

April XX, 2023

The Honorable Tammy Baldwin  
Chair  
Subcommittee on Labor, HHS, and Education  
Committee on Appropriations  
United States Senate  
Washington, D.C. 20510

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

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

The Honorable 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) 2024 Labor, Health and Human Services, Education, and Related Agencies (LHHS) Appropriations Act, we respectfully request your support of at least \$14,000,000 for the Telehealth Resource Centers (TRC) program in the Health Resources and Services Administration (HRSA)'s Office for the Advancement of Telehealth in the U.S. Department of Health and Human Services (HHS). Since their formation in 2006, the TRCs have seen no funding increase, yet have had unprecedented demands placed upon them due to the explosion of the use of telehealth in response to COVID-19. During the pandemic, the TRCs saw an 800% increase in demand for telehealth assistance during the COVID-19 pandemic across the nation, yet have not even had any funding adjusted to meet inflation or cost-of-living.

HRSA's TRCs program is the front line in 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, vendor-neutral telehealth technical assistance and educational resources to a broad variety of stakeholders.<sup>1</sup> Each TRC receives \$325,000. 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 with no cost to those who submit questions. 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

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

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 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. In fact, many of the resources listed on the federal government's own website [telehealth.hhs.gov](https://telehealth.hhs.gov) are created by the TRCs.

Current funding for the TRCs has not been adequate to meet the nation's significantly increased needs and demands for telehealth assistance. 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. Although the public health emergency will be over on May 11, 2023, we anticipate the demands on the TRCs to continue to be high. Telehealth policies are still unsettled with temporary extensions only until the end of 2024 and those with little or no prior experience with telehealth in a non-pandemic environment will need the TRCs to assist them through this transition period.

The TRCs program needs at least \$14,000,000 in FY24 to ensure that each TRC (regional and national) would receive \$1 million per TRC to continue to meet the demand. We ask that for FY24, 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,