

May 31, 2022

The Honorable Rosa DeLauro  
Chairwoman  
Subcommittee on Labor, HHS, and Education  
Committee on Appropriations  
U.S. House of Representatives  
Washington, D.C. 20515

The Honorable Patty Murray  
Chairwoman  
Subcommittee on Labor, HHS, and Education  
Committee on Appropriations  
United States Senate  
Washington, D.C. 20510

The Honorable Tom Cole  
Ranking Member  
Subcommittee on Labor, HHS, and Education  
Committee on Appropriations  
U.S. House of Representatives  
Washington, D.C. 20515

The Honorable Roy Blunt  
Ranking Member  
Subcommittee on Labor, HHS, and Education  
Committee on Appropriations  
United States Senate  
Washington, D.C. 20510

Dear Chairs DeLauro and Murray and Ranking Members Cole and Blunt:

As you consider priorities for the Fiscal Year (FY) 2023 Labor, Health and Human Services, Education, and Related Agencies (LHHS) Appropriations Act, we respectfully request your support of at least \$28,000,000 for the Telehealth Resource Centers (TRC) program in the Health Resources and Services Administration (HRSA) in the U.S. Department of Health and Human Services (HHS). This increase in funding would provide a critical boost to the TRCs, which have experienced a high of an 800% increase in demand for telehealth assistance during the COVID-19 pandemic across the nation, yet have been level-funded since 2006.

HRSA's TRCs program has been at the front lines of addressing the increased demand for assistance related to telehealth across the United States from many public and private stakeholders. Currently, there are fourteen TRCs: two are national resource centers that focus on technology and policy, and 12 are regional resource centers that cover specific states, providing comprehensive telehealth technical assistance and resources to a broad variety of stakeholders.<sup>1</sup> This effective and collaborative network provides accurate telehealth information and ensures that resources are used efficiently as the TRCs work together to avoid duplication. Additionally, the regional TRCs offer more local, region-specific assistance to address the community's needs, as what works in one state or healthcare organization may not work in another. The TRCs exist to help those who have questions regarding telehealth on all levels, from consumers to rural health clinics, hospital systems, individual providers, and others. The current TRCs are all non-profit-based organizations that offer unbiased and reliable assistance.

Prior to the COVID-19 pandemic, the number of people that TRCs serve had been multiplying exponentially due to increased national attention on telehealth. During the pandemic, TRCs were the only entities in the nation that were able to immediately mobilize to provide technical assistance to the nation as health care providers and entities, both large and small, sought assistance in developing telehealth programs overnight. Without the TRCs many

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<sup>1</sup> <https://telehealthresourcecenter.org/>

telehealth efforts launched in response to the pandemic would have failed or been slow to start up, placing services to patients in jeopardy. Federal and state officials also reached out to the TRCs as they were the only entities with the depth and experience around technology, program operations, policy and all aspects related to telehealth use and implementation. Beyond the ability to provide technical assistance, the TRCs have been invaluable to the federal government for providing insight and data on how telehealth is being administered, concerns that have arisen and more regional and local reactions to it. As entities that are both regional and national, the TRCs have a direct pulse on the telehealth needs of the nation. The TRCs are able to spot trends on how telehealth is being used, what policy issues are raising concerns, what research is taking place given their deep ties and relationships on the national, state and local levels. Nearly half of the TRCs are associated with universities and are familiar with research taking place. Quite simply, the TRCs are where people go to ask telehealth questions, and they are then able to assess what are matters of concerns and issues that are being raised. This information is invaluable to the federal government as it decides the future of telehealth policy in the nation.

Although there was a recent one-time, one year allocation from the CARES Act in March 2020 of just under \$12 million provided to the TRCs that resulted in each TRC receiving \$828,000, that has since expired. HRSA's increasingly critical TRCs program has not had an increase in federal funding since 2006 and is one of the most under-funded federal telehealth programs. Under current funding, each TRC only receives \$325,000 annually (not counting the one-time federal COVID-19-related increase that has expired). This support has not been adequate to meet the nation's significantly increased needs and demands for telehealth assistance and one time funding does not allow the TRCs to sustainably provide high quality technical assistance and assemble resources. Lack of sufficient funding is creating a strain on TRCs' ability to keep wages in line with inflation and many are losing experienced staff to the private sector.

