The Honorable Patty Murray  The Honorable Roy Blunt
Chairwoman  Ranking Member
Senate Labor, Health and Human Services  Senate Labor, Health and Human Services
and Education Appropriations  and Education Appropriations
Subcommittee  Subcommittee
154 Russell Senate Office Building  260 Russell Senate Office Building
Washington, DC 20510  Washington, DC 20510

Dear Chairwoman Murray and Ranking Member Blunt:

As you consider priorities for the Fiscal Year (FY) 2022 Labor, Health and Human Services, Education, and Related Agencies (LHHS) Appropriations Act, we respectfully request your support of at least $27,000,000 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.

As you know, 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.¹ 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. With the floodgates to telehealth opening, TRCs have been strained beyond capacity with requests for assistance and expert input from providers, hospitals, state emergency planners, associations, and others. Current staffing levels are not enough to meet the demand for telehealth assistance that is critical to respond to COVID-19 in our communities across the United States. Beyond the ability

¹ https://telehealthresourcecenter.org/
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, HRSA’s increasingly critical TRCs program has not had an increase in federal funding since 2006, threatening its sustainability and operation as demands for skilled and experienced telehealth support burgeon. Under current funding, each TRC only receives $325,000 annually (not counting the one-time federal COVID-19-related increases). 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.

The TRCs program needs at least $27,000,000 in FY22 to ensure that each TRC (regional and national) can receive at least $1,900,000. We greatly appreciate the bipartisan FY22 LHHS amendment on the House floor led by U.S. Rep. Abigail Spanberger (D-VA-07) and Rep. Dusty Johnson (R-SD-At Large) to add $5 million to the baseline appropriation for the TRCs (which would provide a total of $682,000 per TRC, above the baseline of $325,000 per TRC since 2006). However, robust funding at the level of $27,000,000 in the Senate LHHS bill and in any forthcoming conference bill is needed to ensure that HRSA’s TRCs program can continue to provide essential telehealth technical assistance across the United States via regional and national resource centers and continue to support a crucial part of the United States health system through COVID-19, beyond, and for any future epidemics or emergencies.

Thank you for your consideration of this important request.

Sincerely,

Teladoc Health
University of Hawai‘i System
American Telemedicine Association
The Alliance for Connected Care
eHealth Initiative
Health Innovation Alliance
CTeL

National Rural Health Association
HIMSS
Association of American Medical Colleges
National Association of Community Health Centers
UVA Health