

Healthcare policy can be a particularly vexing area for those of us who like to get things done because over the last 8 years we have mostly just been at each other's throats, arguing about the Affordable Care Act. But we are here to talk about a bright spot—something we are not arguing about—which can reduce costs and improve outcomes. Telehealth is the future of health care. It harnesses technology to provide patients with high-quality care, whenever and wherever they need it. That is why we need to update Medicare to take advantage of these new technologies in telemedicine and remote patient monitoring. That is why I and 18 other Senators from both parties have introduced and cosponsored the CONNECT for Health Act.

I thank Senator HATCH for his support in including provisions from our bill in the Senate Finance Committee's chronic care package.

Telehealth will improve the delivery of care to patients, but it will also support providers by giving doctors and nurses the tools to work with and learn from each other. Simply put, a lot of medical education is financially or geographically out of reach for providers on the frontlines, but we can fix that using technology. It is called Project ECHO, and that is what we are about to vote on. Based at the University of New Mexico and with the strong support of Senators HEINRICH and UDALL, Project ECHO has already had a positive impact across the Nation on patients, providers, and communities.

How does it work? Imagine a VTC—video teleconference—with 15 people on the screen. Participants assemble online 2 hours every week for 6 weeks to learn about a selected disease condition—for example, depression. The leader of the VTC is a specialist physician from an academic medical center with a team which would include, for example, a psychologist, a pharmacist, and a social worker. Throughout the 6 weeks, the session time is divided between lessons, case presentations, and discussions. Providers from across the country can learn the latest best practices and develop a network of colleagues to share information and help with the hard questions. This is a game changer. This is the kind of ongoing training for folks in rural areas that has not been available until now.

Project ECHO has already been used for infectious disease outbreaks and public health emergencies, such as H1N1 and Zika; chronic diseases, such as hepatitis C and diabetes; and mental health conditions, such as anxiety and schizophrenia.

The results are impressive. Patients in rural or underserved areas now have more access to better trained doctors in their own communities, which decreases costs and improves outcomes. Providers feel less isolated and more connected to a network of high-quality providers across their State. As a result, they are more likely to stay in underserved areas where they are need-

ed the most. The health system runs more efficiently and effectively. Providers have the training to see and treat more patients.

We still have many questions about this model, which is new, but among them: What are the best successors? What are the barriers to adoption? For which conditions is it best suited? The ECHO Act, as amended, will direct HHS to study this model and give us the answers we need to make decisions at the Federal level about how to best support expanding it nationally.

One final note of thanks. It is not a coincidence that several of the successful health care-related efforts this year have been a result of collaboration with and leadership of Senator HATCH. His bipartisan spirit, his pragmatism, and his understanding of the legislative process make working with him and his staff a true pleasure.

I encourage my colleagues to continue to join us in supporting this revolutionary health care model.

#### CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER (Mr. FLAKE). Morning business is closed.

#### EXPANDING CAPACITY FOR HEALTH OUTCOMES ACT

The PRESIDING OFFICER. Under the previous order, the Committee on Health, Education, Labor, and Pensions is discharged from and the Senate will proceed to the consideration of S. 2873, which the clerk will report.

The legislative clerk read as follows:

A bill (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.

The PRESIDING OFFICER. Under the previous order, there will be 30 minutes of debate, equally divided in the usual form.

The Senator from Hawaii.

Mr. SCHATZ. Mr. President, I ask unanimous consent that the time be equally divided between both sides during the quorum call.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. SCHATZ. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. DAINES. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### AMENDMENT NO. 5110

Mr. DAINES. Mr. President, I call up amendment No. 5110 and ask unanimous consent that it be reported by number.

The PRESIDING OFFICER. Without objection, it is so ordered.

The clerk will report the amendment by number.

The legislative clerk read as follows:

The Senator from Montana [Mr. DAINES], for Mr. ALEXANDER, proposes an amendment numbered 5110.

The amendment is as follows:

(Purpose: In the nature of a substitute)

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 designated 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.

The PRESIDING OFFICER. Under the previous order, amendment No. 5110 is agreed to.

Mr. DAINES. Mr. President, Montanans have always been on the cutting edge of frontier medicine, using ingenuity to overcome the challenges in frontier and rural America to make sure we have access to high-quality health care. In fact, going back to the time my great-great-grandmother homesteaded near Conrad, MT, our health care providers have worked and continue to work to increase access despite geography, weather, limited resources, and government regulation.

