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119TH CONGRESS
1ST SESSION

H. R. 2491

To require the Administrator of the Centers for Medicare & Medicaid Services and the Commissioner of Social Security to review and simplify the processes, procedures, forms, and communications for family caregivers to assist individuals in establishing eligibility for, enrolling in, and maintaining and utilizing coverage and benefits under the Medicare, Medicaid, CHIP, and Social Security programs respectively, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 31, 2025

Mrs. CAMMACK (for herself, Mr. MAGAZINER, Mr. PANETTA, Mr. WITTMAN, Ms. WASSERMAN SCHULTZ, Ms. ROSS, Mr. SOTO, Mr. COHEN, Mr. VAN DREW, Ms. DAVIDS of Kansas, Mr. LANGWORTHY, Mr. GOTTHEIMER, Mrs. KIGGANS of Virginia, Mr. GOLDEN of Maine, Mr. STEUBE, Mr. PFLUGER, Ms. MALLIOTAKIS, Mr. LAWLER, Mr. BUCHANAN, Mr. CASE, and Ms. OMAR) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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A BILL

To require the Administrator of the Centers for Medicare & Medicaid Services and the Commissioner of Social Security to review and simplify the processes, procedures, forms, and communications for family caregivers to assist individuals in establishing eligibility for, enrolling in, and maintaining and utilizing coverage and benefits under the Medicare, Medicaid, CHIP, and Social Security programs respectively, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Alleviating Barriers for Caregivers Act'' or the ''ABC Act''.

SEC. 2. REVIEW OF MEDICARE, MEDICAID, CHIP, AND SOCIAL SECURITY TO SIMPLIFY PROCESSES. PROCEDURES, FORMS, AND COMMUNICATIONS.

(a) DEFINITIONS.—In this Act:

(1) ADMINISTRATOR.—The term ''Administrator'' means the Administrator of the Centers for Medicare & Medicaid Services.

(2) CHIP.—The term ''CHIP'' means the Children's Health Insurance Program established under title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.).

(3) COMMISSIONER.—The term ''Commissioner'' means the Commissioner of Social Security.

(4) COVERED AGENCIES.—The term ''covered agencies'' means the Centers for Medicare & Medicaid Services and the Social Security Administration.

(5) COVERED OFFICIALS.—The term ''covered officials'' means the Administrator and Commissioner.

(6) COVERED PROGRAMS.—The term ''covered programs'' means Medicare, Medicaid, CHIP, and the Social Security programs.

(7) DISABILITY.—The term ''disability'' has the meaning given such term in section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102).

(8) FAMILY CAREGIVER.—The term ''family caregiver'' has the meaning given the term in section 2 of the RAISE Family Caregivers Act (42 U.S.C. 3030s note).

(9) MEDICAID.—The term ''Medicaid'' means the Medicaid program established under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).

(10) MEDICARE.—The term ''Medicare'' means the Medicare program established under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

(11) STATE.—The term ''State'' means any of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, American Samoa, or the Commonwealth of the Northern Mariana Islands.

(12) SOCIAL SECURITY PROGRAMS.—The term ''Social Security programs'' means each of the following:

(A) The programs for old-age and survivors insurance benefits and disability insurance benefits established under title II of the Social Security Act (42 U.S.C. 401 et seq.).

(B) The program for supplemental security income benefits established under title XVI of such Act (42 U.S.C. 1381 et seq.).

(b) REVIEW OF PROGRAMS.—

(1) IN GENERAL.—The Administrator and the Commissioner shall jointly conduct a review of the eligibility determination and application processes, procedures, forms, and communications of Medicare, Medicaid, CHIP, and the Social Security programs.

(2) GOALS OF THE REVIEW.—In conducting the reviews under paragraph (1), the covered officials shall seek ways to—

(A) simplify and streamline policies and procedures for determining eligibility for, enrolling in, maintaining coverage in, and utilizing the full benefits available under the covered programs;

(B) reduce the frequency of family caregivers having to—

(i) provide the same information to covered agencies more than once;

(ii) complete—

(I) multiple documents for each covered agency; or

(II) documents requesting the same or similar information for multiple covered agencies; or

(iii) provide information to the covered agencies that—

(I) the covered agencies already have; or

(II) the covered agencies can easily receive from other Federal agencies; and

(C) make it easier for family caregivers to work with the covered agencies and the State agencies responsible for administering State Medicaid and CHIP plans by—

