

118TH CONGRESS  
1ST SESSION

**S.** \_\_\_\_\_

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.

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IN THE SENATE OF THE UNITED STATES

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Mr. MARKEY (for himself, Mrs. CAPITO, Ms. SINEMA, Ms. COLLINS, Mr. CASEY, and Mr. TILLIS) introduced the following bill; which was read twice and referred to the Committee on \_\_\_\_\_

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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.

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

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Alleviating Barriers  
3 for Caregivers Act” or the “ABC Act”.

4 **SEC. 2. REVIEW OF MEDICARE, MEDICAID, CHIP, AND SO-**  
5 **CIAL SECURITY TO SIMPLIFY PROCESSES.**  
6 **PROCEDURES, FORMS, AND COMMUNICA-**  
7 **TIONS.**

8 (a) DEFINITIONS.—In this Act:

9 (1) ADMINISTRATOR.—The term “Adminis-  
10 trator” means the Administrator of the Centers for  
11 Medicare & Medicaid Services.

12 (2) CHIP.—The term “CHIP” means the Chil-  
13 dren’s Health Insurance Program established under  
14 title XXI of the Social Security Act (42 U.S.C.  
15 1397aa et seq.).

16 (3) COMMISSIONER.—The term “Commis-  
17 sioner” means the Commissioner of Social Security.

18 (4) COVERED AGENCIES.—The term “covered  
19 agencies” means the Centers for Medicare & Med-  
20 icaid Services and the Social Security Administra-  
21 tion.

22 (5) COVERED OFFICIALS.—The term “covered  
23 officials” means the Administrator and Commis-  
24 sioner.

1           (6) COVERED PROGRAMS.—The term “covered  
2 programs” means Medicare, Medicaid, CHIP, and  
3 the Social Security programs.

4           (7) DISABILITY.—The term “disability” has the  
5 meaning given such term in section 3 of the Ameri-  
6 cans with Disabilities Act of 1990 (42 U.S.C.  
7 12102).

8           (8) FAMILY CAREGIVER.—The term “family  
9 caregiver” has the meaning given the term in section  
10 2 of the RAISE Family Caregivers Act (42 U.S.C.  
11 3030s note).

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

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

18           (11) STATE.—The term “State” means any of  
19 the 50 States, the District of Columbia, the Com-  
20 monwealth of Puerto Rico, the United States Virgin  
21 Islands, Guam, American Samoa, or the Common-  
22 wealth of the Northern Mariana Islands.

23           (12) SOCIAL SECURITY PROGRAMS.—The term  
24 “Social Security programs” means each of the fol-  
25 lowing:

1           (A) The programs for old-age and sur-  
2           vivors insurance benefits and disability insur-  
3           ance benefits established under title II of the  
4           Social Security Act (42 U.S.C. 401 et seq.).

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

8           (b) REVIEW OF PROGRAMS.—

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

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

18               (A) simplify and streamline policies and  
19               procedures for determining eligibility for, enroll-  
20               ing in, maintaining coverage in, and utilizing  
21               the full benefits available under the covered  
22               programs;

23               (B) reduce the frequency of family care-  
24               givers having to—

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

3 (ii) complete—

4 (I) multiple documents for each  
5 covered agency; or

6 (II) documents requesting the  
7 same or similar information for mul-  
8 tiple covered agencies; or

9 (iii) provide information to the cov-  
10 ered agencies that—

11 (I) the covered agencies already  
12 have; or

13 (II) the covered agencies can eas-  
14 ily receive from other Federal agen-  
15 cies; and

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

20 (i) providing information on eligibility  
21 for, enrollment in, maintaining coverage in,  
22 and utilizing the full benefits available  
23 under the covered programs to family care-  
24 givers;

1 (ii) improving communications be-  
2 tween family caregivers and employees of  
3 covered agencies by—

4 (I) decreasing call wait times;

5 (II) ensuring that employees of  
6 covered agencies and the State agen-  
7 cies responsible for administering  
8 State Medicaid and CHIP plans pro-  
9 vide timely answers to the questions  
10 of family caregivers;

