Caregiver Expenses	Recommends tax incentives for families paying for respite care. Recommends a federal tax credit for caregivers.
Other	
Study Commissions	Recommends Congress request a GAO report to identify barriers to consumer direction within Medicare.

Bipartisan Policy Center, 2025: The Growing Cost of Inaction: A Practical Framework for Addressing the Long-Term Care Financing Challenge	
OVERVIEW	
Description	This report describes long-term care financing and the challenges of providing long-term care to our growing aging population. It offers policy recommendations to address these challenges and to help middle-income older adults avoid spending down their savings and ending up on Medicaid. Proposals to strengthen the private long-term care insurance market, and encourage innovative state and federal solutions are also included.
Sponsoring Organization and Key Author(s)	**Sponsoring Organization:** The Bipartisan Policy Center is a nonprofit, non-partisan think tank that brings together Republicans and Democrats to develop evidence-based policy recommendations on issues like energy, health, housing, and economic policy. **Key Authors:** Not specified
MAJOR LEGISLATIVE RECOMMENDATIONS	
Expand/Enhance Caregiver Programs	
Medicare	Recommends adding a respite benefit for unpaid family caregivers to Medicare that could cover up to 168 hours of home care annually for eligible Medicare beneficiaries. Recommends Congress permit Medigap and Medicare Advantage plans to market a voluntary, limited LTSS benefit as a supplemental insurance option funded through additional premiums.

AARP, 2024: Respite Services: A Critical Support for Family Caregivers	
OVERVIEW	
Description	Policy brief explores how respite care impacts family caregivers, and the barriers to its use. It reviews innovative federal and state programs that provide and/or pay for respite care. It makes recommendations for respite care research and programs. Only legislative recommendations are described below.
Sponsoring Organization and Key Author(s)	**Sponsoring Organization:** AARP is a nonprofit, nonpartisan organization that provides resources, advocacy, and services to support the interests of Americans age 50 and older. **Key Authors:** Susan Reinhard, Jane Tilly, and Brendan Flinn
MAJOR LEGISLATIVE RECOMMENDATIONS	
Expand/Enhance Caregiver Programs	
Respite	Recommends a broader definition of respite in Medicare, Medicaid, veteran programs, and other federal programs to include “any activity that provides the caregiver with a meaningful break from their responsibilities.” This definition helps ensure respite is flexible and meaningful to the caregiver.

Oxfam, 2024: Unseen Work, Unmet Needs: Exploring the intersections of gender, race and ethnicity in unpaid care labor and paid labor in the U.S.	
OVERVIEW	
Description	This report explores disparities in unpaid care and the inequities in the paid labor force. It focuses on the disproportionate challenges women of color face in both paid and unpaid labor. The report offers policy recommendations based on research findings to address these inequities.
Sponsoring Organization and Key Author(s)	**Sponsoring Organization:** Oxfam is a global confederation of charities fighting inequality, poverty, and injustice. **Key Authors:** Annette Jacoby, Anamika Sen, Gina Kelley, Alejandra Montoya-Boyer, Rebecca Rewald, and Kaitlyn Henderson
MAJOR LEGISLATIVE RECOMMENDATIONS	
Expand/Enhance Caregiver Programs	
Medicaid	Recommends increased federal funding for Medicaid Home and Community Based Services
Financial Supports for Family Caregivers	
Tax Credit/Deduction for Caregiver Expenses	Recommends making the Child Tax Credit and the Child and Dependent Care Tax Credit fully refundable; providing monthly payments; including mixed-status families with Individual Taxpayer Identification Numbers; and reaching more families who need and benefit from tax credits. It recommends a broad and holistic care credit not tied to employment or income.
Workplace Supports	
Expanded Family Medical Leave	Recommends creation of a national sick day standard. Supports the Healthy Families Act to create a national legal right for working people to earn up to seven days of paid sick time per year. Recommends closing gaps in the Family and Medical Leave Act by implementing the Job Protection Act and the Family and Medical Leave Insurance Act. This would establish a federal program allowing workers to take up to 12 weeks off for eligible needs.
Protections Against Discrimination	Recommends including antiretaliation measures in paid leave programs.
Other	Recommends flexibility for caregivers in the workplace, including fair and flexible scheduling, and remote and hybrid work options.

AARP, 2024: Spectrum of Financial Supports for Family Caregivers	
OVERVIEW	
Description	Details the financial impact of caregiving. Report proposes state and federal policies to address caregivers' economic challenges. Recommendations are summarized below.

AARP, 2024: Spectrum of Financial Supports for Family Caregivers *(CONTINUED)*	
OVERVIEW *(CONTINUED)*	
Sponsoring Organization and Key Author(s)	**Sponsoring Organization:** AARP is a nonprofit, nonpartisan organization that provides resources, advocacy, and services to support the interests of Americans age 50 and older. **Key Authors:** Selena Caldera
MAJOR LEGISLATIVE RECOMMENDATIONS	
Expand/Enhance Caregiver Programs	
Medicaid	Recommends increased opportunities for family caregivers to get paid for care via self-directed Medicaid programs.
Financial Supports for Family Caregivers	
Tax Credit/Deduction for Caregiver Expenses	Recommends tax credits to offset care expenses. Details are not specified. Recommends using health expense accounts from which individuals can pay for the care costs of their parents or parents-in-law. Details are not specified.
Workplace Supports	
Expanded Family Medical Leave	Recommends expanding family medical leave to include paid leave. Details are not specified.
Protections Against Discrimination	Recommends employment antidiscrimination laws that identify family caregivers as a protected classification.

