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114TH CONGRESS
2D SESSION

# H. R. 5395

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.

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IN THE HOUSE OF REPRESENTATIVES

JUNE 7, 2016

Mr. BURGESS (for himself and Ms. MATSUI) introduced the following bill; which was referred to the Committee on Energy and Commerce

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# 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 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the ‘‘Expanding Capacity
5 for Health Outcomes Act’’ or the ‘‘ECHO Act’’.

6 **SEC. 2. DEFINITIONS.**

7 In this Act:

1 (1) HEALTH PROFESSIONAL SHORTAGE
2 AREA.—The term ''health professional shortage
3 area'' means a health professional shortage area des-
4 ignated under section 332 of the Public Health Serv-
5 ice Act (42 U.S.C. 254e).
6 (2) MEDICALLY UNDERSERVED AREA.—The
7 term ''medically underserved area'' has the meaning
8 given the term ''medically underserved community''
9 in section 799B of the Public Health Service Act
10 (42 U.S.C. 295p).
11 (3) MEDICALLY UNDERSERVED POPULATION.—
12 The term ''medically underserved population'' has
13 the meaning given the term in section 330(b) of the
14 Public Health Service Act (42 U.S.C. 254b(b)).
15 (4) SECRETARY.—The term ''Secretary'' means
16 the Secretary of Health and Human Services.
17 (5) TECHNOLOGY-ENABLED COLLABORATIVE
18 LEARNING AND CAPACITY BUILDING MODEL.—The
19 term ''technology-enabled collaborative learning and
20 capacity building model'' means a distance health
21 education model that connects specialists with mul-
22 tiple primary care providers through simultaneous
23 interactive videoconferencing for the purpose of fa-
24 cilitating case-based learning, disseminating best
25 practices, and evaluating outcomes.

1 **SEC. 3. STUDIES AND REPORTS ON TECHNOLOGY-ENABLED**
2 **COLLABORATIVE LEARNING AND CAPACITY**
3 **BUILDING MODELS.**

4 (a) PRIORITIZATION.—

5 (1) IN GENERAL.—The Secretary, in collabora-
6 tion with the Administrator of the Health Resources
7 and Services Administration, shall examine tech-
8 nology-enabled collaborative learning and capacity
9 building models and the ability of such models to im-
10 prove patient care and provider education.

11 (2) CONSIDERATIONS.—The examination re-
12 quired under paragraph (1) shall include an exam-
13 ination of the ability of technology-enabled collabo-
14 rative learning and capacity building models to ad-
15 dress each of the following:

16 (A) Mental health and substance use dis-
17 orders, including prescription drug and opioid
18 abuse.

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

21 (C) Complex care or care for the sickest
22 and most vulnerable patients, including pedi-
23 atric patients.

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

26 (E) Specialty care shortages.

1 (F) Public health programs, including dis-
2 ease prevention, outbreaks, and surveillance.
3 (G) Implementation of disease prevention
4 guidelines.
5 (H) Health care in rural areas, frontier
6 areas, health professional shortage areas, medi-
7 cally underserved populations, and medically
8 underserved areas.
9 (I) Advanced care planning and palliative
10 care.
11 (J) Trauma-informed care.
12 (K) Pregnancy care and maternal health.
13 (L) Other health conditions and health
14 workforce issues that the Secretary determines
15 appropriate.
16 (3) CONSULTATION.—In the examination of
17 technology-enabled collaborative learning and capac-
18 ity building models required under paragraph (1),
19 the Secretary, in collaboration with the Adminis-
20 trator of the Health Resources and Services Admin-
21 istration, shall consult public and private stake-
22 holders with expertise using such models in health
23 care settings.
24 (4) FEDERAL STUDY.—Not later than 2 years
25 after the date of enactment of this Act, the Sec-

1 retary, in collaboration with the Administrator of the
2 Health Resources and Services Administration, shall
3 publish a study based on the examination of tech-
4 nology-enabled collaborative learning and capacity
5 building models required under paragraph (1). Such
6 study shall include an analysis of each of the fol-
7 lowing:

8 (A) The use and integration of such mod-
9 els by health providers.

10 (B) The impact of such models on health
11 provider retention and health provider short-
12 ages in the States in which such models have
13 been adopted.

14 (C) Recommendations regarding the role of
15 such models in continuing medical education
16 and lifelong learning, including the role of aca-
17 demic medical centers, provider organizations,
18 and community providers in such training.

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

21 (E) The impact of such models on the abil-
22 ity of local health providers and specialists to
23 perform at the top of their licensure, including
24 the effects on patient wait times for specialty
25 care.

1 (b) GAO STUDY.—
2 (1) IN GENERAL.—Not later than 1 year after
3 the date of enactment of this Act, the Comptroller
4 General of the United States shall prepare and pub-
5 lish a report on technology-enabled collaborative
6 learning and capacity building models. Such report
7 shall analyze each of the following:
8 (A) The use and integration of such mod-
9 els by health providers across the States.
10 (B) How the Secretary has supported the
11 use of such models through programs of the
12 Department of Health and Human Services.
13 (C) The impact of such models on health
14 care, including the impact on patient quality of
15 care and patient access to care, in the States in
16 which such models have been adopted.
17 (D) The reasons for successful State and
18 community adoption of such models.
19 (E) The barriers for States and commu-
20 nities to adopt such models.
21 (F) Efficiencies and potential cost savings
22 from such models.
23 (G) How Federal, State, and local govern-
24 ments are funding such models, if at all.

1 (H) Opportunities for increased adoption
2 of such models in agencies of the Department
3 of Health and Human Services, including the
4 integration of such models into existing pro-
5 grams.
6 (2) CONSIDERATIONS.—The analysis conducted
7 through the report under paragraph (1) shall con-
8 sider the ability of technology-enabled collaborative
9 learning and capacity building models to address
10 each of the following:
11 (A) Mental health and substance use dis-
12 orders, including prescription drug and opioid
13 abuse.
14 (B) Chronic care for patients of all ages,
15 including children, with chronic diseases.
16 (C) Complex care or care for the sickest
17 and most vulnerable patients, including pedi-
18 atric patients.
19 (D) Primary care workforce recruitment,
20 retention, and support for life-long learning.
21 (E) Specialty care shortages.
22 (F) Public health programs, including dis-
23 ease prevention, outbreaks, and surveillance.
24 (G) Implementation of disease prevention
25 guidelines.

1 (H) Health care in rural areas, frontier
2 areas, health professional shortage areas, medi-
3 cally underserved populations, and medically
4 underserved areas.
5 (I) Advanced care planning and palliative
6 care.
7 (J) Trauma-informed care.
8 (K) Pregnancy care and maternal health.
9 (c) REPORT TO CONGRESS.—Not later than 18
10 months after the publication of the report conducted by
11 the Comptroller General of the United States under sub-
12 section (b), the Secretary shall submit a report to Con-
13 gress addressing each of the following:
14 (1) How the findings from the report published
15 under subsection (b) have been addressed.
16 (2) Recommendations to Congress based on the
17 findings of the study published under subsection
18 (a)(4).
19 (3) A complete listing of technology-enabled col-
20 laborative learning and capacity building models that
21 have been funded by the Department of Health and
22 Human Services.
23 (4) A toolkit regarding best practices for imple-
24 menting such models in the States.

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