

119TH CONGRESS
1ST SESSION

S. 3271

To authorize grants for the support of family caregivers.

IN THE SENATE OF THE UNITED STATES

NOVEMBER 20, 2025

Mr. BOOKER (for himself and Mr. KIM) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To authorize grants for the support of family caregivers.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “In-Home Caregiver
5 Assessment Resources and Education Act” or the “In-
6 Home CARE Act”.

7 **SEC. 2. PURPOSES.**

8 The purposes of this Act are—

9 (1) to improve the ability of family caregivers to
10 care for individuals in the home; and

1 (2) to increase opportunities for individuals who
 2 are in need of care to remain at home and reduce
 3 or postpone the need for such individuals to receive
 4 care at an institution or hospital.

5 **SEC. 3. FAMILY CAREGIVER GRANTS.**

6 Subpart IV of part D of title III of the Public Health
 7 Service Act (42 U.S.C. 255 et seq.) is amended by adding
 8 at the end the following:

9 **“SEC. 339A. FAMILY CAREGIVER GRANTS.**

10 “(a) IN GENERAL.—The Secretary, acting through
 11 the Administrator of the Administration for Community
 12 Living, shall award 3-year grants, on a competitive basis,
 13 to eligible organizations to carry out home visiting pro-
 14 grams for family caregivers.

15 “(b) DEFINITIONS.—In this section:

16 “(1) CAREGIVER ASSESSMENT.—The term
 17 ‘caregiver assessment’ means a defined process of
 18 gathering information from a family caregiver,
 19 through direct contact, which may include contact
 20 through a home visit, the internet, telephone or tele-
 21 conference, or in-person interaction, to identify the
 22 specific needs, barriers to carrying out caregiving re-
 23 sponsibilities, and existing supports of the family
 24 caregiver, to appropriately target recommendations
 25 for support services for the family caregiver.

1 “(2) ELIGIBLE ORGANIZATION.—The term ‘eli-
2 gible organization’ means any of the following that
3 has experience providing the services described in
4 subsection (f):

5 “(A) A local government agency.

6 “(B) A health care entity.

7 “(C) Any other nonprofit or community or-
8 ganization.

9 “(3) FAMILY CAREGIVER.—The term ‘family
10 caregiver’ means an adult family member or other
11 individual who has a significant relationship with,
12 and who provides in-home assistance with moni-
13 toring, management, supervision, or treatment of an
14 individual with a chronic or other health condition,
15 disability, or functional limitation.

16 “(c) COORDINATION.—In carrying out this section,
17 the Secretary shall coordinate with—

18 “(1) the heads of the National Family Care-
19 giver Support Program of the Administration on
20 Aging and other programs within the Department of
21 Health and Human Services (such as the Lifespan
22 Respite Care Program) and the Secretary of Vet-
23 erans Affairs, to ensure coordination of caregiver
24 services for family caregivers; and

1 “(2) the Administrator of the Centers for Medi-
 2 care & Medicaid Services, to avoid duplicative serv-
 3 ices and payments.

4 “(d) APPLICATION.—An eligible organization that de-
 5 sires a grant under this section shall submit an application
 6 at such time, in such manner, and containing such infor-
 7 mation as the Secretary may require, including, at a min-
 8 imum—

9 “(1) an outreach plan that identifies how the el-
 10 igible organization will ascertain which family care-
 11 givers in the community—

12 “(A) are most in need of support and edu-
 13 cation, particularly caregivers who have had no
 14 training and provide complex chronic care ac-
 15 tivities or perform medical or nursing tasks in
 16 addition to assisting with activities of daily liv-
 17 ing;

18 “(B) are caring for individuals who are at
 19 the greatest risk of needing institutional care;
 20 and

21 “(C) desire to participate in the family
 22 caregiver home visiting program;

23 “(2) a description of the services that the eligi-
 24 ble organization will provide directly using grant
 25 funds, and a description of the services that the eli-