AARP, 2023: Valuing the Invaluable 2023 Update, Strengthening Supports for Family Caregivers	
OVERVIEW	
Description	Report summarizes the current issues confronting family caregivers, attempts to "measure" the financial contribution they make, and describes recent federal and state initiatives to better serve family caregivers. Report offers policy recommendations to provide financial relief and other support for family caregivers. Recommendations for Congress are summarized below.
Sponsoring Organization and Key Author(s)	**Sponsoring Organization:** AARP is a nonprofit, nonpartisan organization that provides resources, advocacy, and services to support the interests of Americans age 50 and older. **Key Authors:** Susan Reinhard, Selena Caldera, Ari Houser, and Rita Choula

AARP, 2023: Valuing the Invaluable 2023 Update, Strengthening Supports for Family Caregivers *(CONTINUED)*	
MAJOR LEGISLATIVE RECOMMENDATIONS	
Expand/Enhance Caregiver Programs	
Medicaid	Recommends all publicly funded HCBS programs use participant-directed service models that permit payment to family caregivers. These models allow consumers and their families to choose and direct the types of services and supports that best meet their needs and preferences.
Other	Recommends policymakers ensure all publicly funded programs and caregiver support services account for the diverse needs of family caregivers and care recipients, particularly for racial and ethnic minority caregivers.
Financial Supports for Family Caregivers	
Tax Credit/Deduction for Caregiver Expenses	Recommends a federal or state tax credit to provide financial assistance and relief to family caregivers.
Training and Education	
Caregiving Training	Recommends training care providers to use culturally appropriate caregiver assessments that avoid bias and disparities.
Workplace Supports	
Expanded Family Medical Leave	Recommends strengthening the Family and Medical Leave Act (FMLA) by: (1) expanding protections to employers with fewer than 50 employees; (2) covering all primary caregivers, including all family and affinity relationships; (3) making FML paid; and (4) requiring employers to provide a reasonable number of earned sick days workers can use for caregiving tasks. Recommends policies that include flexible work options, such as telecommuting and use of leave to support employed family caregivers.
Protections Against Discrimination	Recommends policies that prohibit discrimination against workers with family caregiving responsibilities. Requires employers to provide reasonable accommodations to family caregivers without retaliation.
Retirement/Social Security	Recommends policymakers consider reforms to preserve and improve Social Security benefits for family caregivers.

Family & Individual Needs for Disability Supports (FINDS), 2023: FINDS Community Report 2023	
OVERVIEW	
Description	Proposes policy changes based on findings from a survey of family caregivers supporting someone with intellectual and developmental disabilities. The report focuses on the challenges family caregivers face, the economic implications of caregiving, and the supports to better meet their needs. Includes legislative recommendations as described below.

Family & Individual Needs for Disability Supports (FINDS), 2023: FINDS Community Report 2023 *(CONTINUED)*	
OVERVIEW *(CONTINUED)*	
Sponsoring Organization and Key Author(s)	**Sponsoring Organization:** The Arc of the United States is the nation's leading nonprofit organization advocating for and supporting people with intellectual and developmental disabilities and their families. The RTC/CL at the University of Minnesota is the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR)'s national center on community living; it conducts research, training, and technical assistance and dissemination projects related to community supports. **Key Authors:** Lynda Lahti Anderson and Sandra Pettingell
MAJOR LEGISLATIVE RECOMMENDATIONS	
Financial Supports for Family Caregivers	
Tax Credit/Deduction for Caregiver Expenses	Recommends income tax credits or deductions to family caregivers for the caregiving costs they incur.

The Commonwealth Fund, 2023: Policy Options to Support Family Caregiving for Medicare Beneficiaries at Home	
OVERVIEW	
Description	This report draws on caregiver surveys, focus groups, and expert interviews to illustrate the emotional, financial, and logistical burdens faced by family caregivers of Medicare beneficiaries. It recommends administrative and regulatory changes and legislative actions to expand support for family caregivers. Supports include financial assistance, help with care navigation, and caregiver training. The report encourages research to address equity and access concerns. The congressional recommendations are described below.
Sponsoring Organization and Key Author(s)	**Sponsoring Organization:** The Commonwealth Fund is a private foundation that supports independent research on health care issues and makes grants to improve health care practice and policy. Its mission is to promote a high-performing, equitable health care system that achieves better access, improved quality, and greater efficiency. **Key Authors:** Barbara Lyons and Jane Andrews

The Commonwealth Fund, 2023: Policy Options to Support Family Caregiving for Medicare Beneficiaries at Home *(CONTINUED)*	
MAJOR LEGISLATIVE RECOMMENDATIONS	
Expand/Enhance Caregiver Programs	
Medicare	Recommends expanding Medicare coverage of in-home services and supports for family caregivers. Recommends expanding special supplemental benefits, and Medicare coverage of additional benefits for beneficiaries and their family caregivers. Recommends eliminating the homebound requirement for the home health benefit.
Financial Supports for Family Caregivers	
Tax Credit/Deduction for Caregiver Expenses	Recommends a stipend payment to family caregivers supporting a Medicare beneficiary at home. Recommends reimbursing family caregivers' out-of-pocket expenses for durable medical equipment, transportation costs, and housing assistance.