(i) providing information on eligibility for, enrollment in, maintaining coverage in, and utilizing the full benefits available

under the covered programs to family caregivers;

(ii) improving communications between family caregivers and employees of covered agencies by—

(I) decreasing call wait times;

(II) ensuring that employees of covered agencies and the State agencies responsible for administering State Medicaid and CHIP plans provide timely answers to the questions of family caregivers;

(III) improving the websites of the covered programs—

(aa) by making it easier for family caregivers to find information regarding benefit availability, eligibility, and how to maintain coverage; and

(bb) by designing such websites to align with the requirements of the Americans with Disabilities Act (42 U.S.C. 12101 et seq.) regarding web design;

(IV) improving the timely access to in-person appointments or meetings between employees of covered agencies and family caregivers;

(V) providing translation or interpretation services for family caregivers for whom English is not their primary language; and

(VI) providing information to family caregivers in accessible formats, including formats compatible with American Sign Language and multiple languages;

(iii) ensuring that employees of covered agencies and the State agencies responsible for administering State Medicaid and CHIP plans understand how the covered programs can help family caregivers;

(iv) improving the relationship between family caregivers and the covered agencies and the State agencies responsible for administering State Medicaid and CHIP plans, which may include regularly meeting with family caregivers, individuals entitled to, receiving services from, or fil-

ing for, 1 or more of the covered programs, and other stakeholders of the covered programs;

(v) ensuring that employees of covered agencies and the State agencies responsible for administering State Medicaid and CHIP plans who are responsible for resolving disputes, appeals, and grievances within the covered programs receive education, training, and guidance on specific issues faced by family caregivers who participate in the covered programs; and

(vi) taking other actions the covered officials may identify.

(3) INPUT FROM FAMILY CAREGIVERS, ORGANIZATIONS, AND STATE ENTITIES.—In conducting the reviews under paragraph (1), the covered officials shall seek input from—

(A) family caregivers, including family caregivers with a disability, that have interacted with the covered programs;

(B) State, regional, national, and Tribal organizations representing or working with family caregivers or individuals receiving care from family caregivers; and

(C) State Medicaid and CHIP programs.

(c) ACTION.—After the reviews under subsection (b) have been completed, the covered officials shall take actions that will simplify and streamline policies and procedures that improve customer service for individuals entitled to, receiving services from, or filing for, any of the covered programs, and family caregivers.

(d) REPORT TO CONGRESS.—

(1) IN GENERAL.—No later than 2 years after the date of enactment of this Act, the covered officials shall each submit a report to the Committee on Finance of the Senate, the Committee on Ways and Means of the House of Representatives, and the Committee on Energy and Commerce of the House of Representatives that details the results of the respective reviews each covered official conducted under subsection (b).

(2) CONTENTS OF THE REPORT.—The reports required under paragraph (1) shall contain—

(A) issues that the covered officials identified in the reviews and their findings;

(B) the actions that the covered officials are taking to address the issues in subparagraph (A);

(C) an estimate on when the actions in subparagraph (B) will be completed;

(D) projected annual costs to implement the actions identified in subparagraph (B); and

(E) any recommended change in Federal law to address any issue identified in subparagraph (A).

(3) UPDATED REPORTS.—The covered officials shall each submit a report 2 years after submitting the report required under paragraph (1) providing an update to the contents identified in paragraph (2).

(4) PUBLICATION OF THE REPORTS.—The covered officials shall make the reports required under paragraphs (1) and (3) publicly accessible on the websites of covered agencies.

(e) REDUCING RED TAPE FOR STATE MEDICAID AND CHIP PROGRAMS.—Not later than 1 year after the date of enactment of this Act, the Administrator shall issue a letter to each State Medicaid and CHIP Director to—

(1) encourage State Medicaid agencies to conduct reviews of State Medicaid programs and State CHIP programs similar to the reviews conducted at the Federal level under subsection (b);

(2) provide suggestions, informed by the results of such Federal reviews, for promising practices that States could take to reduce administrative burdens on family caregivers in supporting individuals entitled to, receiving service from, or filing for, 1 or more of the covered programs in applying for and receiving assistance under State Medicaid programs and State CHIP programs; and

(3) identify best practices to support family caregivers.

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