1 gible organization will use grant funds to provide
2 through contracts or referrals;

3 “(3) a description of how the eligible organiza-
4 tion will identify gaps in the services that family
5 caregivers and individuals with a chronic or other
6 health condition, disability, or functional limitation
7 who receive care from a family caregiver in the com-
8 munity are receiving;

9 “(4) a description of how the eligible organiza-
10 tion can provide—

11 “(A) an initial visit to family caregivers in
12 order to complete a caregiver assessment, in-
13 cluding a description of the eligible organiza-
14 tion’s expertise in conducting caregiver assess-
15 ments;

16 “(B) education and training, based on evi-
17 dence-based models, to help the family caregiver
18 learn how to best care for an individual with a
19 chronic or other health condition, disability, or
20 functional limitation, by an individual with ex-
21 pertise in the tasks for which the caregiver re-
22 quires education and training, including edu-
23 cation and training regarding, as applicable—

24 “(i) medication management;

25 “(ii) wound care;

1 “(iii) nutrition and food preparation
2 for special diets;

3 “(iv) fall prevention;

4 “(v) management of depression, anx-
5 iety, stress, trauma, and other behavioral
6 health conditions, including ways to mini-
7 mize negative mental health effects;

8 “(vi) assistance with activities of daily
9 living;

10 “(vii) ways to engage other family
11 members in providing care;

12 “(viii) ways to identify and utilize
13 available community resources; and

14 “(ix) self-care; and

15 “(C) recommendations for home modifica-
16 tions or physical environmental changes that
17 could improve the health or quality of life of an
18 individual with a chronic or other health condi-
19 tion, disability, or functional limitation who is
20 receiving care from a family caregiver;

21 “(5) a description of the eligible organization’s
22 ability to provide, or refer family caregivers to local
23 resources or appropriate programs of the Depart-
24 ment of Health and Human Services or the Depart-
25 ment of Veterans Affairs that will provide—

1 “(A) physical and mental health care, in-
 2 cluding home health care and long-term support
 3 services;

4 “(B) transportation;

5 “(C) home modification services;

6 “(D) respite care;

7 “(E) adult day services;

8 “(F) support groups; and

9 “(G) legal assistance;

10 “(6) a description of the eligible organization’s
 11 ability to coordinate with other State and commu-
 12 nity-based agencies;

13 “(7) a description of the eligible organization’s
 14 understanding of family caregiver issues—

15 “(A) across demographic groups, including
 16 age, gender, race and ethnicity, socioeconomic
 17 status, sexual orientation, military status, and
 18 geographical region; and

19 “(B) including disabilities and chronic con-
 20 ditions that affect the populations that the eli-
 21 gible organization will serve;

22 “(8) a description of the capacity of the eligible
 23 organization to engage family caregivers, family
 24 members, and individuals with a chronic or other

1 health condition, disability, or functional limitation
 2 who receive care from a family caregiver; and

3 “(9) with respect to the population of family
 4 caregivers to whom caregiver visits or services will be
 5 provided, or for whom workers and volunteers will be
 6 recruited and trained, a description of—

7 “(A) the population of family caregivers;

8 “(B) the extent and nature of the needs of
 9 that population; and

10 “(C) existing caregiver services for that
 11 population, including the number of caregivers
 12 served and the extent of unmet need.

13 “(e) PRIORITY.—In awarding grants under this sec-
 14 tion, the Secretary shall give priority to eligible organiza-
 15 tions that—

16 “(1) the Secretary determines show the greatest
 17 likelihood of implementing or enhancing family care-
 18 giver home visiting services that best meet the needs
 19 of the community;

20 “(2) will allow family caregivers to contact the
 21 eligible organization by phone, email, or 2-way inter-
 22 active video for up to 6 months after home visits
 23 have ended, or to otherwise contact the organization
 24 at any time if a caregiver has questions or concerns;

1 “(3) have a proven record of family caregiver
2 support;

3 “(4) will use evidence-based programs; or

4 “(5) will provide matching funds or can dem-
5 onstrate that the program funded by a grant under
6 this section will be sustainable after grant funds are
7 no longer provided.

