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(Original Signature of Member)

111TH CONGRESS  
2D SESSION

**H. R.** \_\_\_\_\_

To require the Secretary to establish a commission that is designed to construct a comprehensive national strategy on how to increase the affordability, accessibility, and effectiveness of long-term care and community services.

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IN THE HOUSE OF REPRESENTATIVES

Mr. HASTINGS of Florida introduced the following bill; which was referred to the Committee on \_\_\_\_\_

\_\_\_\_\_  
**A BILL**

To require the Secretary to establish a commission that is designed to construct a comprehensive national strategy on how to increase the affordability, accessibility, and effectiveness of long-term care and community services.

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 “Commission on Im-  
5 proving Long-term Care and Community Services Act of  
6 2010”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) Long-term care refers to a broad range and  
4 network of health and social services that are used  
5 by persons who cannot care for themselves independ-  
6 ently because of a physical, cognitive, or mental dis-  
7 ability, or a combination thereof.

8 (2) Well over 9,400,000 adults receive long-  
9 term care in the United States, and over 1,000,000  
10 children living in the community have long-term care  
11 limitations.

12 (3) The number of people who are in need of  
13 long-term care is expected to grow due to the Na-  
14 tion's large aging population, longer life spans  
15 among the chronically ill and persons living with dis-  
16 abilities, and the higher incidence of acquired dis-  
17 abilities from unmanaged conditions such as heart  
18 and respiratory disease, obesity, stroke, and diabe-  
19 tes.

20 (4) Most people with long-term care needs pre-  
21 fer to live at home and remain in their communities.  
22 These individuals receive assistance primarily  
23 through informal caregivers, families, and friends  
24 who provide care without compensation.

1           (5) Family caregivers can endure emotional and  
2           physical stress, and often make significant financial  
3           and career sacrifices to provide long-term care.

4           (6) Formal providers range from institutional  
5           settings and other residential care facilities to a vari-  
6           ety of agencies and organizations that provide a  
7           wide array of home and community-based services  
8           such as personal care, home-delivered meals pro-  
9           grams, transportation, and adult day care programs.

10          (7) Direct care workers provide the majority of  
11          paid long-term care services to individuals with long-  
12          term care limitations. Health care providers have ex-  
13          pressed difficulty in attracting and retaining direct  
14          care workers and the demand for these workers is  
15          expected to increase.

16          (8) Planning for long-term care expenses is an  
17          essential part of financial planning, however, most  
18          individuals and families do not plan for such ex-  
19          penses.

20          (9) Identifying and arranging for long-term  
21          care services can be a complex task for individuals  
22          and their families. Uneven distribution of services in  
23          communities and across States and United States  
24          territories often leads to difficulties in accessing  
25          services.

1           (10) A significant portion of formal long-term  
2           care costs are financed with personal funds and this  
3           method of payment potentially poses economic bur-  
4           dens to individuals and their families that can result  
5           in financial ruin, including medical bankruptcy.

6           (11) The largest public payer for long-term care  
7           is Medicaid, which allows States to enforce strict re-  
8           quirements for eligibility, and discourages some  
9           Medicaid recipients from acquiring a higher income  
10          for fear of losing Medicaid benefits.

11          (12) Decisions pertaining to long-term care are  
12          often emotionally charged and culturally contentious,  
13          and present emotional and financial challenges for  
14          patients, families, and their providers.

15          (13) Although the financing and delivery of  
16          long-term care plays a strong role in the way that  
17          such care is provided and received, there has never  
18          been a comprehensive national plan for the long-  
19          term care, particularly regarding home and commu-  
20          nity-based services.

21          (14) The last time that Congress comprehen-  
22          sively reviewed policy options for long-term care re-  
23          form was nearly two decades ago, under a U.S. Bi-  
24          partisan Commission on Comprehensive Health Care  
25          referred to as the Pepper Commission.

1 (15) Limited data on the use and need for long-  
2 term care exists thereby hindering the development  
3 of a targeted national strategy to address the dis-  
4 parities in routine access to these services.