Administration for Community Living, 2022: National Strategy to Support Family Caregivers	
OVERVIEW	
Description	Federal report to Congress outlining the issues family caregivers face. It provides recommendations for policy and program changes at the federal, state, local, and private sector levels to better meet the needs of family caregivers. The report was developed by the Advisory Councils created by the Recognize, Assist, Include, Support, and Engage (RAISE) Act and Supporting Grandparents Raising Grandchildren (SGRG) Act together with 15 federal agencies. It also received input from family caregivers and the organizations that serve them. Included are commitments by federal agencies and actions for Congress, states, communities, and other stakeholders to support caregivers that align with the Strategy. The recommendations for Congress are discussed below; a full discussion of the National Strategy is in the Appendix.
Sponsoring Organization and Key Author(s)	**Sponsoring Organization:** The RAISE Family Caregiving Advisory Council and the SGRG Advisory Council developed the National Strategy to Support Family Caregivers together with 15 federal agencies, led by the Administration for Community Living. The John A. Hartford Foundation (JAHF), the National Academy of State Health Policy (NASHP), Community Catalyst, the LeadingAge LTSS Center @ UMass Boston, and the National Alliance for Caregiving provided financial, technical, and practical assistance. **Key Authors:** Not specified

Administration for Community Living, 2022: National Strategy to Support Family Caregivers *(CONTINUED)*	
MAJOR LEGISLATIVE RECOMMENDATIONS	
Expand/Enhance Caregiver Programs	
Infrastructure	Recommends increasing funding for state, territorial, tribal, and local health departments to systemically embed family caregiving into public health infrastructure and planning. Also recommends establishing a federal interagency task force to develop a direct care workforce development plan. Recommends that Medicaid, the VA, and Medicare Advantage plans expand community-based long-term care options, including expanding self-directed opportunities that allow for the hiring of family caregivers and funding long-term care services at rates that attract and retain a skilled direct care workforce. Recommends a review of current funding levels for federal caregiver support programs. Recommends increased funding for caregiver support services under the National Family Caregiver Support Program, the Lifespan Respite Program, and the Alzheimer's Disease Program Initiative.
Medicaid	Recommends increasing the asset limit for Medicaid eligibility so the care recipient does not have to deplete most of their assets to qualify For Medicaid.
Medicare	Recommends expanding Medicare to include respite, adult day services, home modifications, home delivered meals, and other long-term services and supports to help individuals safely age in place.
Older Americans Act	Recommends financial support for caregivers through federal funding opportunities, including the expansion of the Older Americans Act (OAA) and the Elder Justice Act.
Financial Supports for Family Caregivers	
Tax Credit/Deduction for Caregiver Expenses	Recommends a tax credit for out-of-pocket care expenses incurred by family caregivers. Proposes tax incentives to encourage employers to adopt caregiver-friendly practices. Proposes tax deductions to help pay for family members providing HCBS, including family members who are not claiming the care recipient as a dependent. It also suggests allowing kin and grandparent caregivers with primary responsibilities for a child to claim the federal Child Tax Credit.
Workplace Supports	
Expanded Family Medical Leave	Recommends federal paid family leave and expanding the Family and Medical Leave Act (FMLA) to include small employers. Promotes definition of family to include grandparent and kin caregivers. Recommends changes to COBRA so wage earners who leave employment to care for family members still have access to benefits at their previous level.
Retirement/Social Security	Recommends allowing family caregivers who leave the workforce for caregiving to accrue Social Security credits.

Administration for Community Living, 2022: National Strategy to Support Family Caregivers *(CONTINUED)*	
MAJOR LEGISLATIVE RECOMMENDATIONS *(CONTINUED)*	
Other	
Caregiver Assessments	Recommends encouraging clinicians and providers to conduct formal assessments of family caregiving needs.
Inclusion in Care Teams	Recommends creating incentives for health care systems to incorporate family caregivers into health care decision making for the care recipient.
Miscellaneous	Recommends funding the development, implementation, and evaluation of a national public health awareness campaign on caregiving. Also recommends: (1) updating language in existing federal caregiving-related legislation to ensure it aligns with the goals of the National Strategy; (2) launching a national public long-term care social insurance program that includes benefits for kin and grandparent caregivers; and (3) convening a task force to develop a consensus definition of family caregiver and a standardized set of survey questions that provide a minimum data set on the caregiver, care recipient, and caregiving situation.

Center for Health Research & Transformation, 2021: Family Caregiver Support — State and Federal Policy and Programmatic Solutions	
OVERVIEW	
Description	Policy brief describes trends in family caregiving and reviews six different state and federal policy options to support family caregivers. Federal policy options include expanding the Family and Medical Leave Act (FMLA), strengthening the National Family Caregiver Support Program, and amending Social Security to provide working “credits” to caregivers.
Sponsoring Organization and Key Author(s)	**Sponsoring Organization:** The Center for Health and Research Transformation (CHRT) at the University of Michigan provides health research, analyses, surveys, demonstration projects, backbone support, and consulting the government agencies, nonprofits, foundations, health systems, and healthcare providers and payers. **Key Authors:** Not specified
MAJOR LEGISLATIVE RECOMMENDATIONS	
Expand/Enhance Caregiver Programs	
Infrastructure	Recommends increased funding for the National Family Caregiver Support Program.

Center for Health Research & Transformation, 2021: Family Caregiver Support — State and Federal Policy and Programmatic Solutions *(CONTINUED)*	
MAJOR LEGISLATIVE RECOMMENDATIONS *(CONTINUED)*	
Workplace Supports	
Expanded Family Medical Leave	Expand the Family and Medical Leave Act (FMLA) by (1) expanding the definition of "family" to include more caregiver relationships; (2) broadening requirements to include smaller and part-time employer, and; (3) amending the act to require paid leave.
Retirement/Social Security	Amend Social Security to provide working "credits" for family caregivers who leave their jobs to provide care to family members.