Rural Montanans are often hours away from a hospital and even farther away from any kind of trauma center.

Our local providers are the first-line responders. They tackle everything from the common cold to emergency situations. It is their actions that can make the difference between life and death. Rural providers give Montanans access to preventive and behavioral health services. They help ward off chronic illness with early detection and provide care and support through cancer and other debilitating diseases. They deserve our respect and the resources that will help them better serve Montanans. That is why I am honored to join my colleagues in supporting the ECHO Act and making sure it is passed and signed into law. I am thankful for the leadership of the senior Senator from Utah, Senator HATCH, who has been out front leading in this effort.

Geographic location should not dictate the quality of care. This bill will promote opportunities to improve access to high-quality care in rural communities, such as access to specialists and support and training for rural health care providers. In fact, this year the Billings Clinic launched the Montana-based Project ECHO hub in an effort to address a lack of access to mental health and substance abuse resources. The hub connects rural providers with a team of specialists to collaborate, share case studies, and offer support. The hub is built to be flexible, allowing teleclinics on any topic or any disease. It also allows Montana's providers to collaborate with specialists at academic centers, such as the University of Washington and the University of New Mexico. Because of the success of this first hub, the Billings Clinic will launch two more teleclinics next year to help primary care sites across Montana integrate behavioral health services in their practices.

The ECHO Act will promote these programs throughout the country and increase access for all Americans. I am thankful to see strong bipartisan support on the passage of this bill as we work together to improve rural health care.

I thank the Presiding Officer.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. VITTER. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. VITTER. Mr. President, I ask unanimous consent all time be yielded back.

The PRESIDING OFFICER. Without objection, all time is yielded back.

The bill was ordered to be engrossed for a third reading and was read the third time.

The PRESIDING OFFICER. Under the previous order, the bill having been read the third time, the question is, Shall it pass?

Mr. VITTER. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The bill clerk called the roll.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Tennessee (Mr. CORKER) and the Senator from Colorado (Mr. GARDNER).

Further, if present and voting, the Senator from Tennessee (Mr. CORKER) would have voted "yea" and the Senator from Colorado (Mr. GARDNER) would have voted "yea."

Mr. DURBIN. I announce that the Senator from Vermont (Mr. SANDERS) is necessarily absent.

The PRESIDING OFFICER (Mr. CRUZ). Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 97, nays 0, as follows:

[Rollcall Vote No. 154 Leg.]

Yeas—97

Alexander	Flake	Nelson
Ayotte	Franken	Paul
Baldwin	Gillibrand	Perdue
Barrasso	Graham	Peters
Bennet	Grassley	Portman
Blumenthal	Hatch	Reed
Blunt	Heinrich	Reid
Booker	Heitkamp	Risch
Boozman	Heller	Roberts
Boxer	Hirono	Rounds
Brown	Hoeben	Rubio
Burr	Inhofe	Sasse
Cantwell	Isakson	Schatz
Capito	Johnson	Schumer
Cardin	Kaine	Scott
Carper	King	Sessions
Casey	Kirk	Shaheen
Cassidy	Klobuchar	Shelby
Coats	Lankford	Stabenow
Cochran	Leahy	Sullivan
Collins	Lee	Tester
Coons	Manchin	Thune
Cornyn	Markey	Tillis
Cotton	McCain	Toomey
Crapo	McCaskill	Udall
Cruz	McConnell	Vitter
Daines	Menendez	Warner
Donnelly	Merkley	Warren
Durbin	Mikulski	Whitehouse
Enzi	Moran	Wicker
Ernst	Murkowski	Wyden
Feinstein	Murphy	
Fischer	Murray	

NOT VOTING—3

Corker Gardner Sanders

The bill (S. 2873), as amended, was passed.

MORNING BUSINESS

Mr. BLUNT. Mr. President, I ask unanimous consent that the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

NATIONAL ADOPTION MONTH

Mr. BLUNT. Mr. President, I wish to spend a few moments talking about National Adoption Month.

I thank the Senator from Maryland and my colleagues for letting me talk for a few minutes about an issue that I think every single Member of the Senate cares about. The month of November is National Adoption Month. It