5 (16) Personal choice, access, cost (including re-  
6 imbursement policy), effectiveness, and quality  
7 standards must be adequately addressed when com-  
8 posing a national strategy for long-term care.

9 **SEC. 3. ESTABLISHMENT; POLICY RECOMMENDATIONS AND**  
10 **COMPREHENSIVE NATIONAL STRATEGY.**

11 (a) ESTABLISHMENT.—Not later than 90 days after  
12 the date of the enactment of this Act, the Secretary of  
13 Health and Human Services (in this Act referred to as  
14 the “Secretary”) shall establish a commission (in this Act  
15 referred to as the “Commission”) that is designed to con-  
16 struct a comprehensive national strategy (described in  
17 subsection (b)(2)) on how to increase the affordability, ac-  
18 cessibility, and effectiveness of long-term care and commu-  
19 nity services in the United States and United States Terri-  
20 tories.

21 (b) POLICY RECOMMENDATIONS AND COMPREHEN-  
22 SIVE NATIONAL STRATEGY.—

23 (1) POLICY RECOMMENDATIONS.—The Commis-  
24 sion’s policy recommendations under this Act must  
25 address economic, geographic, cultural, social, trans-

1 portation, workforce, and other factors that limit ac-  
2 cess to quality home, community, and institutional  
3 services that can result in the need for more costly  
4 and less effective care, compromise the financial,  
5 mental, and physical well-being of caregivers, com-  
6 promise the independence, mental health, physical  
7 health and dignity of individuals, or result in the  
8 foregoing of needed services.

9 (2) COMPREHENSIVE NATIONAL STRATEGY.—

10 The comprehensive national strategy described in  
11 this paragraph shall be developed not later than 2  
12 years after the date of the enactment of this Act and  
13 shall provide recommendations on how to—

14 (A) facilitate and maintain necessary  
15 changes in business practices, public policy,  
16 care processes, and administrative systems to  
17 support a consumer-oriented long-term care  
18 system that delivers efficient, cost-effective, and  
19 consumer-centered care and services;

20 (B) address issues of waste, fraud, and  
21 abuse by providers, agencies, facilities, profes-  
22 sional and paraprofessional staff, and others in-  
23 volved in institutional, home, and community  
24 health settings by targeting chronically poor  
25 performing providers, decertifying persistently

1           substandard providers, and monitoring institu-  
2           tional, home, and community entities to ensure  
3           compliance with State and Federal quality  
4           standards and criteria;

5           (C) make priorities of preventive health  
6           and the effective management of chronic dis-  
7           eases such as heart and respiratory disease, di-  
8           abetes, HIV/AIDS, stroke, and obesity, in order  
9           to prevent them from becoming permanently de-  
10          bilitating or disabling and help decrease future  
11          dependence on long-term care;

12          (D) establish and support existing and fu-  
13          ture evidence-based research efforts among  
14          States, government entities, organizations, and  
15          stakeholders that are designed to address gaps  
16          in data and knowledge about long-term care  
17          and the populations in need of these services,  
18          and provide information on the effectiveness  
19          and consequences of long-term care programs  
20          and policies;

21          (E) facilitate partnership and coordination  
22          among State and Federal health care entities to  
23          improve working conditions, training, manage-  
24          ment, requirements, and competencies for long-  
25          term care workers (particularly home health

1 aides and other paraprofessionals) to prevent  
2 turnover rates, staff shortages, patient abuse,  
3 and improve job skills, job satisfaction, and de-  
4 livery of care;

5 (F) identify and address flaws in reim-  
6 bursement policies for long-term care services  
7 through Medicare under title XVIII of the So-  
8 cial Security Act and Medicaid under title XIX  
9 of such Act, and decrease the reliance on out-  
10 of-pocket-spending for long-term care;

11 (G) improve access to affordable and safe  
12 housing and transportation options for persons  
13 requiring long-term care and community serv-  
14 ices;