National Women's Law Center & Georgetown Center on Poverty and Inequality, 2019: A Tax Code for the Rest of Us — A Framework & Recommendations for Advancing Gender & Racial Equity Through Tax Credits	
OVERVIEW	
Description	Policy report documents the inequities of current tax code and direct spending programs. It highlights opportunities and challenges for advancing equity through refundable tax credits. The report offers a framework for using refundable tax credits as a tool to provide: more economic security and wealth-building; broader participation in the workforce for women and people of color; and advances in overall economic, gender, and racial equity. The report criticizes non-refundable tax credits as disproportionately benefiting higher income individuals. It details how current federal support for caregiving expenses is inadequate and inequitable, particularly noting the flaws of the nonrefundable Child and Dependent Care Tax Credit (CDCTC) for low-income working caregivers who often rely on informal care arrangements.
Sponsoring Organization and Key Author(s)	**Sponsoring Organization:** The National Women's Law Center is a nonprofit organization that engages in legal and policy work on issues affecting women and girls. For this brief, the National Women's Law Center partnered with the Georgetown Center on Poverty and Inequality (GCPI), which conducts research and works with policymakers, practitioners, and individuals with lived experience to inform policies and practices related to poverty and inequality U.S. **Key Authors:** Melissa Boteach, Amy K. Matsui, Indivar Dutta-Gupta, Kali Grant, Funke Aderonmu, and Rachel Black

National Women's Law Center & Georgetown Center on Poverty and Inequality, 2019: A Tax Code for the Rest of Us — A Framework & Recommendations for Advancing Gender & Racial Equity Through Tax Credits *(CONTINUED)*	
MAJOR LEGISLATIVE RECOMMENDATIONS	
Financial Supports for Family Caregivers	
Tax Credit/Deduction for Caregiver Expenses	Recommends refundable tax credits like the Earned Income Tax Credit (EITC) to support unpaid family caregivers. It opposes nonrefundable tax credits because many low-income families, who are disproportionately women and families of color, cannot benefit them. The report applies its policy framework to reform proposals for the Child and Dependent Care Tax Credit, which can apply to caregiving for a spouse or dependent of any age who cannot care for themselves and lives in one's household for at least half of the year, arguing that while direct spending should be the primary policy tool, a refundable tax credit can serve as a complementary policy to fill gaps.

Appendices

APPENDIX I: CURRENT FEDERAL PROGRAMS TO SUPPORT FAMILY CAREGIVERS

There are several federal programs that currently provide support and/or services to family caregivers. They are authorized and administered by a variety of federal agencies and authorities. The major programs are discussed below:

Older Americans Act Caregiving Programs

The National Family Caregiver Support Program (NFCSP) provides grants to states to fund a range of supports for family caregivers, defined as family members or other informal caregivers providing care to individuals over age 60, individuals of any age with Alzheimer's disease, older relatives (like grandparents) providing care to children under 18, and parents and other family over age 55 providing care to adults with disabilities. The program is authorized under the Older Americans Act (OAA) and administered by the Administration for Community Living (ACL).

States often subcontract with Area Agencies on Aging, Aging and Disability Resource Centers, and other local community service providers to provide family caregivers with an array of services and supports including: information and referral to local services such as in-home care, respite care, caregiver training, support groups, transportation, meals and more. States may set priorities for certain caregiver groups (e.g., low-income, rural, or minority populations) or can serve a broad population, depending on the availability of both public and voluntary funds. The goal of these programs is to sustain family caregivers' ability to provide care, reduce caregiver stress and burnout, and enable their loved one to receive care at home for as long as possible.

Under the OAA, funding is also available to support research, training, and technical assistance to better understand best practices for supporting family caregivers and to fund projects of national significance. One example is the Community Care Corp initiative that supports volunteers to assist family caregivers with help with routine tasks such as errands, companionship, and more. The appropriation for NFCSP for Fiscal Year 2025 was $205 million.

Lifespan Respite Care Program

The Lifespan Respite Care Program provides state grants for building and enhancing their capability for respite care services to support family caregivers of children and adults across all age groups, disabilities, and chronic conditions. The Lifespan Respite Care Program is authorized under the Public Health Services Act and administered by ACL. The appropriation for the Lifespan Respite Care Program for Fiscal Year 2025 was $10 million.

Department of Veterans Affairs Caregiver Programs

The primary caregiver support program for veterans is the VA Caregiver Support Program (CSP), administered by the Department of Veterans Affairs (VA). This CSP has two programs: the Program of General Caregiver Support Services (PGCSS) and the Program of Comprehensive Assistance for Family Caregivers (PCAFC). Under the PGCSS, support for caregivers includes skills training, support groups, and respite care. Under the PCAFC, caregivers can receive a monthly stipend for providing care, as well as access to health insurance, legal and financial planning support, respite care, and more. Eligible caregivers do not have to be family members.

Developmental Disabilities Act

The Developmental Disabilities Assistance and Bill of Rights Act (DD Act) funds several programs that provide supports to people with intellectual and developmental disabilities (I/DD) and their families. The DD Act programs are implemented by ACL. State Protection and Advocacy Systems aid people with I/DD and their families in accessing services, including supports for family caregivers. State Councils on Developmental Disabilities conduct outreach and education to people with I/DD and their families about available supports, including for family caregivers. University Centers on Excellence in Developmental Disabilities may provide training and other support for family caregivers. Projects of National Significance funded under the DD Act include several focused on supporting aging caregivers of people with I/DD. Finally, Congress has authorized in the DD Act a family support grant program to states, although Congress has yet to appropriate funding for the program. The appropriation for DD Act programs in Fiscal Year 2025 was approximately $181 million.

Medicaid

While Medicaid is the primary funder of formal, paid LTSS to older adults and disabled people, it does not generally provide supports to family caregivers. The major exception is that Medicaid home and community-based services (HCBS) programs typically covers respite care so that family caregivers can get a break from their caregiving responsibilities. In addition, many states' HCBS programs allow family members to be hired as paid caregivers to provide services to their family members through a self-directed model of care. A recent KFF report found that, as of 2024, forty-seven states and the District of Columbia allow some form of payment to family caregivers providing help with activities of daily living, subject to both federal and state rules and regulations. In general, while other family members can be paid as caregivers, some states exclude spouses and other "legally responsible individuals."

