



**U.S. Department of Health and Human Services  
Health Resources and Services Administration**

**REPORT TO CONGRESS**

**TELEHEALTH NETWORK AND  
TELEHEALTH RESOURCE CENTERS  
GRANT PROGRAMS  
2023**

## Executive Summary

This is the 2023 report to Congress on the Telehealth Network and Telehealth Resource Centers (TRC) Grant Programs administered by the Health Resources and Services Administration (HRSA). These programs are authorized by Section 330I of the Public Health Service Act (42 U.S.C. § 254c-14).

This report to Congress is required by subsection 330I(p) of the Public Health Service Act (42 U.S.C. § 254c-14(p)), which states:

“Not later than 4 years after the date of enactment of the Coronavirus Aid, Relief, and Economic Security Act, and every 5 years thereafter, the Secretary shall prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on the activities and outcomes of the grant programs under subsection (b).”

This report provides a description of activities and outcomes of the Telehealth Network and TRCs Grant Programs. HRSA provides telehealth network funding through two grant programs: Telehealth Network Grant Program and Evidence Based Telehealth Network Program. HRSA awards approximately \$8.9 million annually to 30 recipients through the Telehealth Network Grant Program to demonstrate how telehealth can expand access to, coordinate, and improve the quality of health care services; improve and expand the training of health care providers; and expand and improve the quality of health information available to health care providers, patients, and their families. HRSA awards approximately \$3.8 million annually to 11 recipients through the Evidence Based Telehealth Network Program to implement evidence-based projects that use telehealth technologies in rural areas, frontier communities, medically underserved areas, and for medically underserved populations to expand access to health care and to conduct evaluations to establish an evidence base for assessing the effectiveness of telehealth care for patients, providers, and payers. HRSA also awards approximately \$4.6 million annually to 14 recipients through the TRC program to provide telehealth technical assistance and disseminate telehealth expertise.



**Report to Congress**  
**Telehealth Network and Telehealth Resource Centers Grant**  
**Programs**  
**2023**

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## **Acronym List**

CARES Act	Coronavirus Aid, Relief, and Economic Security Act
DTC	direct-to-consumer
EB TNP	Evidence Based Telehealth Network Program
ED	emergency department
HRSA	Health Resources and Services Administration
PHS Act	Public Health Service Act
SUD	substance use disorder
Tele-ED	Tele-Emergency Department
TNGP	Telehealth Network Grant Program
TRC	Telehealth Resource Center

## I. Legislative Language

This is the 2023 report to Congress on the Telehealth Network and Telehealth Resource Centers (TRC) Grant Programs administered by the Health Resources and Services Administration (HRSA). These programs are authorized by section 330I of the Public Health Service (PHS) Act (42 U.S.C. § 254c-14).

This report to Congress is required by subsection 330I(p) of the PHS Act (42 U.S.C. § 254c-14(p)), which states:

*“Not later than 4 years after the date of enactment of the Coronavirus Aid, Relief, and Economic Security [CARES] Act, and every 5 years thereafter, the Secretary shall prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on the activities and outcomes of the grant programs under subsection (b).”*

## II. Introduction

HRSA is committed to improving health equity by increasing access to quality health care services. One mechanism for increasing access is through supporting innovative programs that advance telehealth services. HRSA defines telehealth as the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, health administration, and public health. Telehealth technologies include the internet, video conferencing, store-and-forward imaging, streaming media, and land or wireless communications.<sup>1</sup>

HRSA supports the provision of telehealth services through telehealth networks. Telehealth networks are organizational arrangements among separately owned entities which bring a variety of primary and specialty medical services to patients in different settings to help improve access. HRSA also supports technical assistance to providers through TRCs to demonstrate how telehealth technologies can be used to expand access to, coordinate, and improve the quality of health care services; improve and expand the training of health care providers; and expand and improve the quality of health information available to health care providers, patients, and their families.

HRSA provides telehealth network funding through two grant programs: Telehealth Network Grant Program (TNGP) and Evidence Based Telehealth Network Program (EB TNP). HRSA awards approximately \$8.9 million annually to 30 recipients through the TNGP, approximately \$3.8 million annually to 11 recipients through the EB TNP, and approximately \$4.6 million annually to 14 recipients through the TRCs.

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<sup>1</sup> Read more about telehealth here: <https://www.hrsa.gov/telehealth/what-is-telehealth>.