15 (H) increase access to home and commu-  
16 nity based services through Medicaid to meet  
17 consumer demands and preferences and empha-  
18 size cost-effective non-institutional care alter-  
19 natives that provide satisfaction and high qual-  
20 ity care to all those requiring long-term care  
21 services;

22 (I) assist agencies and the private sector  
23 on effectively disseminating information to con-  
24 sumers about the various types of long-term  
25 care networks and options available to con-

1           sumers, educate consumers about the potential  
2           benefits and risks of certain long-care options,  
3           and inform consumers about State-specific in-  
4           formation regarding long-term care services;

5           (J) increase the use and affordability of  
6           long-term care insurance and other fiscally re-  
7           sponsible measures to finance long-term care  
8           services;

9           (K) sufficiently fund and support pro-  
10          grams, facilities, and initiatives that have prov-  
11          en to ameliorate the financial, physical, and  
12          mental stress on informal caregivers, and im-  
13          prove their ability to deliver services to individ-  
14          uals requiring long-term care; and

15          (L) sufficiently fund and support pro-  
16          grams, entities, and initiatives that have proven  
17          to help individuals achieve and maintain their  
18          highest possible level of independence, health,  
19          and function.

20          The comprehensive national strategy would include  
21          as available, pursuant to request by the Committee  
22          to the Congressional Budget Office, an analysis of  
23          the costs and savings that would result from exe-  
24          cuting this comprehensive strategy on long-term care  
25          to the extent possible.

1 **SEC. 4. MEMBERSHIP.**

2 (a) IN GENERAL.—The Commission shall be com-  
3 posed of 15 members who are appointed by the President  
4 and who are from federal agencies such as the Social Secu-  
5 rity Administration, Institute of Medicine, Administration  
6 on Aging, Centers for Disease Control, Centers for Medi-  
7 care and Medicaid Services, Health Resources Services  
8 Administration, and other national stakeholders.

9 (b) TERMS.—Each member shall be appointed for the  
10 life of the Commission.

11 (c) VACANCIES.—A vacancy in the Commission shall  
12 be filled in the manner in which the original appointment  
13 was made.

14 (d) BASIC PAY.—Members of the Commission shall  
15 serve without pay.

16 (e) TRAVEL EXPENSES.—Each member shall receive  
17 travel expenses, including per diem in lieu of subsistence,  
18 in accordance with sections 5702 and 5703 of title 5,  
19 United States Code.

20 (f) QUORUM.—8 members of the Commission shall  
21 constitute a quorum but a lesser number may hold hear-  
22 ings.

23 **SEC. 5. CHAIRPERSON.**

24 (a) IN GENERAL.—The Chairperson of the Commis-  
25 sion shall be elected by the members not later than 30

1 days after the date on which all of the original members  
2 of the Commission have been appointed.

3 (b) **PRESIDENTIAL APPOINTMENT.**—If the members  
4 of the Commission are unable to elect the Chairperson in  
5 accordance with subsection (a), the President shall ap-  
6 point a member of the Commission to be the Chairperson.

7 **SEC. 6. MEETINGS.**

8 The Commission shall meet at the call of the Chair-  
9 person.

10 **SEC. 7. STAFF.**

11 (a) **IN GENERAL.**—

12 (1) **APPOINTMENT AND COMPENSATION.**—The  
13 Chairperson, in accordance with rules agreed upon  
14 by the Commission, may appoint and fix the com-  
15 pensation of a staff director and such other per-  
16 sonnel as may be necessary to enable the Commis-  
17 sion to carry out its duties, without regard to the  
18 provisions of title 5, United States Code, governing  
19 appointments in the competitive service, and without  
20 regard to the provisions of chapter 51 and sub-  
21 chapter III of chapter 53 of such title relating to  
22 classification and General Schedule pay rates, except  
23 that no rate of pay fixed under this subsection may  
24 exceed the equivalent of that payable for a position

1 at level IV of the Executive Schedule under section  
2 5316 of title 5, United States Code.