Medicare

Until recently, Medicare did not include any support for family caregivers. In 2024, Medicare added a family caregiver training benefit; it pays health care providers for the time they spend training family caregivers to carry out medically necessary tasks on behalf of their family member, such as how to safely transfer someone from a bed to a chair, fundamentals of medication management, behavior management for someone with cognitive impairment, wound care, and more. In addition, the Centers for Medicare and Medicaid Innovation (CMMI) has recently launched a voluntary, nationwide model to provide comprehensive services and supports for people with dementia and their caregivers called the Guiding an Improved Dementia Experience (GUIDE) model.

Family Medical Leave Act

The Family and Medical Leave Act (FMLA) is a federal law that requires "covered employers" to provide "covered employees" at least 12 workweeks of unpaid leave a year for specified family and medical reasons, including caring for the employee's spouse, child, or parent who has a serious health condition. The law applies to employers who are public agencies or private sector employers with 50 or more employees and to employees who have working for the employer at least 12 months and for at least 1,250 hours in the 12 months prior to leave. The Department of Labor enforces the FMLA.

APPENDIX II: ABOUT THE NATIONAL STRATEGY TO SUPPORT FAMILY CAREGIVERS

The most significant and comprehensive report to date on family caregiving policy is the National Strategy to Support Family Caregivers, submitted to Congress in 2022. The Administration for Community Living (ACL) supported the development of the National Strategy together with the Advisory Councils established by the RAISE Family Caregiving Act and the Supporting Grandparents Raising Grandchildren Act, along with 15 other federal agencies. The recommendations included in the National Strategy were formulated by these advisory councils and federal agencies based on more than two years of formal open meetings, listening sessions, requests for information, and extensive input from family caregivers, the people they support and hundreds of other stakeholders.

The National Strategy includes nearly 500 actions that can be adopted at every level of government and across the public and private sectors to ensure that family caregivers have the resources they need to maintain their own health, well-being, and financial security while providing crucial support for others. Specifically, it includes 350 commitments from federal agencies for actions to support family caregivers within its existing programs and authorities and an additional 150 recommendations for state and local governments, businesses, and advocates. The report also included a brief discussion of actions for Congress, with 25 high-level policy recommendations.

Policy recommendations are categorized into five primary goal areas. Each goal area includes up to ten specific recommendations.

Goal 1: Increasing Awareness of Family Caregivers. Family caregivers' physical, emotional and financial well-being will improve because of expanded awareness, outreach, and education.

Goal 2: Engaging Family Caregivers as Partners in Healthcare and Long-Term Services and Supports. Family caregivers are recognized, engaged and supported as key partners with providers of health care and long-term services and supports (LTSS).

Goal 3: Improving Access to Services and Supports for Family Caregivers. Family caregivers have access to an array of flexible person- and family-centered programs, supports, goods and services that meet the diverse needs of family caregivers and care recipients.

Goal 4: Supporting Financial and Workplace Security for Family Caregivers. Family caregivers' lifetime financial and employment security is protected and enhanced.

Goal 5: Generating Research, Data, and Evidence-Informed Practices. Family caregivers are engaged stakeholders in a national research and data gathering infrastructure that documents their experiences, translates evidence into best practice, develops person- and family-centered interventions, and measures progress toward the National Family Caregiver Strategy.

Following publication of the National Strategy, stakeholder organizations, family caregivers, and providers were invited to comment on its recommendations, with the goal of improving and enhancing the blueprint for supporting family caregivers. Over 600 responses were received and analyzed, offering insight into additional policy recommendations important for caregiver support.

In 2024, ACL submitted to Congress a Progress Report with an update on the status of federal agencies' implementation of the 350 commitments in the 2022 National Strategy. The report stated that virtually all the agency commitments had been completed or were in process and that agencies had made 40 additional commitments. The report did not address the status of legislative recommendations.

APPENDIX III: ADDITIONAL READING MATERIAL

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Note: Additional reading material do not include reports included in the Policy and Advocacy Reports analyses.

APPENDIX IV: GLOSSARY

Activities of Daily Living (ADLs): Activities of daily living (ADLs) are basic personal care actions that people perform on a daily basis. There are six basic ADLs: (a) **bathing**; (b) **dressing**; (c) **toileting**; (d) **transferring** (moving to and from a bed or a chair); (e) **eating**; and (f) **caring for incontinence**. Many LTSS and LTC programs evaluate the inability to perform a certain number of ADLs and instrumental activities of daily living (IADLs) in order to determine when individuals are eligible for benefits. Loss in individuals' ability to do these basic ADLs is an objective and reliable indicator of the need for **LTSS**.

Alzheimer's Disease: Alzheimer's disease is a progressive, degenerative form of dementia that causes severe intellectual deterioration. Individuals with Alzheimer's disease often have problems with short-term memory and with orientation to person, place, or time. They are often able to independently perform personal care but may require supervision to keep themselves safe and to ensure that they do not wander or get lost.

Appropriation: Appropriation refers to the legislative act of putting aside a specific amount of money from the public treasury for designated purposes. It is a legally binding process that grants federal agencies the authority to incur obligations and make payments for authorized programs. Annual appropriations are made for a specified fiscal year, and funds typically expire at the end of the fiscal year.

Bathing: An **ADL**, bathing is defined as washing by sponge bath, or in either a tub or shower. This activity also includes the task of getting into or out of the tub or shower.