These grant programs have improved health care services for patients and provided numerous technical assistance consultations over the years. In some communities, these programs may have introduced a new service or may provide the only access to a specific service. Due to the COVID-19 pandemic, activities and outcomes from these programs varied from what HRSA anticipated. However, as a result of annual appropriation funding, TNGP and EB TNP awardees were likely more prepared to pivot from in-person services to telehealth care even in focus areas outside of the award. Likewise, TRC program awardees were able to share their telehealth expertise more broadly with those needing assistance, due to the massive shift in health care delivery.

### **III. Telehealth Network Grant Program and Evidence Based Telehealth Network Program Overview**

The Health Care Safety Net Amendments of 2002 (Pub. L. No. 107-251), which added section 330I of the PHS Act, authorized the TNGP. TNGP was created in recognition that issues of access and the delivery of telehealth services were evolving and becoming more complex. TNGP provides grants that demonstrate how telehealth can expand access to, coordinate, and improve the quality of health care services; improve and expand the training of health care providers; and expand and improve the quality of health information available to health care providers, patients, and their families. Since its inception, the program has demonstrated that telehealth is effective in improving access to care and improving health outcomes.<sup>2,3,4,5,6</sup> The program has had different focus areas depending on the specific needs of certain underserved communities (e.g., substance use disorder (SUD) treatment and school-based health centers/clinics). The current TNGP cohort supports networks that are providing tele-emergency services. Tele-emergency services are provided through enhanced telehealth networks that deliver 24-hour emergency department (ED) consultation services via telehealth to health care providers without emergency care specialists. This program emphasizes tele-stroke, tele-behavioral health, and tele-emergency medical services. Many awardees provide specialty care, consultation, or other care support from a distant site to multiple originating sites. Telehealth services may include patient intake assessments, provider supervision, provider-to-provider consultation, patient transfer coordination, or other uses. This program supports evidence-based

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<sup>2</sup> Mohr, et al. Telemedicine Use Decreases Rural Emergency Department Length of Stay for Transferred North Dakota Trauma Patients. March 2018. Available at <https://www.liebertpub.com/doi/full/10.1089/tmj.2017.0083>.

<sup>3</sup> Mohr, et al. Provider-to-Provider Telemedicine Improves Adherence to Sepsis Bundle Care in Community Emergency Departments. September 2021. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7335316/>.

<sup>4</sup> Ward, et al. Averted Transfers in Rural Emergency Departments Using Telemedicine: Rates and Costs Across Six Networks. May 2021. Available at <https://pubmed.ncbi.nlm.nih.gov/32835620/#:~:text=Transport%20savings%20for%20averted%20transfers,%25%20of%20all%20teleED%20cases>.

<sup>5</sup> Ward, et al. Describing Changes in Telebehavioral Health Utilization and Services Delivery in Rural School Settings in Pre- and Early Stages of the COVID-19 Public Health Emergency. May 2022. Available at <https://pubmed.ncbi.nlm.nih.gov/35195293/>.

<sup>6</sup> McCord, et al. Comparison of in-person vs. telebehavioral health outcomes from rural populations across America. December 2022. Available at <https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-022-04421-0>.

projects that use telehealth technologies in telehealth networks in rural areas, frontier communities, medically underserved areas, and for medically underserved populations.

HRSA also created the EB TNP in fiscal year 2014, authorized under Section 330I of the PHS Act. This program requires substantial data collection to allow outcomes to be published, with the goal of expanding the evidence base for telehealth. The purpose of the current cohort of EB TNP awardees is to demonstrate how telehealth networks can increase access to health care services using direct-to-consumer (DTC) telehealth technologies and conduct evaluations of those efforts to establish an evidence base for assessing the effectiveness of telehealth care for patients, providers, and payers. The current cohort aims to promote DTC telehealth services to patients in rural and frontier communities within established telehealth networks.

## **Telehealth Network Grant Program**

### **Eligibility**

For the purposes of the telehealth network grants, an entity must demonstrate that it will provide services through a telehealth network. Each entity participating in the telehealth network may be a nonprofit or for-profit entity. This eligibility is determined by statute (42 U.S.C. § 254c-14).

For the current TNGP focused on emergency services, eligible entities include rural or urban nonprofits that provide direct clinical services through a telehealth network, regardless of the area to be served by the telehealth network. Entities may include community-based organizations and tribal organizations.

### **Funding**

HRSA provides approximately \$8.9 million annually for the tele-emergency TNGP cohort to 30 award recipients (see Appendix A) in 22 states, with each recipient receiving approximately \$300,000 per year over the course of the 4-year performance period from September 1, 2020, through August 31, 2024.

