GRE16499

S.L.C.

AMENDMENT NO._____ Calendar No._____

Purpose: In the nature of a substitute.

IN THE SENATE OF THE UNITED STATES—114th Cong., 2d Sess.

S. 2873

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.

Referred to the Committee on _____ and ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT IN THE NATURE OF A SUBSTITUTE intended to be proposed by _____

Viz:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Expanding Capacity for Health Outcomes Act" or the "ECHO Act".

SEC. 2. DEFINITIONS.

In this Act:

(1) HEALTH PROFESSIONAL SHORTAGE AREA.—The term "health professional shortage area" means a health professional shortage area des-

ignated under section 332 of the Public Health Service Act (42 U.S.C. 254e).

(2) INDIAN TRIBE.—The term "Indian tribe" has the meaning given the term in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304).

(3) 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).

(4) 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)).

(5) NATIVE AMERICANS.—The term "Native Americans" has the meaning given the term in section 736 of the Public Health Service Act (42 U.S.C. 293) and includes Indian tribes and tribal organizations.

(6) SECRETARY.—The term "Secretary" means the Secretary of Health and Human Services.

(7) 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 other health care professionals through simultaneous interactive videoconferencing for the purpose of facilitating case-based learning, disseminating best practices, and evaluating outcomes.

(8) TRIBAL ORGANIZATION.—The term ''tribal organization'' has the meaning given the term in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304).

SEC. 3. EXAMINATION AND REPORT ON TECHNOLOGY-ENABLED COLLABORATIVE LEARNING AND CAPACITY BUILDING MODELS.

(a) EXAMINATION.—

(1) IN GENERAL.—The Secretary shall examine technology-enabled collaborative learning and capacity building models and their impact on—

(A) addressing mental and substance use disorders, chronic diseases and conditions, prenatal and maternal health, pediatric care, pain management, and palliative care;

(B) addressing health care workforce issues, such as specialty care shortages and primary care workforce recruitment, retention, and support for lifelong learning;

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

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

(E) addressing other issues the Secretary determines appropriate.

(2) CONSULTATION.—In the examination required under paragraph (1), the Secretary shall consult public and private stakeholders with expertise in using technology-enabled collaborative learning and capacity building models in health care settings.

(b) REPORT.—

(1) IN GENERAL.—Not later than 2 years after the date of enactment of this Act, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, and post on the appropriate website of the Department of Health and Human

Services, a report based on the examination under subsection (a).

(2) CONTENTS.—The report required under paragraph (1) shall include findings from the examination under subsection (a) and each of the following:

(A) An analysis of—

(i) the use and integration of technology-enabled collaborative learning and capacity building models by health care providers;

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

(iii) the impact of such models on the quality of, and access to, care for patients in the States and communities in which such models have been adopted;

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

(v) the impact of such models on the ability of local health care providers and

specialists to practice to the full extent of their education, training, and licensure, including the effects on patient wait times for specialty care; and

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

(B) A list of such models that have been funded by the Secretary in the 5 years immediately preceding such report, including the Federal programs that have provided funding for such models.

(C) Recommendations to reduce barriers for using and integrating such models, and opportunities to improve adoption of, and support for, such models as appropriate.

(D) Opportunities for increased adoption of such models into programs of the Department of Health and Human Services that are in existence as of the report.

(E) 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 education and lifelong learning.