Caregiver Assessment: A caregiver assessment is a systematic process of gathering information about a caregiver's situation, including identifying their needs, strengths, challenges, and resources to develop a supportive care plan for both the caregiver and care recipient.

Caregiver Training: Caregiver training is an educational process equipping individuals with the skills and knowledge needed to provide effective care for those facing health challenges. This includes basic care skills, communication techniques, emotional support skills, time management and organization, safety protocols, and understanding various medical conditions.

Children's Health Insurance Program (CHIP): The Children's Health Insurance Program (CHIP) provides health coverage to children who are in families with incomes too high to qualify for Medicaid, but too low to afford private coverage. CHIP is managed by states and must abide by federal requirements and is funded by both states and the federal governments. CHIP provides health coverage to eligible children through both Medicaid and separate CHIP programs.

Community Care Corps (Volunteer Caregiver Support): The Community Care Corps is a national program supported by the Administration of Community Living that awards funds to organizations to increase the number of community- and home-based volunteer programs available to provide nonmedical assistance to **family caregivers**, older adults, or adults with disabilities age 18 and older to maintain independence in the community.

Companion Bill: A companion bill is an identical bill that is introduced in both the House and the Senate at roughly the same time, intended to speed up the process and increase the chances of passage by allowing simultaneous consideration.

Cognitive Impairment: Cognitive impairment is a deficiency in a person's short or long-term memory, their orientation to person, place, and time, their deductive or abstract reasoning, or in their judgment as it relates to safety awareness. A well-known example of a severe cognitive impairment is Alzheimer's disease.

Direct Care Workforce: The direct care workforce consists of professionals like Home Health Aides, Personal Care Aides, Nursing Assistants, and Direct Support Professionals who provide hands-on support for daily living, personal care, and medical assistance to older adults and people with disabilities, often in homes or community settings, helping them live independently.

Dressing: An **ADL**, dressing involves putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs. Dressing includes the ability to get to and from the closet or dresser and obtain clothing.

Eating: An **ADL**, eating consists of feeding by getting food into the body from a receptacle (such as a plate, cup, or table) or by a feeding tube or intravenously. Eating does not mean preparing the food to be consumed.

Family Caregiver: A family caregiver is a person who provides care to a family member, friend, or neighbor who needs help with daily tasks. Most family caregivers are unpaid, but some may receive a stipend or be paid to help provide care. This care can be due to illness, disability, aging, mental health problems, or addiction. Family caregivers can be spouses, parents, children, siblings, or other relatives. They can also be members of a family of choice such as neighbors, friends, or the like.

Family Medical Leave Act: The Family Medical Leave Act (FMLA) refers to federal legislation which offers eligible employees up to 12 weeks of unpaid, job-protected leave for significant family and medical reasons, like the birth of a child, adoption, or caring for a family member with a serious health condition, while maintaining health insurance coverage. It applies to public agencies and private companies with at least 50 employees, with some states offering more expansive, sometimes paid, leave.

Federal Medical Assistance Percentage (FMAP): The Federal Medical Assistance Percentage (FMAP) is the federal government's share of state **Medicaid** costs, determined by a formula based on each state's per capita income. This supports caregivers through programs like **HCBS**. Congress can adjust the FMAP and has done so to increase it for specific Medicaid programs (e.g., Medicaid expansion or 1915(k) Community First Choice) or during an emergency (e.g., the COVID pandemic).

Flexible Spending Account: A Flexible Spending Account (FSA) is an employer-sponsored account that lets an individual set aside pre-tax money from their payment to pay for eligible out-of-pocket health care or dependent care expenses, saving money on reducing one's taxable income. This tax-free money can be used on certain medical expenses, like co-pays, deductibles, prescriptions, dental, and vision care.

Health Savings Account: Health Savings Account (HSA) is a type of savings account that lets individuals set aside money on a pre-tax basis to use as needed, to pay for qualified medical expenses. By using untaxed dollars in an HSA to pay for deductibles, copayments, coinsurance, and other expenses not covered by insurance (e.g., vision, dental, or medications), individuals may be able to lower out-of-pocket health care costs. Only someone who has a qualified health insurance policy that is eligible as a High-Deductible Health Plan can establish an HSA. An HSA may earn interest or other earnings, which are not taxable. Banks, credit unions, and other financial institutions offer HSAs.

Health Insurance Portability and Accountability Act (HIPPA): The Health Insurance Portability and Accountability Act (HIPPA) of 1996 clarified the tax treatment of LTC insurance premiums and benefits, created standards that policies must meet to be deemed as a tax-qualified (TQ) LTC policy. The IRS treats LTC insurance premiums and LTC costs as medical expenses that are deductible under certain circumstances (e.g., age-based limits).

Home Health Care Services: Home health care services include a wide range of services that can be received in the home, aimed at helping patients recover, manage chronic conditions, and regain independence. Home health care services typically involve skilled nursing, therapy, and aide services for support with medication management, rehabilitation, wound care, and other elements as needed.

Home- and Community-Based Services (HCBS): Home and community-based services (HCBS) refer to a broad range of services provided in the home or community when someone needs help with **ADLs** or **IADLs** due to a **cognitive impairment** or other physical or mental disability. HCBS includes skilled nursing and personal care, adult day care, respite care, home-delivered meals, in-home or community-based therapies and supports, transportation, habilitation, residential supports, hospice care, nutrition care, medication management, and more.

Hospice Care: Hospice care focuses on the care, comfort, and quality of life of a person with a serious illness who is approaching the end of life. Similar to palliative care, hospice care provides comprehensive care to the family. Hospice is provided for a person with a terminal illness whose doctor believes he or she has six months or less to live.