### **Composition of Network**

A telehealth network shall include at least two of the following entities (at least one of which shall be a community-based health care provider), as determined by statute (42 U.S.C. § 254c-14):

- a. Community or migrant health centers or other Federally Qualified Health Centers;
- b. Health care providers in private practice, including pharmacists;
- c. Entities operating clinics, including rural health clinics;
- d. Local health departments;
- e. Nonprofit hospitals, including community access hospitals;
- f. Other publicly funded health or social service agencies;
- g. Long-term care providers;
- h. Providers of health care services in the home;

- i. Providers of outpatient mental health and substance use disorder (SUD) services and entities operating outpatient mental health and SUD facilities;
- j. Local or regional emergency health care providers;
- k. Institutions of higher education;
- l. Entities operating dental clinics; and
- m. Providers of prenatal, labor care, birthing, and postpartum care services, including hospitals that operate obstetric care units.<sup>7</sup>

For the current TNGP focused on emergency services, entities' telehealth networks may also consist of other participants such as rural EDs, emergency medical service providers that serve rural populations, and ambulances that serve rural entities.

## **Data and Methods**

TNGP awardees report annually on performance indicators. The TNGP awardees report performance data for each budget period. This report covers data for TNGP recipients for budget periods 1 (September 1, 2020, through August 31, 2021) and 2 (September 1, 2021, through August 31, 2022). Data for budget period 3 was not available at the time of drafting this report.

## **Telehealth Networks**

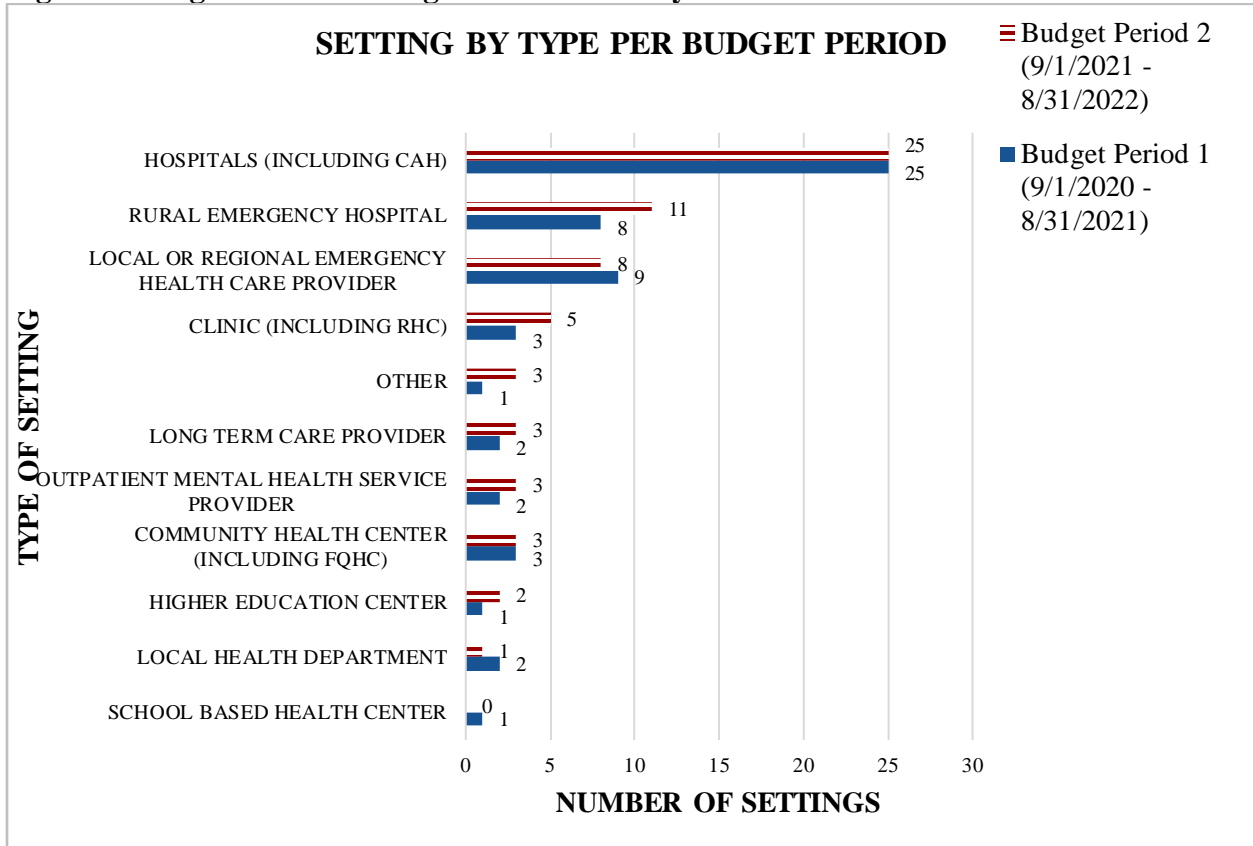
As part of TNGP, awardees establish telehealth networks at the beginning of the project and frequently expand over the following years to increase access to health care services. The most common setting for care delivery was hospitals, followed by rural emergency hospitals and local or regional emergency health care providers. Overall, there was an increase in most of the organizational settings providing care, with a substantial increase in rural emergency hospitals between budget period 1 and budget period 2. Figure 1 shows the organizational setting where care is delivered by budget period.