11 (III) improving the websites of  
12 the covered programs—

13 (aa) by making it easier for  
14 family caregivers to find informa-  
15 tion regarding benefit avail-  
16 ability, eligibility, and how to  
17 maintain coverage; and

18 (bb) by designing such  
19 websites to align with the re-  
20 quirements of the Americans  
21 with Disabilities Act (42 U.S.C.  
22 12101 et seq.) regarding web de-  
23 sign;

24 (IV) improving the timely access  
25 to in-person appointments or meetings

1 between employees of covered agencies  
2 and family caregivers;

3 (V) providing translation or in-  
4 terpretation services for family care-  
5 givers for whom English is not their  
6 primary language; and

7 (VI) providing information to  
8 family caregivers in accessible for-  
9 mats, including formats compatible  
10 with American Sign Language and  
11 multiple languages;

12 (iii) ensuring that employees of cov-  
13 ered agencies and the State agencies re-  
14 sponsible for administering State Medicaid  
15 and CHIP plans understand how the cov-  
16 ered programs can help family caregivers;

17 (iv) improving the relationship be-  
18 tween family caregivers and the covered  
19 agencies and the State agencies responsible  
20 for administering State Medicaid and  
21 CHIP plans, which may include regularly  
22 meeting with family caregivers, individuals  
23 entitled to, receiving services from, or fil-  
24 ing for, 1 or more of the covered programs,

1 and other stakeholders of the covered pro-  
2 grams;

3 (v) ensuring that employees of covered  
4 agencies and the State agencies responsible  
5 for administering State Medicaid and  
6 CHIP plans who are responsible for resolv-  
7 ing disputes, appeals, and grievances with-  
8 in the covered programs receive education,  
9 training, and guidance on specific issues  
10 faced by family caregivers who participate  
11 in the covered programs; and

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

14 (3) INPUT FROM FAMILY CAREGIVERS, ORGANI-  
15 ZATIONS, AND STATE ENTITIES.—In conducting the  
16 reviews under paragraph (1), the covered officials  
17 shall seek input from—

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

21 (B) State, regional, national, and Tribal  
22 organizations representing or working with fam-  
23 ily caregivers or individuals receiving care from  
24 family caregivers; and

25 (C) State Medicaid and CHIP programs.

1           (c) ACTION.—After the reviews under subsection (b)  
2 have been completed, the covered officials shall take ac-  
3 tions that will simplify and streamline policies and proce-  
4 dures that improve customer service for individuals enti-  
5 tled to, receiving services from, or filing for, any of the  
6 covered programs, and family caregivers.

7           (d) REPORT TO CONGRESS.—

8                 (1) IN GENERAL.—No later than 1 year after  
9 the date of enactment of this Act, the covered offi-  
10 cials shall each submit a report to the Committee on  
11 Finance of the Senate, the Committee on Ways and  
12 Means of the House of Representatives, and the  
13 Committee on Energy and Commerce of the House  
14 of Representatives that details the results of the re-  
15 spective reviews each covered official conducted  
16 under subsection (b).

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

19                     (A) issues that the covered officials identi-  
20 fied in the reviews and their findings;

21                     (B) the actions that the covered officials  
22 are taking to address the issues in subpara-  
23 graph (A);

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

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

3 (E) any recommended change in Federal  
4 law to address any issue identified in subpara-  
5 graph (A).

6 (3) UPDATED REPORTS.—The covered officials  
7 shall each submit a report 1 year after submitting  
8 the report required under paragraph (1) providing  
9 an update to the contents identified in paragraph  
10 (2).

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

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

19 (1) encourage State Medicaid agencies to con-  
20 duct reviews of State Medicaid programs and State  
21 CHIP programs similar to the reviews conducted at  
22 the Federal level under subsection (b);

23 (2) provide suggestions, informed by the results  
24 of such Federal reviews, for promising practices that  
25 States could take to reduce administrative burdens

1 on family caregivers in supporting individuals enti-  
2 tled to, receiving service from, or filing for, 1 or  
3 more of the covered programs in applying for and  
4 receiving assistance under State Medicaid programs  
5 and State CHIP programs; and

6 (3) identify best practices to support family  
7 caregivers.