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.

IN THE SENATE OF THE UNITED STATES

Mr. Hatch (for himself and Mr. Schatz) introduced the following bill; which was read twice and referred to the Committee on

A BILL

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,
3
4 SECTION 1. SHORT TITLE.
5 This Act may be cited as the “Expanding Capacity
6 for Health Outcomes Act” or the “ECHO Act”.
7 SEC. 2. DEFINITIONS.
8 In this Act:
(1) Health Professional Shortage Area.—The term “health professional shortage area” means a health professional shortage area designated under section 332 of the Public Health Service Act (42 U.S.C. 254e).

(2) Medically Underserved Area.—The term “medically underserved area” has the meaning given the term “medically underserved community” in section 799B of the Public Health Service Act (42 U.S.C. 295p).

(3) Medically Underserved Population.—The term “medically underserved population” has the meaning given the term in section 330(b) of the Public Health Service Act (42 U.S.C. 254b(b)).

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

(5) Technology-Enabled Collaborative Learning and Capacity Building Model.—The term “technology-enabled collaborative learning and capacity building model” means a distance health education model that connects specialists with multiple primary care providers through simultaneous interactive videoconferencing for the purpose of facilitating case-based learning, disseminating best practices, and evaluating outcomes.
SEC. 3. STUDIES AND REPORTS ON TECHNOLOGY-ENABLED COLLABORATIVE LEARNING AND CAPACITY BUILDING MODELS.

(a) Prioritization.—

(1) In general.—The Secretary, in collaboration with the Administrator of the Health Resources and Services Administration, shall examine technology-enabled collaborative learning and capacity building models and the ability of such models to improve patient care and provider education.

(2) Considerations.—The examination required under paragraph (1) shall include an examination of the ability of technology-enabled collaborative learning and capacity building models to address each of the following:

(A) Mental health and substance use disorders, including prescription drug and opioid abuse.

(B) Chronic care for patients of all ages, including children, with chronic diseases.

(C) Complex care or care for the sickest and most vulnerable patients, including pediatric patients.

(D) Primary care workforce recruitment, retention, and support for life-long learning.

(E) Specialty care shortages.
(F) Public health programs, including disease prevention, outbreaks, and surveillance.

(G) Implementation of disease prevention guidelines.

(H) Health care in rural areas, frontier areas, health professional shortage areas, medically underserved populations, and medically underserved areas.

(I) Advanced care planning and palliative care.

(J) Trauma-informed care.

(K) Pregnancy care and maternal health.

(L) Other health conditions and health workforce issues that the Secretary determines appropriate.

(3) CONSULTATION.—In the examination of technology-enabled collaborative learning and capacity building models required under paragraph (1), the Secretary, in collaboration with the Administrator of the Health Resources and Services Administration, shall consult public and private stakeholders with expertise using such models in health care settings.

(4) FEDERAL STUDY.—Not later than 2 years after the date of enactment of this Act, the Sec-
Secretary, in collaboration with the Administrator of the Health Resources and Services Administration, shall publish a study based on the examination of technology-enabled collaborative learning and capacity building models required under paragraph (1). Such study shall include an analysis of each of the following:

(A) The use and integration of such models by health providers.

(B) The impact of such models on health provider retention and health provider shortages in the States in which such models have been adopted.

(C) Recommendations regarding the role of such models in continuing medical education and lifelong learning, including the role of academic medical centers, provider organizations, and community providers in such training.

(D) The barriers to adoption by primary care providers and academic medical centers.

(E) The impact of such models on the ability of local health providers and specialists to perform at the top of their licensure, including the effects on patient wait times for specialty care.
(b) GAO Study.—

(1) In general.—Not later than 1 year after the date of enactment of this Act, the Comptroller General of the United States shall prepare and publish a report on technology-enabled collaborative learning and capacity building models. Such report shall analyze each of the following:

(A) The use and integration of such models by health providers across the States.

(B) How the Secretary has supported the use of such models through programs of the Department of Health and Human Services.

(C) The impact of such models on health care, including the impact on patient quality of care and patient access to care, in the States in which such models have been adopted.

(D) The reasons for successful State and community adoption of such models.

(E) The barriers for States and communities to adopt such models.

(F) Efficiencies and potential cost savings from such models.

(G) How Federal, State, and local governments are funding such models, if at all.
(H) Opportunities for increased adoption of such models in agencies of the Department of Health and Human Services, including the integration of such models into existing programs.

(2) CONSIDERATIONS.—The analysis conducted through the report under paragraph (1) shall consider the ability of technology-enabled collaborative learning and capacity building models to address each of the following:

(A) Mental health and substance use disorders, including prescription drug and opioid abuse.

(B) Chronic care for patients of all ages, including children, with chronic diseases.

(C) Complex care or care for the sickest and most vulnerable patients, including pediatric patients.

(D) Primary care workforce recruitment, retention, and support for life-long learning.

(E) Specialty care shortages.

(F) Public health programs, including disease prevention, outbreaks, and surveillance.

(G) Implementation of disease prevention guidelines.
(H) Health care in rural areas, frontier areas, health professional shortage areas, medically underserved populations, and medically underserved areas.

(I) Advanced care planning and palliative care.

(J) Trauma-informed care.

(K) Pregnancy care and maternal health.

(e) Report to Congress.—Not later than 18 months after the publication of the report conducted by the Comptroller General of the United States under subsection (b), the Secretary shall submit a report to Congress addressing each of the following:

(1) How the findings from the report published under subsection (b) have been addressed.

(2) Recommendations to Congress based on the findings of the study published under subsection (a)(4).

(3) A complete listing of technology-enabled collaborative learning and capacity building models that have been funded by the Department of Health and Human Services.

(4) A toolkit regarding best practices for implementing such models in the States.