

June 28, 2024

Senator Tammy Baldwin, Chairwoman
Subcommittee on Labor, HHS, and Education
Committee on Appropriations
United States Senate
Washington, D.C. 20510

Representative Robert Aderholt, Chairman
Subcommittee on Labor, HHS, and Education
Committee on Appropriations
U.S. House of Representatives
Washington, D.C. 20515

Senator Shelley Moore Capito, Ranking
Member
Subcommittee on Labor, HHS, and Education
Committee on Appropriations
United States Senate
Washington, D.C. 20510

Representative Rosa DeLauro, Ranking
Member
Subcommittee on Labor, HHS, and Education
Committee on Appropriations
U.S. House of Representatives
Washington, D.C. 20515

Dear Chairs Baldwin and Aderholt and Ranking Members Capito and DeLauro:

As you consider priorities for the Fiscal Year (FY) 2025 Labor, Health and Human Services, Education, and Related Agencies (LHHS) Appropriations bill, **we respectfully request your support for an increase in the annual funding for the Telehealth Resource Centers (TRCs) program in the Office for the Advancement of Telehealth in the Health Resources and Services Administration (HRSA) from \$4.55 million to \$14 million.** This increase would take the TRCs from nearly two decades of flat funding of \$325,000 each for 14 sites, despite exponentially increased demand, to \$1 million each.

As you know, there are twelve regional TRCs and two national TRCs that serve every state and jurisdiction of the United States. This includes all fifty states, Washington DC, Puerto Rico, the U.S. Virgin Islands and the US-Affiliated Pacific Islands. For nearly two decades, the TRCs Program, funded by HRSA's Office for the Advancement of Telehealth, has been pivotal in providing technical assistance on all aspects of telehealth to patients, providers, federal and state agencies, health systems, digital technology companies, rural communities, and communities that face barriers to accessing care such as people with disabilities and indigenous populations.

When telehealth uptake exploded during the COVID-19 pandemic, TRCs were the only entities in the nation capable of rapidly mobilizing to provide the technical assistance needed to transition the U.S. health system from in-person to virtual care. TRCs experienced up to an 800% increase in demand for their assistance during this time, and through their efforts ensured continued access to health services nationwide. Post-pandemic, demand for telehealth technical assistance remains high, with TRCs experiencing a 400% increase compared to pre-COVID-19 levels. **The TRCs' unparalleled contributions during the pandemic, and the ongoing demand for their support, highlight their essential role in the nation's healthcare infrastructure, especially with increasing transitions to digital health.**

Despite their critical roles and extensive reach, TRCs have been flat-funded at \$4.55 million annually since their inception in 2006, amounting to \$325,000 per TRC per year. While this may have been adequate in 2006, it is **wholly insufficient** almost two decades later. The inability to keep pace with inflation has severely diminished the purchasing power and operational capacity of TRCs. Inflation, a dramatic increase in demand for services, workforce shortages, and an expanded scope and volume of work have resulted in high staff turnover, reduced service capacity, and many TRCs being on the brink of inability to maintain operations. **The chronic underfunding of TRCs must urgently be addressed to ensure their continued existence as well as enable them to meet the nation's healthcare needs.**

For example, the Center for Connected Health Policy (CCHP), the national telehealth policy resource center, maintains a regularly updated telehealth policy finder that tracks federal and state policies, including those of Washington DC, Puerto Rico, and the U.S. Virgin Islands. CCHP has had to reduce the frequency of its policy summaries and discontinue a highly utilized section of its policy finder focusing on state Medicaid policies for Federally Qualified Health Centers (FQHCs). The Mid-Atlantic Telehealth Resource Center has had to cut the software comparisons toolkit from its website and reduce its virtual office hours from weekly to every other month. The Pacific Basin Telehealth Resource Center is unable to provide the necessary dedicated time and effort to support the implementation and expansion of telehealth networks in hard-to-reach and severely under-resourced areas. **Several TRCs working collaboratively together to map the location of telehealth providers nationally have had to put this project on hold due to lack of resources. Each TRC is confronted on an ongoing basis with difficult decisions about which essential resources, services, and staff to cut, jeopardizing their ability to effectively support the healthcare community.**

With telehealth and hybrid care becoming integral to every aspect of healthcare, and the federal telehealth policy landscape still in flux, **patients and providers rely heavily on TRCs as their trusted source for accurate, unbiased, and timely information.** TRCs, with their regional and national reach, maintain a direct pulse on the nation's telehealth needs, working closely with federal and state officials, lawmakers, researchers, hospitals, clinics, rural communities, and patients. **TRCs remain essential for policymakers, practitioners, and all U.S. citizens. Without increased funding, this invaluable network, built to serve the American people, is at imminent risk, ultimately disadvantaging those who depend on its services.**

Other federally funded technical assistance and training centers receive significantly greater funding in comparison to TRCs. These Centers, with larger budgets, have sought technical assistance from TRCs in their work.

