

116TH CONGRESS  
1ST SESSION

# H. R. 5199

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

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## IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 20, 2019

Mr. LUJÁN (for himself, Mr. BURGESS, Ms. TORRES SMALL of New Mexico, Mr. KINZINGER, Ms. HAALAND, and Mr. GIANFORTE) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## 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 Act  
6 of 2019”.

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

2 Title III of the Public Health Service Act is amended  
3 by inserting after section 330M (42 U.S.C. 254c–19) the  
4 following:

5 **“SEC. 330N. EXPANDING CAPACITY FOR HEALTH OUT-**  
6 **COMES.**

7 “(a) DEFINITIONS.—In this section:

8 “(1) ELIGIBLE ENTITY.—The term ‘eligible en-  
9 tity’—

10 “(A) means an entity that provides, or  
11 supports the provision of, health care services—

12 “(i) in rural areas, frontier areas,  
13 health professional shortage areas, or  
14 medically underserved areas; or

15 “(ii) to medically underserved popu-  
16 lations or Native Americans, including In-  
17 dian Tribes, Tribal organizations, or urban  
18 Indian organizations; and

19 “(B) may include entities leading, or capa-  
20 ble of leading, a technology-enabled collabo-  
21 rative learning and capacity building model or  
22 engaging in technology-enabled collaborative  
23 training of participants in such model.

24 “(2) HEALTH PROFESSIONAL SHORTAGE  
25 AREA.—The term ‘health professional shortage area’

1 means a health professional shortage area des-  
2 ignated under section 332.

3 “(3) INDIAN TRIBE.—The terms ‘Indian Tribe’  
4 and ‘Tribal organization’ have the meanings given  
5 the terms ‘Indian tribe’ and ‘tribal organization’ in  
6 section 4 of the Indian Self-Determination and Edu-  
7 cation Assistance Act.

8 “(4) MEDICALLY UNDERSERVED POPU-  
9 LATION.—The term ‘medically underserved popu-  
10 lation’ has the meaning given the term in section  
11 330(b)(3).

12 “(5) NATIVE AMERICANS.—The term ‘Native  
13 Americans’ has the meaning given such term in sec-  
14 tion 736 and includes Indian Tribes and Tribal or-  
15 ganizations.

16 “(6) TECHNOLOGY-ENABLED COLLABORATIVE  
17 LEARNING AND CAPACITY BUILDING MODEL.—The  
18 term ‘technology-enabled collaborative learning and  
19 capacity building model’ means a distance health  
20 education model that connects health care profes-  
21 sionals, and particularly specialists, with multiple  
22 other health care professionals through simultaneous  
23 interactive videoconferencing for the purpose of fa-  
24 cilitating case-based learning, disseminating best  
25 practices, and evaluating outcomes.

1           “(7) URBAN INDIAN ORGANIZATION.—The  
2           ‘urban Indian organization’ has the meaning given  
3           the term ‘Urban Indian organization’ in section 4 of  
4           the Indian Health Care Improvement Act.

5           “(b) PROGRAM ESTABLISHED.—The Secretary shall,  
6           as appropriate, award grants to evaluate, develop, and, as  
7           appropriate, expand the use of technology-enabled collabo-  
8           rative learning and capacity building models, to improve  
9           retention of health care providers and increase access to  
10          health care services, such as those to address chronic dis-  
11          eases and conditions, infectious diseases, mental health,  
12          substance use disorders, prenatal and maternal health, pe-  
13          diatric care, pain management, palliative care, and other  
14          specialty care in rural areas, frontier areas, health profes-  
15          sional shortage areas, or medically underserved areas and  
16          for medically underserved populations or Native Ameri-  
17          cans, including Indian Tribes and Tribal organizations.

