

119TH CONGRESS
2D SESSION

H. R. 9844

To direct the Secretary of Health and Human Services to award grants to long-term care and post-acute care providers for purposes of developing and adopting health information technology.

IN THE HOUSE OF REPRESENTATIVES

JULY 22, 2026

Mr. CLEAVER 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

A BILL

To direct the Secretary of Health and Human Services to award grants to long-term care and post-acute care providers for purposes of developing and adopting health information technology.

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 “Connecting Health and
5 Records Technology for Seniors Act of 2026” or the
6 “CHARTS Act”.

1 **SEC. 2. GRANTS FOR LONG-TERM CARE AND POST-ACUTE**
2 **CARE PROVIDERS TO USE HEALTH INFORMA-**
3 **TION TECHNOLOGY.**

4 (a) IN GENERAL.—The Secretary of Health and
5 Human Services (in this section referred to as the “Sec-
6 retary”) shall, not later than 2 years after the date of the
7 enactment of this section, award grants to long-term care
8 and post-acute care providers for purposes of carrying out
9 the activities described in subsection (d).

10 (b) DURATION OF GRANTS.—A grant awarded under
11 this section shall be for a period of 3 years.

12 (c) AMOUNT OF GRANTS.—The Secretary may not
13 award more than \$500,000 in grant funds under this sec-
14 tion to a long-term care and post-acute care provider.

15 (d) USE OF FUNDS.—A long-term care and post-
16 acute care provider that receives a grant under this section
17 shall use such grant to develop and adopt health informa-
18 tion technology (as defined in section 3000(5) of the Pub-
19 lic Health Service Act (42 U.S.C. 300jj(5))) that will be
20 used by such provider to—

21 (1) facilitate communication, coordination, and
22 the electronic exchange of data, including patient
23 health data, among health care providers, group
24 health plans and health insurance issuers, Federal
25 health care programs, and health benefits plans
26 under chapter 89 of title 5, United States Code;

(2) improve effectiveness, efficiency, and quality of care through the use of clinical decision support, care pathways, plans of care, the United States Core Data for Interoperability published by the National Coordinator for Health Information Technology, notifications, monitoring, interoperability, and other similar tools; and

(3) implement systems and best practices to—

(A) enhance the transition of care between health care providers;

(B) prevent health care providers from furnishing duplicative services to an individual;

(C) exchange data among the entities described in paragraph (1) in real time; and

(D) address patient needs.

(e) SELECTING AMONG APPLICANTS.—In awarding grants under this section, the Secretary shall—

(1) give priority to long-term care and post-acute providers that are more likely to improve the health of individuals entitled to benefits or enrolled under the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) and individuals enrolled under a State plan (or waiver of such plan) under title XIX of such Act (42 U.S.C. 1396 et seq.); and

1 (2) ensure that the grant recipients constitute
2 a diverse and nationally representative sample based
3 on—

4 (A) the geography, income, race, and eth-
5 nicity of the population served by such recipi-
6 ents; and

7 (B) the extent to which such population
8 consists of individuals that are uninsured, that
9 receive coverage under a Federal health care
10 program, or that receive coverage under a
11 group health plan or group or individual health
12 insurance coverage.

13 (f) REPORTS.—

14 (1) PRELIMINARY REPORT.—Not later than 3
15 years after the date of the enactment of this section,
16 the Secretary shall submit to the Committee on
17 Health, Education, Labor, and Pensions of the Sen-
18 ate, the Committee on Finance of the Senate, the
19 Committee on Energy and Commerce of the House
20 of Representatives, and the Committee on Ways and
21 Means of the House of Representatives, a report
22 identifying the long-term care and post-acute care
23 providers that are awarded grants under this sec-
24 tion.

1 (2) FINAL REPORT.—Not later than 6 years
2 after the date of the enactment of this section, the
3 Secretary shall submit to the committees described
4 in paragraph (1), a report that—

5 (A) describes the health information tech-
6 nology developed and adopted using grants
7 awarded under this section;

8 (B) evaluates how such health information
9 technology improved the coordination of care
10 and transition of care among long-term care
11 and post-acute care providers;

12 (C) evaluates the benefits and costs of
13 such health information technology, including
14 by identifying to whom such benefits and costs
15 accrue;

16 (D) evaluates whether such health infor-
17 mation technology resulted in—

18 (i) reduced patient falls and rehos-
19 pitalizations;

20 (ii) an increase in electronic medica-
21 tion management; and

22 (iii) reduced Federal expenditures
23 under the Medicare program under title
24 XVIII of the Social Security Act (42
25 U.S.C. 1395 et seq.) or the Medicaid pro-

1 gram under title XIX of such Act (42
2 U.S.C. 1396 et seq.);

3 (E) evaluates the likelihood that extending
4 or expanding the ability of the Secretary to
5 award grants under this section would result in
6 reduced Federal expenditures and improve the
7 quality of care under such programs; and

8 (F) includes recommendations for Con-
9 gress on extending and expanding the ability of
10 the Secretary to award grants under this sec-
11 tion based on the evaluation conducted under
12 this paragraph.

13 (g) DEFINITIONS.—In this section:

14 (1) FEDERAL HEALTH CARE PROGRAM.—The
15 term “Federal health care program” has the mean-
16 ing given such term in section 1128B(f) of the So-
17 cial Security Act (42 U.S.C. 1320a–7b(f)).

18 (2) GROUP OR INDIVIDUAL HEALTH INSURANCE
19 COVERAGE; GROUP HEALTH PLAN; HEALTH INSUR-
20 ANCE ISSUER.—The terms “group health insurance
21 coverage”, “group health plan”, “health insurance
22 issuer”, and “individual health insurance coverage”
23 have the meanings given such terms in section 2791
24 of the Public Health Service Act (42 U.S.C. 300gg–
25 91).

1 (3) LONG-TERM CARE AND POST-ACUTE CARE
2 PROVIDER.—The term “long-term care and post-
3 acute care provider” means a skilled nursing facility
4 (as defined in section 1819(a) of the Social Security
5 Act (42 U.S.C. 1395i–3(a))), nursing facility (as de-
6 fined in section 1919(a) of the Social Security Act
7 (42 U.S.C. 1396r(a))), or a home health agency (as
8 defined in section 1861(o) of the Social Security Act
9 (42 U.S.C. 1395x(o))), that has in effect an agree-
10 ment to participate in the Medicare program under
11 title XVIII of the Social Security Act (42 U.S.C.
12 1395 et seq.) or the Medicaid program under title
13 XIX of such Act (42 U.S.C. 1396 et seq.).

14 (h) AUTHORIZATION OF APPROPRIATIONS.—There is
15 authorized to be appropriated to the Secretary to carry
16 out this section \$5,000,000 for each of fiscal years 2027
17 and 2028.

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