

116TH CONGRESS
1ST SESSION

S. 1618

To amend the Public Health Service Act to expand the capacity to improve health outcomes and increase access to specialized care.

IN THE SENATE OF THE UNITED STATES

MAY 22, 2019

Mr. SCHATZ (for himself, Mr. Kaine, and Ms. Murkowski) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to expand the capacity to improve health outcomes and increase access to specialized care.

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 “Expanding Capacity
5 for Health Outcomes Act of 2019” or the “ECHO 2019
6 Act”.

1 **SEC. 2. EXPANDING CAPACITY FOR HEALTH OUTCOMES.**

2 Title III of the Public Health Service Act is amended
3 by inserting after section 399I (42 U.S.C. 280f–1) the fol-
4 lowing:

5 **“SEC. 399I-1. EXPANDING CAPACITY FOR HEALTH OUT-
6 COMES.**

7 “(a) DEFINITIONS.—In this section:

8 “(1) ELIGIBLE ENTITY.—The term ‘eligible en-
9 tity’ means an entity providing health care services
10 in rural areas, frontier areas, health professional
11 shortage areas, or medically underserved areas, or to
12 medically underserved populations or Native Ameri-
13 cans, including Indian tribes or tribal organizations.

14 “(2) HEALTH PROFESSIONAL SHORTAGE
15 AREA.—The term ‘health professional shortage area’
16 means a health professional shortage area des-
17 ignated under section 332.

18 “(3) INDIAN TRIBES AND TRIBAL ORGANIZA-
19 TIONS.—The terms ‘Indian tribes’ and ‘tribal orga-
20 nizations’ have the meaning given such terms in sec-
21 tion 4 of the Indian Self-Determination and Edu-
22 cation Assistance Act.

23 “(4) MEDICALLY UNDERSERVED POPU-
24 LATION.—The term ‘medically underserved popu-
25 lation’ has the meaning given the term in section
26 330(b)(3).

1 “(5) NATIVE AMERICANS.—The term ‘Native
2 Americans’ has the meaning given the term in sec-
3 tion 736 and includes Indian tribes and tribal orga-
4 nizations.

5 “(6) 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 “(b) PROGRAM ESTABLISHED.—The Secretary shall,
15 as appropriate, award grants to evaluate, develop, and, as
16 appropriate, expand the use of technology-enabled collabo-
17 rative learning and capacity building models, to increase
18 access to health care services, such as those to address
19 chronic diseases and conditions, mental health, substance
20 use disorders, prenatal and maternal health, pediatric
21 care, pain management, palliative care, and other specialty
22 care in medically underserved areas and for medically un-
23 derserved populations.

24 “(c) USE OF FUNDS.—Grants awarded under sub-
25 section (b) shall, as appropriate, be used for—

1 “(1) equipment to support the use and expansion of technology-enabled collaborative learning and
2 capacity building models, including for hardware and
3 software that enables distance learning, health care
4 provider support, and the secure exchange of electronic health information;
5

6 “(2) support for health care providers and other
7 professionals that provide or assist in the provision
8 of services through such models;
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10 “(3) the development and acquisition of instructional programming, and the training of health care
11 providers and other professionals that provide or assist in the provision of services through such models;
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13 “(4) information collection and evaluation activities to study the impact of such models on patient outcomes and health care providers, and to
14 identify best practices for the expansion and use of
15 such models; and
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17 “(5) other activities consistent with achieving
18 the objectives of the grants awarded under this section, as determined by the Secretary.
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20 “(d) LENGTH OF GRANTS.—Grants awarded under
21 subsection (b) shall be for a period of up to 5 years.
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23 “(e) APPLICATION.—An eligible entity that seeks to
24 receive a grant under subsection (b) shall submit to the
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1 Secretary an application, at such time, in such manner,
2 and containing such information as the Secretary may re-
3 quire. Such application criteria shall include an evaluation
4 of patient outcomes and health care providers resulting
5 from technology-enabled collaborative learning and capac-
6 ity building models.

7 “(f) TECHNICAL ASSISTANCE.—The Secretary shall
8 provide (either directly through the Department of Health
9 and Human Services or by contract) technical assistance
10 to eligible entities, including recipients of grants under
11 subsection (b), on the development, use, and evaluation
12 of technology-enabled collaborative learning and capacity
13 building models in order to expand access to health care
14 services provided by such entities, including for medically
15 underserved areas and to medically underserved popu-
16 lations.

17 “(g) REPORT BY SECRETARY.—Not later than 4
18 years after the date of enactment of this section, the Sec-
19 retary shall prepare and submit to the Committee on
20 Health, Education, Labor, and Pensions of the Senate,
21 and the Committee on Energy and Commerce of the
22 House of Representatives, and post on the internet website
23 of the Department of Health and Human Services, a re-
24 port including, at minimum—

1 “(1) a description of any new and continuing
2 grants awarded to entities under subsection (b) and
3 the specific purpose and amounts of such grants;

4 “(2) an overview of—

5 “(A) the evaluations conducted under sub-
6 sections (b) or (f); and

7 “(B) technical assistance provided under
8 subsection (f); and

9 “(3) a description of any significant findings or
10 developments in patient outcomes and health care
11 providers and best practices for eligible entities ex-
12 panding, using, or evaluating technology-enabled col-
13 laborative learning and capacity building models.

14 “(h) AUTHORIZATION OF APPROPRIATIONS.—There
15 is authorized to be appropriated to carry out this section,
16 \$20,000,000 for each of fiscal years 2020 through 2024.”.

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