and New Mexico have had to be leaders in innovative health care models for years, such as Project ECHO in New Mexico and the University of Mississippi Medical Center in Jackson, MS.

At UMMC we are national leaders in providing technology-enabled care remotely. While ECHO emphasizes training among professionals, the University of Mississippi Medical Center has used remote technology for clinical care and patient monitoring.

Since 2003, the medical center in Jackson has reached more than one-half million rural Mississippians through the use of telehealth. To date, the program includes more than 30 specialties and can reach patients at more than 200 clinical sites.

Like Senator HATCH, I have reached across the aisle to work with our friend from Hawaii, Senator SCHATZ, to expand an innovative model for the rest of the country. Specifically, I worked this year with Senator SCHATZ on the CONNECT for Health Act, which has been endorsed by nearly 100 organizations. Like CONNECT, the ECHO Act aims at taking a proven approach to technology-enabled care and bringing it to underserved populations across the country.

The CONNECT for Health Act, which is S. 2484, would be a small but significant step toward payment parity for telehealth services under the Medicare Program. In addition to removing specific barriers to telemedicine, the bill would allow for coverage of certain remote patient monitoring services for patients with multiple chronic diseases.

Remote patient monitoring is a model the University of Mississippi Medical Center has used to expand access, improve quality, and reduce hospital admissions for some of our State's most underserved populations.

So I want to thank Senator SCHATZ for his leadership on CONNECT for Health and also ECHO, which again we will be voting on in just a few moments. I extend my utmost appreciation to Senator SCHATZ and to Senator HATCH and the Committee on Finance for including policies inspired by our CONNECT for Health Act in the bipartisan chronic care outline.

I am confident proposals to advance telehealth can improve access and cut costs, and I look forward to seeing CONNECT enacted also, but today I am pleased and thrilled we are taking an important step forward with the passage of the ECHO Act.

I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland.

Mr. CARDIN. Mr. President, I ask unanimous consent to speak for up to 15 minutes.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

(The remarks of Mr. CARDIN pertaining to the submission of S. Con. Res. 56 are printed in today's RECORD under ''Submitted Resolutions.'')

The PRESIDING OFFICER. The Senator from Utah.

ECHO BILL

Mr. HATCH. Mr. President, today, the Senate is voting on S. 2873, the ECHO Act. In April, Senator SCHATZ and I introduced this bill to highlight the impressive work of technology-enabled collaborative learning and capacity-building models.

One such model that has brought promising new ideas to our Nation's healthcare delivery system is Project ECHO, which started in New Mexico and quickly expanded to Utah. Today, Project ECHO is thriving in more than 30 States.

Our bill draws on the success of Project ECHO to improve health services on a national scale. Our proposal is not political; rather, it is the culmination of a broad bipartisan effort to bring about meaningful healthcare reform that will benefit families across the country in red States and blue States alike.

Our legislation improves medical services for all Americans by providing healthcare professionals in rural and underserved communities with access to a network of peers and specialists who can teach specialty care. By connecting doctors and nurses with teams of experts, patients can receive the care they need when they need it. Most importantly, patients will not have to travel long distances to receive treatments; they can stay close to home and receive treatment from doctors they know and trust.

In today's bustling healthcare environment, policymakers often forget that healthcare delivery works differently in urban and rural settings. To bridge the urban-rural divide, the ECHO Act brings expertise to providers serving rural populations by enabling them to gain the skills they need to care for people living in their communities. Through this exchange, urban providers in return can learn how rural health is operationalized in real time. Ultimately, our proposal prioritizes rural health needs and reconciles differences in care delivery for diverse populations.

Today, I am grateful that a majority of my colleagues have agreed to support this forward-thinking, commonsense legislation. Like the 21st Century Cures bill, our proposal demonstrates our common commitment to improving health care for all patients.

Telehealth is a topic of particular interest in my home State of Utah. Under the existing Project ECHO programs, medical experts based at the University of Utah use videoconferencing to train healthcare professionals who are hundreds, sometimes even thousands, of miles away. As we work to improve telehealth, models like those in the ECHO Act will enable telementorship and provider education to occur via avenues more tailored to health professionals' needs. This customization is an essential step to achieving person-centered health care.

As a body, we must be dedicated to improving health services for all Americans, no matter where they live. Through this bill, we are making significant progress toward achieving that goal. Using groundbreaking new technologies, the ECHO Act will enable us to take better care of our family members, neighbors, and friends. By putting communication front and center, Project ECHO will allow health professionals to share innovations and new discoveries in an efficient, timely manner.

Before turning the floor over to my esteemed colleague from Hawaii, whose collaboration on this proposal has proven invaluable, I first wish to share how our legislation came to be. Several months ago, doctors at the University of Utah—including Dr. Terry Box and Dr. Vivian Lee, as well as some of the most renowned disease experts in the country—reached out to me to demonstrate how Project ECHO was benefiting families across Utah and the Intermountain Region. Their innovative approach to telehealth piqued my interest. As it turns out, Senator SCHATZ had a very similar experience with his own constituents. After discussing our shared experiences, we joined forces to draft a bill that would allow Americans in rural counties access across the country to reap the benefits of telehealth.

The founder of Project ECHO, Dr. Sanjeev Arora, was an instrumental partner throughout this process. He worked with us to share ideas from ECHO hubs across the country, allowing us to incorporate a broad array of viewpoints. With his help, we were able to hear from countless stakeholders and medical professionals who understood the potential of our legislation. We also worked alongside the leadership of the Health, Education, Labor, and Pensions Committee. With the assistance of Senators ALEXANDER and MURRAY, as well as the majority and minority leaders, we were able to shepherd this legislation through the committee process and bring it to the Senate floor.

This bill was born fresh, from a bottom-up approach, which enabled us to solicit ideas and opinions from numerous healthcare professionals across the country. Thanks to their input and the support of Members on both sides of the aisle, we are poised to pass legislation that will dramatically improve the quality of our Nation's health care.

I wish to thank all those who assisted in this bipartisan effort. Today is a victory for everyone involved. I appreciate the efforts of Senator SCHATZ.

I yield the floor.

The PRESIDING OFFICER. The Senator from Hawaii.

Mr. SCHATZ. Mr. President, I thank the President pro tempore, the Senator from Utah, Mr. HATCH, for his leadership on this and many other issues.

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 needed 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.