

(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