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<sup>7</sup> The [Consolidated Appropriations Act, 2022 \(Public Law No. 117-103\)](#) amended Section 330I of the PHS Act to add providers of prenatal, labor care, birthing, and postpartum care services, including hospitals that operate obstetric care units, to the list of entities. The Notice of Funding Opportunity for this program did not list these entities because it was funded in fiscal year 2020 prior to this amendment. However, HRSA included these entities in this report to Congress to provide the complete list of entities, as amended. New funding opportunities for TNGP will include these new entities.



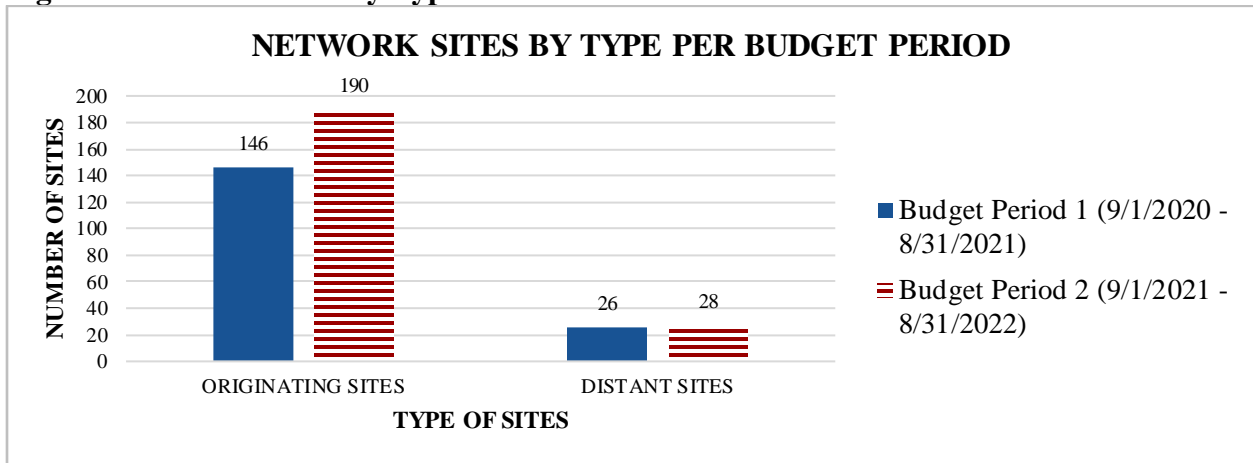
**Figure 1: Organization Setting for Care Delivery**



CAH = Critical Access Hospital  
RHC = Rural Health Clinic  
FQHC = Federally Qualified Health Center

Telehealth networks consist of two types of sites, originating and distant. Originating sites are where the patient is located and receives care. Distant sites are where the health care provider is located and delivers care. Figure 2 shows the number of originating and distant sites among all TNGP recipients. There are a total of 190 originating sites in budget period 2 (up from 146 in budget period 1) and 28 distant sites (up from 26 in budget period 1).

**Figure 2: Network Sites by Type**



**Tele-Emergency Department Consultation and Resulting Averted Transfers**

Through implementation of their TNGP projects, awardees provide tele-emergency department (tele-ED) consultation services via their distant sites. A total of 28 awardees provided tele-ED consultation in budget period 2, which was up from 26 in budget period 1. Awardees also reported the mode of transportation for each averted transfer and total distance saved. Averted transfers, also sometimes called avoided transfers, refers to situations where a transfer did not occur to an ED. Figure 3 provides the total number of reported transfers averted by transportation mode. A total of 1,618 averted transfers occurred across transportation modes in budget period 2 compared to 174 in budget period 1.

