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(Original Signature of Member)

119TH CONGRESS
2D SESSION

H. R. _____

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

Mr. CLEAVER introduced the following bill; which was referred to the Committee on _____

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.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Connecting Health and Records Technology for Seniors Act of 2026'' or the ''CHARTS Act''.

SEC. 2. GRANTS FOR LONG-TERM CARE AND POST-ACUTE CARE PROVIDERS TO USE HEALTH INFORMATION TECHNOLOGY.

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

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

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

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

(1) facilitate communication, coordination, and the electronic exchange of data, including patient health data, among health care providers, group health plans and health insurance issuers, Federal health care programs, and health benefits plans 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

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

(A) the geography, income, race, and ethnicity of the population served by such recipients; and

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

(f) REPORTS.—

(1) PRELIMINARY REPORT.—Not later than 3 years after the date of the enactment of this section, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate, the Committee on Finance of the Senate, the Committee on Energy and Commerce of the House of Representatives, and the Committee on Ways and Means of the House of Representatives, a report identifying the long-term care and post-acute care providers that are awarded grants under this section.

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

(A) describes the health information technology developed and adopted using grants awarded under this section;

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

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

(D) evaluates whether such health information technology resulted in—

(i) reduced patient falls and rehospitalizations;

(ii) an increase in electronic medication management; and

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

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

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

(F) includes recommendations for Congress on extending and expanding the ability of the Secretary to award grants under this section based on the evaluation conducted under this paragraph.

(g) DEFINITIONS.—In this section:

(1) FEDERAL HEALTH CARE PROGRAM.—The term ''Federal health care program'' has the meaning given such term in section 1128B(f) of the Social Security Act (42 U.S.C. 1320a–7b(f)).

(2) GROUP OR INDIVIDUAL HEALTH INSURANCE COVERAGE; GROUP HEALTH PLAN; HEALTH INSURANCE ISSUER.—The terms ''group health insurance coverage'', ''group health plan'', ''health insurance issuer'', and ''individual health insurance coverage'' have the meanings given such terms in section 2791 of the Public Health Service Act (42 U.S.C. 300gg–91).

(3) LONG-TERM CARE AND POST-ACUTE CARE PROVIDER.—The term ''long-term care and post-acute care provider'' means a skilled nursing facility (as defined in section 1819(a) of the Social Security Act (42 U.S.C. 1395i–3(a))), nursing facility (as defined in section 1919(a) of the Social Security Act (42 U.S.C. 1396r(a))), or a home health agency (as defined in section 1861(o) of the Social Security Act (42 U.S.C. 1395x(o))), that has in effect an agreement to participate in the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) or the Medicaid program under title XIX of such Act (42 U.S.C. 1396 et seq.).

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