18          “(c) USE OF FUNDS.—

19                  “(1) IN GENERAL.—Grants awarded under sub-  
20          section (b) shall be used for—

21                          “(A) the development and acquisition of  
22                          instructional programming, and the training of  
23                          health care providers and other professionals  
24                          that provide or assist in the provision of serv-  
25                          ices through models described in subsection (b),

1 such as training on best practices for data col-  
2 lection and leading or participating in such  
3 technology-enabled activities consistent with  
4 technology-enabled collaborative learning and  
5 capacity building models;

6 “(B) information collection and evaluation  
7 activities to study the impact of such models on  
8 patient outcomes and health care providers, and  
9 to identify best practices for the expansion and  
10 use of such models; or

11 “(C) other activities consistent with achiev-  
12 ing the objectives of the grants awarded under  
13 this section, as determined by the Secretary.

14 “(2) OTHER USES.—In addition to any of the  
15 uses under paragraph (1), grants awarded under  
16 subsection (b) may be used for—

17 “(A) equipment to support the use and ex-  
18 pansion of technology-enabled collaborative  
19 learning and capacity building models, including  
20 for hardware and software that enables distance  
21 learning, health care provider support, and the  
22 secure exchange of electronic health informa-  
23 tion; or

1                   “(B) support for health care providers and  
2                   other professionals that provide or assist in the  
3                   provision of services through such models.

4           “(d) LENGTH OF GRANTS.—Grants awarded under  
5 subsection (b) shall be for a period of up to 5 years.

6           “(e) GRANT REQUIREMENTS.—The Secretary may  
7 require entities awarded a grant under this section to col-  
8 lect information on the effect of the use of technology-  
9 enabled collaborative learning and capacity building mod-  
10 els, such as on health outcomes, access to health care serv-  
11 ices, quality of care, and provider retention in areas and  
12 populations described in subsection (b). The Secretary  
13 may award a grant or contract to assist in the coordina-  
14 tion of such models, including to assess outcomes associ-  
15 ated with the use of such models in grants awarded under  
16 subsection (b), including for the purpose described in sub-  
17 section (c)(1)(B).

18           “(f) APPLICATION.—An eligible entity that seeks to  
19 receive a grant under subsection (b) shall submit to the  
20 Secretary an application, at such time, in such manner,  
21 and containing such information as the Secretary may re-  
22 quire. Such application shall include plans to assess the  
23 effect of technology-enabled collaborative learning and ca-  
24 pacity building models on patient outcomes and health  
25 care providers.

1       “(g) ACCESS TO BROADBAND.—In administering  
2 grants under this section, the Secretary may coordinate  
3 with other agencies to ensure that funding opportunities  
4 are available to support access to reliable, high-speed  
5 internet for grantees.

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

17       “(i) RESEARCH AND EVALUATION.—The Secretary,  
18 in consultation with stakeholders with appropriate exper-  
19 tise in such models, shall develop a strategic plan to re-  
20 search and evaluate the evidence for such models. The  
21 Secretary shall use such plan to inform the activities car-  
22 ried out under this section.

23       “(j) REPORT BY SECRETARY.—Not later than 4  
24 years after the date of enactment of this section, the Sec-  
25 retary shall prepare and submit to the Committee on

1 Health, Education, Labor, and Pensions of the Senate and  
2 the Committee on Energy and Commerce of the House  
3 of Representatives, and post on the internet website of the  
4 Department of Health and Human Services, a report in-  
5 cluding, at minimum—

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

9           “(2) an overview of—

10           “(A) the evaluations conducted under sub-  
11           section (b);

12           “(B) technical assistance provided under  
13           subsection (h); and

14           “(C) activities conducted by entities award-  
15           ed grants under subsection (b); and

16           “(3) a description of any significant findings or  
17           developments related to patient outcomes or health  
18           care providers and best practices for eligible entities  
19           expanding, using, or evaluating technology-enabled  
20           collaborative learning and capacity building models,  
21           including through the activities described in sub-  
22           section (h).



1       “(k) AUTHORIZATION OF APPROPRIATIONS.—There  
2 is authorized to be appropriated to carry out this section,  
3 \$20,000,000 for each of fiscal years 2020 through 2024.”.

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