

119TH CONGRESS
2D SESSION

S. 4916

To address the effects of artificial intelligence-enabled systems, including artificial intelligence chatbots, on older adults, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JUNE 24, 2026

Mr. KELLY (for himself, Mr. SCOTT of Florida, and Mr. MARSHALL) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To address the effects of artificial intelligence-enabled systems, including artificial intelligence chatbots, on older adults, 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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Aging with Artificial
5 Intelligence Act of 2026”.

1 **SEC. 2. STUDY ON THE EFFECTS OF ARTIFICIAL INTEL-**
2 **LIGENCE-ENABLED SYSTEMS ON OLDER**
3 **ADULTS.**

4 (a) **IN GENERAL.**—Not later than 60 days after the
5 date of enactment of this Act, the Secretary of Health and
6 Human Services, acting through the Director of the Na-
7 tional Institute on Aging, shall seek to enter into a con-
8 tract with the National Academies of Sciences, Engineer-
9 ing, and Medicine to conduct a consensus study on the
10 effects of artificial intelligence-enabled systems on older
11 adults, including artificial intelligence chatbots.

12 (b) **INCLUSIONS.**—The study under subsection (a)
13 shall analyze—

14 (1) patterns and contexts of use of artificial in-
15 telligence-enabled systems among older adults, in-
16 cluding use for communication, caregiving, compan-
17 ionship to reduce social isolation, health-related in-
18 formation, cognitive engagement, and activities of
19 daily living, and associated benefits and functional
20 outcomes, including cognitive, behavioral, and social
21 outcomes, improved access to information and serv-
22 ices, support for caregivers, assistance with everyday
23 functioning, and aging in place, taking into account
24 differences such as cognitive impairment, disability,
25 digital literacy, social isolation, and other factors af-
26 fecting use and outcomes;

1 (2) the potential risks and adverse outcomes as-
2 sociated with the use of artificial intelligence-enabled
3 systems by older adults, including scams, fraud, fi-
4 nancial exploitation, misleading or inaccurate health-
5 related information, overreliance on such systems,
6 reinforcement of harmful or distorted beliefs or be-
7 haviors, including delusions, paranoia, or engage-
8 ment in self-harm, crisis situations, and prolonged
9 or excessive use;

10 (3) the safety, accessibility, privacy practices,
11 and fraud-prevention safeguards associated with ar-
12 tificial intelligence-enabled systems used by older
13 adults, including safeguards relating to crisis re-
14 sponse, informed consent and data-use practices, ac-
15 cessibility for older adults with disabilities, and the
16 role of human oversight in shaping reliance on such
17 systems;

18 (4) the effects of artificial intelligence-enabled
19 systems on family members, caregivers, clinician
20 interactions, and caregiving-related decision-making,
21 including the degree to which such systems supple-
22 ment or substitute for human interaction or support;
23 and

24 (5) research gaps, best practices, areas for fu-
25 ture study, and opportunities for coordination relat-

1 ing to the use of artificial intelligence-enabled sys-
2 tems by older adults, including considerations rel-
3 evant to Federal research and aging-related pro-
4 grams.

5 (c) CONSULTATION.—In conducting the study under
6 subsection (a), the National Academies of Sciences, Engi-
7 neering, and Medicine shall consult with the National In-
8 stitute on Aging, the National Institute on Mental Health,
9 the National Institute of Standards and Technology, the
10 Federal Trade Commission, licensed medical professionals
11 (including physicians, geriatricians, and psychologists), re-
12 searchers with expertise in aging and technology, fraud
13 and scam prevention experts, disability and accessibility
14 experts, caregivers, health care organizations, and rep-
15 resentatives from industry.

16 (d) REPORT.—Not later than 1 year after the date
17 of enactment of this Act, the Secretary shall submit to
18 the Committee on Health, Education, Labor, and Pen-
19 sions and the Special Committee on Aging of the Senate
20 and the Committee on Energy and Commerce of the
21 House of Representatives a report that describes the re-
22 sults of the study under subsection (a), including findings
23 and recommendations regarding the use of artificial intel-
24 ligence-enabled systems by older adults and associated
25 outcomes.

1 (e) DEFINITIONS.—In this section:

2 (1) ARTIFICIAL INTELLIGENCE CHATBOT.—The
3 term “artificial intelligence chatbot”—

4 (A) means any interactive computer service
5 or software application that—

6 (i) produces new expressive content or
7 responses not fully predetermined by the
8 developer or operator of the service or ap-
9 plication; and

10 (ii) accepts open-ended natural-lan-
11 guage or multimodal user input and pro-
12 duces adaptive or context-responsive out-
13 put; and

14 (B) does not include an interactive com-
15 puter service or software application—

16 (i) the responses of which are limited
17 to contextualized replies; and

18 (ii) that is unable to respond on a
19 range of topics outside of a narrow pur-
20 pose.

21 (2) ARTIFICIAL INTELLIGENCE-ENABLED SYS-
22 TEM.—The term “artificial intelligence-enabled sys-
23 tem” means any system that uses artificial intel-
24 ligence, machine learning, or automated decision-

1 making to perform tasks, provide recommendations,
2 or interact with users, including—

- 3 (A) artificial intelligence chatbots;
- 4 (B) voice-activated assistants;
- 5 (C) automated health monitoring systems;
- 6 (D) robotic assistive devices; and
- 7 (E) generative or large language model-
8 based tools, including decision support tools,
9 used in health care, financial services,
10 caregiving, or daily-living activities.

11 (3) OLDER ADULT.—The term “older adult”
12 means an individual age 65 or older.

13 (f) FUNDING.—Out of amounts otherwise appro-
14 priated to the Secretary of Health and Human Services,
15 the Secretary shall use to carry out this section not more
16 than \$2,000,000 for the period of fiscal years 2027 and
17 2028.

18 **SEC. 3. AGING RESEARCH TO IMPROVE CARE AND HEALTH**
19 **OUTCOMES FOR OLDER ADULTS.**

20 Subpart 5 of part C of title IV of the Public Health
21 Service Act (42 U.S.C. 285e et seq.) is amended by adding
22 at the end the following:

1 **“SEC. 445J. AGING RESEARCH TO IMPROVE CARE AND**
2 **HEALTH OUTCOMES FOR OLDER ADULTS.**

3 “(a) IN GENERAL.—The Director of the Institute
4 shall facilitate multidisciplinary research, stakeholder co-
5 ordination, and dissemination of best practices relating to
6 the use of artificial intelligence-enabled systems by older
7 adults.

8 “(b) REPORT.—Not later than 1 year after the date
9 of enactment of this section, the Director shall submit to
10 Congress a report that describes activities carried out
11 under this section, including emerging research findings
12 and areas for future study relating to artificial intel-
13 ligence-enabled systems and older adults.

14 “(c) DEFINITIONS.—In this section:

15 “(1) ARTIFICIAL INTELLIGENCE-ENABLED SYS-
16 TEM.—The term ‘artificial intelligence-enabled sys-
17 tem’ means any system that uses artificial intel-
18 ligence, machine learning, or automated decision-
19 making to perform tasks, provide recommendations,
20 or interact with users, including—

21 “(A) artificial intelligence chatbots;

22 “(B) voice-activated assistants;

23 “(C) automated health monitoring systems;

24 “(D) robotic assistive devices; and

25 “(E) generative or large language model-
26 based tools, including decision support tools,

1 used in health care, financial services,
2 caregiving, or daily-living activities.

3 “(2) OLDER ADULT.—The term ‘older adult’
4 means an individual age 65 or older.”.

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