The PRESIDING OFFICER. The Senator from Utah.

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 a major 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 to 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, common-sense 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. Today, this bill is a 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 enable 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 renown 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 turned 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.

This bill is now before the Senate.

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 today to talk about a bright spot—a 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. We need to understand telemedicine and remote patient monitoring. That is why I and 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 HENRICH 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 specialist, 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.

VTCs have 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: Who are the sponsors? 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 expansion of the model 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. 510

Mr. DAINES. Mr. President, I call up amendment No. 510 and ask unanimous consent that it be reported by number.

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