The demand for TRC services continues unabated as telehealth becomes increasingly woven into the fabric of the U.S. health system. **We strongly seek your support to increase funding for the TRCs program in FY25 from \$4.55 million to \$14 million annually, which is critical for maintaining TRC operations across the nation.** This funding would allow the centers to meet the demand for their services and retain the experienced staff essential to their mission of ensuring access to quality healthcare for all Americans.

Thank you for your consideration of this important request.

Sincerely,

Alliance for Connected Care
Allina Health
AMD Global Telemedicine
American Academy of Physician Associates
American Heart Association
American Psychological Association Services
American Telemedicine Association
American TelePhysicians
AmplifyMD
Asian & Pacific Islander American Health Forum
Association of American Medical Colleges
Autistic Self Advocacy Network
Bearden Consulting
Behavior AI
Behavioral Health Innovation
Biometriks Inc
Blue Cirrus Consulting
CA Institute for Behavioral Health Solutions
Care on Location
Caregility
Center for Rural Health Innovation
Center for Technology and Aging
Choice Technologies
ChristianaCare
Chuuk Community Health Center
Cincinnati Children's Hospital Medical Center
Clinical Informatics, Inc.
Cornerstone Whole Healthcare Organization, Inc
Cromford Health
Dartmouth Health
Digital Health Innovation
Disability Policy Consortium
Divison of Nursing, Palau MHHS
Eleanor Health
Fabric
FemHealth USA /carafem
Gateway Rehab
Gaucher Community Alliance
Genesis Medical College
Global Partnership for Telehealth
Hawaii Stroke Coalition
Hennepin Healthcare
HIMSS

Indiana Rural Health Association
Ingenium Digital Health Advisors
Innovise Consulting
Inova Health
Institute for Public Health Innovation
International Virtual e-Hospital Foundation
Jacksonville Area Legal Aid
Jefferson Health
Johns Hopkins University and Medicine
Kentucky Telehealth
KeyCare, Inc.
Latinx Physicians of California
Laurel Health Advisors, LLC
Lehigh Valley Health Network
LocumTenens.com/LT Telehealth
Loma Linda University Health
Maryland Rural Health Association
Massachusetts Law Reform Institute
Maurer Dermatology Associates
MCD Global Health
MedWand Solutions, Inc.
Miles for Migraine
Mississippi Telehealth Association
Monebo Technologies, Inc.
National Association of Community Health Centers
National Association of Pediatric Nurse Practitioners
National Consumer Law Center, on behalf of its low-income clients
National Digital Equity Center
National Health Law Program
National League for Nursing
National Organization of State Offices of Rural Health (NOSORH)
National Rural Health Association
Nest Collaborative
New Directions Technology Consulting, LLC
New England Rural Health Association
North East Medical Services (NEMS)
OCHIN
Oregon Office of Rural Health
Pacific Islands Primary Care Association
Palmetto Care Connections
Partnership to Advance Virtual Care
Penn State Health
Pennsylvania Rural Health Association
PMPITeleMed
Policy Center for Maternal Mental Health
Private Citizen

Psychiatric Medical Practitioners, Inc
San Francisco Tech Council
School-Based Health Alliance
Society for Education and the Advancement of Research in Connected Health
Society of General Internal Medicine
South Carolina HIMSS
Specialist TeleMed
St. John's Health
Telehealth Advisory Group, LLC
Telehealth Equity Coalition
TeleHealthcareNetwork LLC
Telehealthdocs Medical Group
TeleMed2U
Texas Tech University Health Sciences Center
The Arc of the United States
The Carter Foundation, LLC
The Global Telemedicine Group
The Queen's Health System
ThreadEx, LLC
tMED - The Massachusetts Telemedicine Coalition
Totier Technologies LLC
Tri-Area Community Health
TriStar Skyline Medical Center, TriStar Health, HCA
Tzedek DC
U.S. Armed Forces Veterans Association of Palau
University of Arkansas for Medical Sciences
University of Hawai'i System
University of Maryland Medical System
University of Mississippi Medical Center Center for Telehealth
URAC
Utah Telehealth Network
UVA Health
Vento HealthCare Consulting, LLC
Vermont Program for Quality in Health Care, Inc.
Virginia IMPACT
Virginia Rural Health Association
Virginia Telehealth Network
Virginia Telemental Health Initiative
ViTel Net
Waianae Coast Comprehensive Health Center