8 “(f) AUTHORIZED ACTIVITIES.—An eligible organiza-
9 tion receiving a grant under this section shall use grant
10 funds to—

11 “(1) conduct an initial home visit for each fam-
12 ily caregiver participating in the program, during
13 which a representative from the eligible organization
14 who has expertise in care management in the home
15 and caregiving will perform a caregiver assessment
16 and determine what follow-up services may benefit
17 the caregiver and the individual with a chronic or
18 other health condition, disability, or functional limi-
19 tation who receives care from the family caregiver;

20 “(2) conduct home visits for the purpose of
21 family caregiver education and training;

22 “(3) provide, or provide referrals for, the serv-
23 ices described in subsection (d)(5);

24 “(4) provide an assessment and referral for
25 physical and mental health services for the family

1 caregiver and for the individual with a chronic or
2 other health condition, disability, or functional limi-
3 tation who receives care from the family caregiver,
4 as needed; and

5 “(5) carry out any other activities that are de-
6 scribed in the grant application submitted under
7 subsection (d).

8 “(g) TECHNICAL ASSISTANCE CENTER.—The Sec-
9 retary shall establish, or contract to establish, a technical
10 assistance center, to be carried out by the National Care-
11 giver Support Collaborative Technical Assistance and Co-
12 ordinating Center, through which the Secretary shall—

13 “(1) provide evidence-based models for pro-
14 grams funded by grants under this section;

15 “(2) provide training for grantees;

16 “(3) answer questions from grantees; and

17 “(4) facilitate an exchange of information
18 among grantees, and between grantees and other
19 programs within the Department of Health and
20 Human Services, in order to maximize the use of ex-
21 isting resources and services for family caregivers
22 and to avoid the duplication of such services.

23 “(h) EVALUATION.—

24 “(1) IN GENERAL.—Not later than 2 years
25 after the date of enactment of this section, and an-

1 nually thereafter, the Secretary shall evaluate the
2 success of the grant program carried out under this
3 section, based on criteria that the Secretary may de-
4 velop for such evaluation.

5 “(2) OPTIONAL CONTENTS OF EVALUATION.—

6 The evaluation described in paragraph (1) may in-
7 clude an evaluation of—

8 “(A) the extent to which individuals with a
9 chronic or other health condition, disability, or
10 functional limitation who are cared for by a
11 participating family caregiver have—

12 “(i) a reduction in the potential num-
13 ber of hospitalizations;

14 “(ii) a reduction in the potential num-
15 ber of institutionalizations;

16 “(iii) cost reductions across the health
17 care system;

18 “(iv) improved connection to commu-
19 nity resources;

20 “(v) improved care; and

21 “(vi) improved quality of life (includ-
22 ing a reduction of stress and anxiety and
23 improved relationships and mood); and

24 “(B) the extent to which participating
25 family caregivers have improved quality of life

1 (including a reduction of stress and anxiety and
2 improved health, relationships, mood, and con-
3 nection to community resources).

4 “(i) REPORTS AND RECOMMENDATIONS.—Not later
5 than 1 year before the expiration of the grants awarded
6 under this section, the Secretary shall prepare and submit
7 a report to Congress that includes recommendations,
8 based on the evaluation described in subsection (h),
9 about—

10 “(1) changes to the grant program under this
11 section;

12 “(2) the potential for expanding the number
13 and scope of family caregiver home visiting program
14 grants distributed by the Secretary; and

15 “(3) extending the length of the grant program.

16 “(j) AUTHORIZATION OF APPROPRIATIONS.—There
17 are authorized to be appropriated to carry out this section
18 such sums as may be necessary.”.

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