3 (2) PERSONNEL AS FEDERAL EMPLOYEES.—

4 (A) IN GENERAL.—The staff director and  
5 any personnel of the Commission who are em-  
6 ployees shall be employees under section 2105  
7 of title 5, United States Code, for purposes of  
8 chapters 63, 81, 83, 84, 85, 87, 89, and 90 of  
9 that title.

10 (B) MEMBERS OF THE COMMISSION.—

11 Subparagraph (A) shall not apply to members  
12 of the Commission.

13 (b) DETAILEES.—Any Federal Government employee  
14 may be detailed to the Commission with reimbursement  
15 from the Commission, and such detailee shall retain the  
16 rights, status, and privileges of his or her regular employ-  
17 ment without interruption.

18 (c) EXPERT AND CONSULTANT SERVICES.—The  
19 Commission is authorized to procure the services of ex-  
20 perts and consultants in accordance with section 3109 of  
21 title 5, United States Code, but at rates not to exceed the  
22 daily rate paid to a person occupying a position at level  
23 IV of the Executive Schedule under section 5315 of title  
24 5, United States Code.

1 (d) VOLUNTEER SERVICES.—Notwithstanding sec-  
2 tion 1342 of title 31, United States Code, the Commission  
3 may accept and use voluntary and uncompensated services  
4 as the Commission determines necessary.

5 **SEC. 8. POWERS.**

6 (a) HEARINGS AND SESSIONS.—The Commission  
7 may, for the purpose of carrying out this Act, hold hear-  
8 ings, sit and act at times and places, take testimony, and  
9 receive evidence as the Commission considers appropriate.  
10 The Commission may administer oaths or affirmations to  
11 witnesses appearing before it.

12 (b) POWERS OF MEMBERS AND AGENTS.—Any mem-  
13 ber or agent of the Commission may, if authorized by the  
14 Commission, take any action which the Commission is au-  
15 thorized to take by this section.

16 (c) OBTAINING OFFICIAL DATA.—The Commission  
17 may secure directly from any Federal department or agen-  
18 cy information necessary to enable it to carry out this Act.  
19 Upon request of the Chairperson of the Commission, the  
20 head of that department or agency shall provide that in-  
21 formation to the Commission.

22 (d) MAIL.—The Commission may use the United  
23 States mail in the same manner and under the same con-  
24 ditions as other Federal departments and agencies.

1 (e) ADMINISTRATIVE SUPPORT SERVICES.—Upon  
2 the request of the Commission, the Administrator of Gen-  
3 eral Services shall provide to the Commission, on a reim-  
4 bursable basis, the administrative support services nec-  
5 essary for the Commission to carry out its responsibilities  
6 under this Act.

7 **SEC. 9. REPORT.**

8 Not later than 2 years after the date on which all  
9 original members have been appointed to the Commission,  
10 the Commission shall transmit to the President, Congress,  
11 and the general public a report that contains a detailed  
12 statement of the findings and policy recommendations of  
13 the Commission, including the comprehensive national  
14 strategy described in section 3(b)(2).

15 **SEC. 10. APPLICATION OF FEDERAL ADVISORY COMMITTEE**  
16 **ACT.**

17 The Federal Advisory Committee Act (5 U.S.C. App.)  
18 (other than section 14(a)(2)(B), relating to the termi-  
19 nation of advisory committees) shall apply to the Commis-  
20 sion.

21 **SEC. 11. TERMINATION.**

22 (a) IN GENERAL.—The Commission shall terminate  
23 60 days after the date of submission of the report under  
24 section 9.

1           (b) ADMINISTRATIVE ACTIVITIES BEFORE TERMI-  
2 NATION.—The Commission may use the 60-day period re-  
3 ferred to in subsection (a) for the purpose of concluding  
4 its activities, including providing testimony to committees  
5 of Congress concerning the report under section 9.

6 **SEC. 12. AUTHORIZATION OF APPROPRIATIONS.**

7           There are authorized to be appropriated such sums  
8 as are necessary for use in the development and implemen-  
9 tation of plans under this Act.