

114TH CONGRESS
2D SESSION

S. 2873

AN ACT

To require studies and reports examining the use of, and opportunities to use, technology-enabled collaborative learning and capacity building models to improve programs of the Department of Health and Human Services, 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 “Expanding Capacity
3 for Health Outcomes Act” or the “ECHO Act”.

4 **SEC. 2. DEFINITIONS.**

5 In this Act:

6 (1) **HEALTH PROFESSIONAL SHORTAGE**
7 **AREA.**—The term “health professional shortage
8 area” means a health professional shortage area des-
9 ignated under section 332 of the Public Health Serv-
10 ice Act (42 U.S.C. 254e).

11 (2) **INDIAN TRIBE.**—The term “Indian tribe”
12 has the meaning given the term in section 4 of the
13 Indian Self-Determination and Education Assistance
14 Act (25 U.S.C. 5304).

15 (3) **MEDICALLY UNDERSERVED AREA.**—The
16 term “medically underserved area” has the meaning
17 given the term “medically underserved community”
18 in section 799B of the Public Health Service Act
19 (42 U.S.C. 295p).

20 (4) **MEDICALLY UNDERSERVED POPULATION.**—
21 The term “medically underserved population” has
22 the meaning given the term in section 330(b) of the
23 Public Health Service Act (42 U.S.C. 254b(b)).

24 (5) **NATIVE AMERICANS.**—The term “Native
25 Americans” has the meaning given the term in sec-
26 tion 736 of the Public Health Service Act (42

1 U.S.C. 293) and includes Indian tribes and tribal or-
 2 ganizations.

3 (6) SECRETARY.—The term “Secretary” means
 4 the Secretary of Health and Human Services.

5 (7) TECHNOLOGY-ENABLED COLLABORATIVE
 6 LEARNING AND CAPACITY BUILDING MODEL.—The
 7 term “technology-enabled collaborative learning and
 8 capacity building model” means a distance health
 9 education model that connects specialists with mul-
 10 tiple other health care professionals through simulta-
 11 neous interactive videoconferencing for the purpose
 12 of facilitating case-based learning, disseminating
 13 best practices, and evaluating outcomes.

14 (8) TRIBAL ORGANIZATION.—The term “tribal
 15 organization” has the meaning given the term in
 16 section 4 of the Indian Self-Determination and Edu-
 17 cation Assistance Act (25 U.S.C. 5304).

18 **SEC. 3. EXAMINATION AND REPORT ON TECHNOLOGY-EN-**
 19 **ABLED COLLABORATIVE LEARNING AND CA-**
 20 **PACITY BUILDING MODELS.**

21 (a) EXAMINATION.—

22 (1) IN GENERAL.—The Secretary shall examine
 23 technology-enabled collaborative learning and capac-
 24 ity building models and their impact on—

1 (A) addressing mental and substance use
2 disorders, chronic diseases and conditions, pre-
3 natal and maternal health, pediatric care, pain
4 management, and palliative care;

5 (B) addressing health care workforce
6 issues, such as specialty care shortages and pri-
7 mary care workforce recruitment, retention, and
8 support for lifelong learning;

9 (C) the implementation of public health
10 programs, including those related to disease
11 prevention, infectious disease outbreaks, and
12 public health surveillance;

13 (D) the delivery of health care services in
14 rural areas, frontier areas, health professional
15 shortage areas, and medically underserved
16 areas, and to medically underserved populations
17 and Native Americans; and

18 (E) addressing other issues the Secretary
19 determines appropriate.

20 (2) CONSULTATION.—In the examination re-
21 quired under paragraph (1), the Secretary shall con-
22 sult public and private stakeholders with expertise in
23 using technology-enabled collaborative learning and
24 capacity building models in health care settings.

25 (b) REPORT.—

1 (1) IN GENERAL.—Not later than 2 years after
2 the date of enactment of this Act, the Secretary
3 shall submit to the Committee on Health, Edu-
4 cation, Labor, and Pensions of the Senate and the
5 Committee on Energy and Commerce of the House
6 of Representatives, and post on the appropriate
7 website of the Department of Health and Human
8 Services, a report based on the examination under
9 subsection (a).

10 (2) CONTENTS.—The report required under
11 paragraph (1) shall include findings from the exam-
12 ination under subsection (a) and each of the fol-
13 lowing:

14 (A) An analysis of—

15 (i) the use and integration of tech-
16 nology-enabled collaborative learning and
17 capacity building models by health care
18 providers;

19 (ii) the impact of such models on
20 health care provider retention, including in
21 health professional shortage areas in the
22 States and communities in which such
23 models have been adopted;

24 (iii) the impact of such models on the
25 quality of, and access to, care for patients

1 in the States and communities in which
2 such models have been adopted;

3 (iv) the barriers faced by health care
4 providers, States, and communities in
5 adopting such models;

6 (v) the impact of such models on the
7 ability of local health care providers and
8 specialists to practice to the full extent of
9 their education, training, and licensure, in-
10 cluding the effects on patient wait times
11 for specialty care; and

12 (vi) efficient and effective practices
13 used by States and communities that have
14 adopted such models, including potential
15 cost-effectiveness of such models.

16 (B) A list of such models that have been
17 funded by the Secretary in the 5 years imme-
18 diately preceding such report, including the
19 Federal programs that have provided funding
20 for such models.

21 (C) Recommendations to reduce barriers
22 for using and integrating such models, and op-
23 portunities to improve adoption of, and support
24 for, such models as appropriate.

1 (D) Opportunities for increased adoption
2 of such models into programs of the Depart-
3 ment of Health and Human Services that are
4 in existence as of the report.

5 (E) Recommendations regarding the role
6 of such models in continuing medical education
7 and lifelong learning, including the role of aca-
8 demic medical centers, provider organizations,
9 and community providers in such education and
10 lifelong learning.

Passed the Senate November 29, 2016.

Attest:

Secretary.

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