Current staffing levels are not enough to meet the demand for telehealth assistance that is critical to respond to as telehealth becomes more integrated into our health care system. Experienced staff have been retiring or leaving the TRCs as the demands have increased with no comparable increase in funding. It is uncertain how the TRCs will be able to continue to function if additional funds are not provided. The nation would lose a key player in ensuring telehealth is deployed effectively across the nation.

The TRCs program needs at least \$28,000,000 in FY23 to ensure that each TRC (regional and national) can receive at least \$2,000,000. We greatly appreciate the bipartisan efforts made by U.S. Reps. Abigail Spanberger (D-VA-07), Dusty Johnson (R-SD-At Large) and Dan Meuser (R-PA-09) to add \$5 million to the baseline appropriation for the TRCs in the FY22 budget that unfortunately did not appear in the final budget. We also ask that the statutory requirement that TRCs be non-profits also be placed back into law. This language was taken out in the CARES Act with no explanation. To maintain the integrity of the TRC work as unbiased purveyors of technical assistance, we feel it is vital this language be added back. We ask that for FY23, the increase to the TRC budget be added to ensure that the telehealth questions and issues can continue to be addressed by the most knowledgeable and unbiased experts the nation has.

Thank you for your consideration of this important request.

Sincerely,

The AIDS Institute  
Allergy & Asthma Network  
Alliance for Connected Care  
Alpha Medical  
ALS Association  
American Academy of Family Physicians  
American Academy of Home Care Medicine (AAHCM)  
American Academy of Pediatrics  
American Academy of Physical Medicine & Rehabilitation  
American Association for the Study of Liver Diseases  
American Clinical Neurophysiology Society  
American Dental Education Association  
American Foundation for Suicide Prevention  
American Health Information Management Association (AHIMA)  
American Society of Pediatric Nephrology  
American Telemedicine Association  
American Urological Association  
Array Behavioral Health  
ATA Action  
AXYS  
Bearden Consulting  
Bicycle Health  
CACNA1A Foundation  
California Telehealth Network  
Carium, Inc.  
The Center for Rural Health Innovation  
Center for Telehealth, University of Mississippi Medical Center  
Centering Healthcare Institute  
Child Neurology Foundation  
Coalition for Headache and Migraine Patients (CHAMP)  
College of Healthcare Information Management Executives (CHIME)  
Connected Health Initiative  
Connected Health (Peer Reviewed Telehealth Journal)  
Convenient Care Association  
Dogtown Media  
Eleanor Health  
Gaucher Community Alliance  
The Global Telemedicine Group  
The Hargan Group

Hemophilia Federation of America  
HD Reach  
HIMSS  
HiTalk  
International Foundation for AiArthritis  
International OCD Foundation  
Johns Hopkins Medicine  
Kohnlinq, Inc.  
LeadingAge  
Life365, Inc.  
LUNGevity Foundation  
Medical Care Development, Inc.  
Medical University of South Carolina, Center for Telehealth  
MedStar Health  
Miles for Migraine  
MN HIMSS  
Monebo Technologies, Inc.  
Mount St. Mary's University, Los Angeles  
National Association of Pediatric Nurse Practitioners  
National Health IT Collaborative for the Underserved  
National Rural Health Association  
OCHIN  
Partnership to Advance Virtual Care  
Patient Access Network (PAN) Foundation  
Pennsylvania Office of Rural Health  
Population Health Analytics Association Incorporated  
Public Health Institute  
Reconnected4Health  
Rhinogram, Inc.  
Society of General Internal Medicine  
Society of Pediatric Nurses  
Superficial Siderosis Research Alliance  
Syngap1 Foundation  
Teladoc Health  
Telehealth Alliance of Oregon  
TWG  
University of Delaware  
University of Hawai'i System  
University of New Mexico Center for Telehealth  
University of Virginia (UVA) Health

URAC

VHL Alliance

Virginia State Office of Rural Health, Virginia Department of Health

Virginia Telehealth Network, Inc.