Instrumental Activities of Daily Living (IADLs): Instrumental activities of daily living (IADLs) are activities that allow an individual to live independently in a community. The major domains of IADLs include cooking, cleaning, transportation, laundry, and managing finances. IADLs require more advanced skills than basic **ADLs**.

Internal Revenue Code: The Internal Revenue Code (IRC) of 1986 is the domestic portion of federal statutory tax law in the U.S. It covers federal income tax, payroll tax, and estate, gift and excise taxes.

Licensed Health Care Practitioner: A licensed health care practitioner, as defined within Chapter 26 of the U.S Code Section 7702B(c)(4), is any physician and any registered nurse, licensed social worker, or other individual who meets such requirements as may be prescribed by the Secretary of Health and Health Services.

Lifespan Respite Care Program: The Lifespan Respite Care Program provides temporary relief for family caregivers of children and adults across all age groups, disabilities, and chronic conditions. Since 2009, the federal government has awarded grants to state agencies to provide accessible, community-based respite care services.

Long-Term Care (LTC): Long-term care (LTC) is a term used interchangeably with **LTSS**.

Long Term Services and Supports (LTSS): Long term services and supports (LTSS) encompass the broad range of paid and unpaid medical and personal care services that assist with **ADLs** and **IADLs**. LTSS are provided to people who need care because of aging, chronic illness, or disability. LTSS includes institutional care and care provided in the community known as **HCBS**. LTSS includes nursing facility care, adult day care, home health aide, personal care services, transportation, and more. LTSS may be provided over a period of several weeks, months, or years.

Money Follows the Person (MFP): Money Follows the Person (MFP) refers to a federal demonstration program that aims to shift long-term care spending from institutions to **HCBS**. MFP allow **Medicaid** funds to follow the individual and provides enhanced federal funding during their first year of transition, allowing them to live independently and promoting care in the community.

Medicaid: Medicaid is jointly financed and administered by federal and state governments authorized under Title XIX of the Social Security Act Amendments of 1965. It pays for health care services for those with very limited assets and low incomes, or those who have very high medical bills in relation to their income and/or assets.

Medicaid Home- and Community-Based Service (HCBS) Waivers: Medicaid Home- and Community-Based Service (HCBS) waivers are state-run programs allowing Medicaid to fund long-term care services in homes or communities instead of institutions, like nursing homes. States can offer a variety of services under an HCBS waiver program, including case management, homemaker, home health aide, personal care, adult day health services, habilitation, and respite care.

Medicaid Self-Directed LTSS Program: A Medicaid Self-Directed LTSS Program is a delivery model that prioritizes personal choice and control, allowing people with **LTSS** needs to live in their home or a home-like setting in the community. Self-direction is an **HCBS** delivery model that allows the individual choice in their service provider(s) and control over the amount, duration, and scope of services and supports in their person-centered service plan.

Medicare: Medicare is the federal program organized under the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965. It provides hospital and medical expense benefits for persons age 65+, or those meeting specific disability standards. Benefits for nursing facility and home health services under Medicare are very limited.

Medicare Advantage: Medicare Advantage consists of Medicare-approved plans from private companies that offer alternatives to traditional Medicare for health care coverage. These “bundled” plans include Part A, Part B, and usually Part D. Plans may offer some extra benefits that traditional Medicare does not (e.g., limited dental, vision, hearing, etc.)

Multisector Plan for Aging: A multisector plan for aging (MPA) is an umbrella term for a state-led, multi-year planning process that convenes cross-sector agencies and stakeholders to collaboratively address the needs of older adults, and some plans also include people with disabilities.

National Family Caregiver Support Program (NFCSP): Established in 2000, the National Family Caregiver Support Program (NFCSP) provides grants to states and territories to fund various supports that help family and informal caregivers care for older adults in their homes for as long as possible. Specifically, it provides information to caregivers about available services, assistance to caregivers in gaining access to the services, individual counseling, organization of support groups, and caregiver training, respite care, and supplemental services.

Organic Brain Dysfunction: Organic brain dysfunction or organic brain disorder is an older, umbrella term for impaired mental functioning (cognition, memory, behavior, mood) caused by a known physical or psychological brain issue, often resulting from injury, diseases (like Alzheimer’s disease), infection, or toxins, now often called a neurocognitive disorder. Symptoms include confusion, memory loss, personality changes, or delirium.

Palliative Care: Palliative care focuses on improving the quality of life for people with serious illnesses and their caregivers. The major elements of palliative care include managing a person’s symptoms effectively and ensuring that their care is coordinated. Palliative care can start as early as a person’s diagnosis or not until later in their illness, and it can occur alongside other types of treatment, including curative care, for the disease.

Personal Health information: Personal health information refers to confidential data related to an individual’s health, which must be protected according to the privacy rules outlined in the Health Insurance Portability and Accountability Act (HIPAA) and state laws.

Person-Centered Care: Person-centered care is a way of delivering health care that focuses on the needs of each individual and takes account and places at the center of care their goals, values, and preferences. It is based on the idea that people should be treated as individuals, not just as a bundle of conditions to be treated.

Program of Comprehensive Assistance for Family Caregivers (PCAFC): The Program of Comprehensive Assistance for Family Caregivers (PCAFC), run by the U.S. Department of Veterans Affairs (VA), offers clinical support, education, and financial support to family caregivers of eligible veterans with serious service-connected injuries or illnesses needing significant personal care, aiming to support the caregiver's well-being alongside the veteran's. Benefits can include stipends, health insurance, mental health counseling, **respite care**, and training, provided the veteran requires daily help with at least one **ADL**.

Program of General Caregiver Support Services (PGCSS): The Program of General Caregiver Support Services (PGCSS) is a U.S. Department of Veterans Affairs (VA) initiative offering support like peer mentoring, coaching, skills training, and online resources to caregivers of veterans enrolled in VA healthcare, helping them manage caregiver responsibilities, connect with others, and enhance their skills without requiring specific family ties with the veteran.

Public Health Service Act (PHSA): The Public Health Service Act (PHSA) is a federal statute that grants authority to the Department of Health and Human Services to enforce quarantine regulations, prevent communicable diseases, develop plans to control epidemics, and respond to public health emergencies.

RAISE Family Caregiver Act: The RAISE (Recognize, Assist, Include, Support, & Engage) Family Caregivers Act is a 2018 U.S. law directing the Department of Health and Human Services to develop a national strategy to support **family caregivers**, recognizing their vital role in elder care, disability support, and chronic illness management by creating a roadmap with actions for federal, state, and private sectors to improve caregiver access to education, financial security, training, and **respite** services.

Related Bill: A related bill is a legislative measure that shares significant text, purpose, or subject matter with another bill. These are identified by Congress.gov, the House, the Senate, or the Congressional Research Service to help track similar legislative action. A bill that was introduced in a prior session of Congress would be considered a related bill to the current version.

Research, Demonstration, and Evaluation Center for the Aging Network: The Research, Demonstration, and Evaluation Center for the Aging Network, which the Administration for Community Living refers to as the ACL Innovation Lab, was created in 2023 in effort to identify, test, and scale effective programs for older adults, focusing on areas like falls prevention.

Respite care: Respite care is temporary care in a nursing facility, assisted living facility, adult day care center, or at home or community-based setting. Respite care is intended to provide time off for informal caregivers who ordinarily care for individuals on a regular basis. Respite care is usually short-term – typically 14 to 21 days of care per year.

Social Security: Social security is a U.S. federal insurance program providing retirement, disability, and survivor benefits, funded by payroll taxes from workers and employers, offering financial security for eligible Americans when they can't work or after retirement. Social security is administered by the Social Security Administration.

Standard Occupational Classification System: The Standard Occupational Classification system is federal statistical standard used by federal agencies to classify workers into occupational categories for the purpose of collecting, calculating, or disseminating data.

Supporting Grandparents Raising Grandchildren Act: The Supporting Grandparents Raising Grandchildren (SGRC) Act of 2018 established a federal Advisory Council to Support Grandparents Raising Grandchildren, tasking it with identifying and disseminating resources, best resources, and information to help relative caregivers meet children's help, education, nutrition, and other needs while maintaining their own physical, mental, and emotional well-being.

Tax Credit: A tax credit is a dollar-for-dollar amount taxpayers claim on their tax return to reduce the income tax they owe. Eligible taxpayers can use them to reduce their tax bill and potentially increase their refund.

Tax Deduction: A tax deduction reduces the amount of a taxpayer's income that's subject to tax, generally reducing the amount of tax the individual may have to pay. Most taxpayers qualify for the standard deduction, a specific dollar amount the IRS adjusts each year for inflation, and some taxpayers choose to itemize their deductions.

Technical assistance (TA): Technical assistance (TA) is a category of activities undertaken by federal agencies and grant recipients to provide resources to stakeholders to assist with navigating the federal grant process and to increase the capacity of grant applicants and recipients to apply for, and manage, federal grant funding.

Toileting: An **ADL**, toileting involves getting to and from, and on and off the toilet, and performing associated personal hygiene.

Transferring: An **ADL**, transferring involves moving into and out of a bed, chair, or wheelchair.

VA Caregiver Support Program (CSP): The Department of Veteran Affairs (VA) Caregiver Support Program (CSP) offers clinical services to caregivers of eligible and covered veterans enrolled in the VA health care system. The program's mission is to promote the health and well-being of **family caregivers** who care for the nation's veterans, through education, resources, support, and services.

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About the George Washington University Milken Institute School of Public Health
The George Washington University Milken Institute School of Public Health is focused on advancing health through research, policy, and education. It is the only school of public health in the nation's capital and is a leader in research related to public policy. The school's Hirsh Health Law and Policy Program focuses on the intersection of legal rights, health care, and public health, using a multi-faceted approach to help shape health law and policy. The Program undertakes scholarship and research on a range of health law and policy issues, including access to care and health outcomes and disparities. It supports policymakers, practitioners, students, and the broader community in the use of legal and policy strategies, with community engagement as a core principle.

About the LeadingAge LTSS Center @UMass Boston
The LeadingAge LTSS Center @UMass Boston conducts research to help our nation address the challenges and seize the opportunities associated with our nation's growing older adult demographic group. The LTSS Center combines the resources of a major research university with the expertise and experience of applied researchers working with providers of long-term services and supports (LTSS).

About The John A. Hartford Foundation
The John A. Hartford Foundation, based in New York City, is a private, nonpartisan, national philanthropy dedicated to improving the care of older adults. The leader in the field of aging and health, the Foundation has three priority areas: creating age-friendly health systems, supporting family caregivers, and improving serious illness and end-of-life care. Since 1982, The John A. Hartford Foundation has awarded more than $737 million in grants to enhance the health and well-being of older people. For more information, visit https://www.johnahartford.org/.

About The SCAN Foundation
The SCAN Foundation envisions a society where all of us can age well with purpose. We pursue this vision by igniting bold and equitable changes in how older adults age in both home and community. We work at the diverse intersections of aging with partnerships that expand across the aging, healthcare, disability, policy, social entrepreneur, racial justice, and social justice sectors. With deep roots across the state of California, our work aims to influence national transformation of the systems and supports that enable all older adults to age well at home with purpose. For more information, visit thescanfoundation.org.