**Figure 3: Averted Transfers by Transportation Mode**

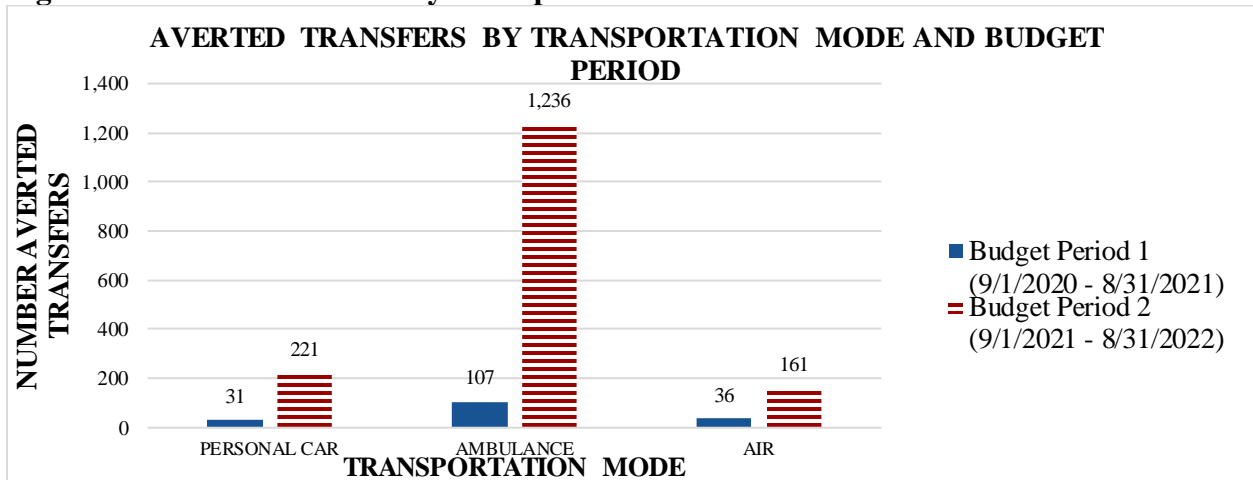
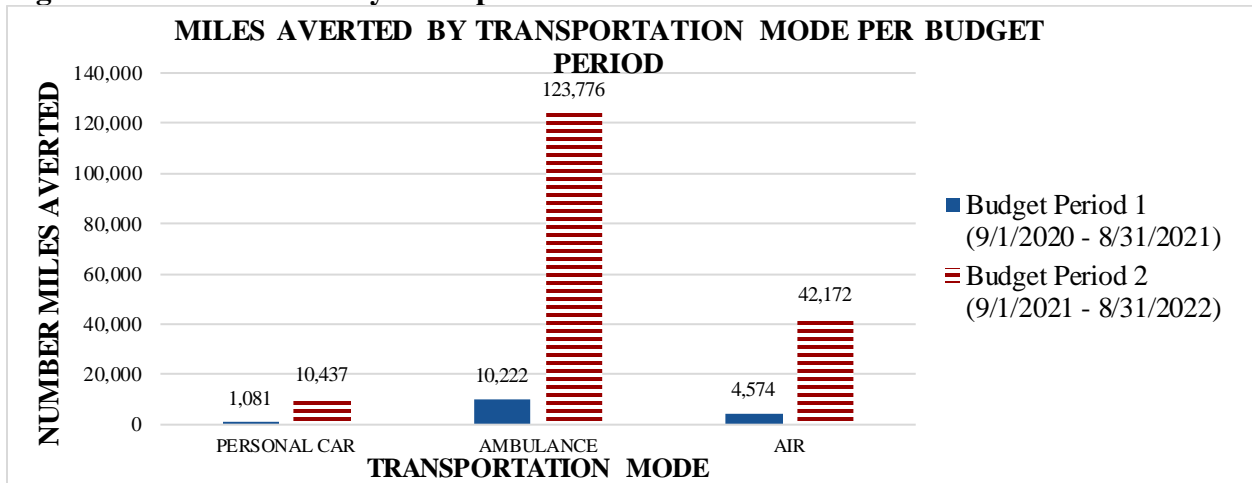


Figure 4 provides miles averted by transportation mode. For budget period 2, a total of 10,437 miles were averted by personal car (up from 1,081 in budget period 1), 123,776 miles averted by ambulance (up from 10,222 miles averted in budget period 1), and 42,172 miles averted by air (up from 4,574 miles averted in budget period 1).

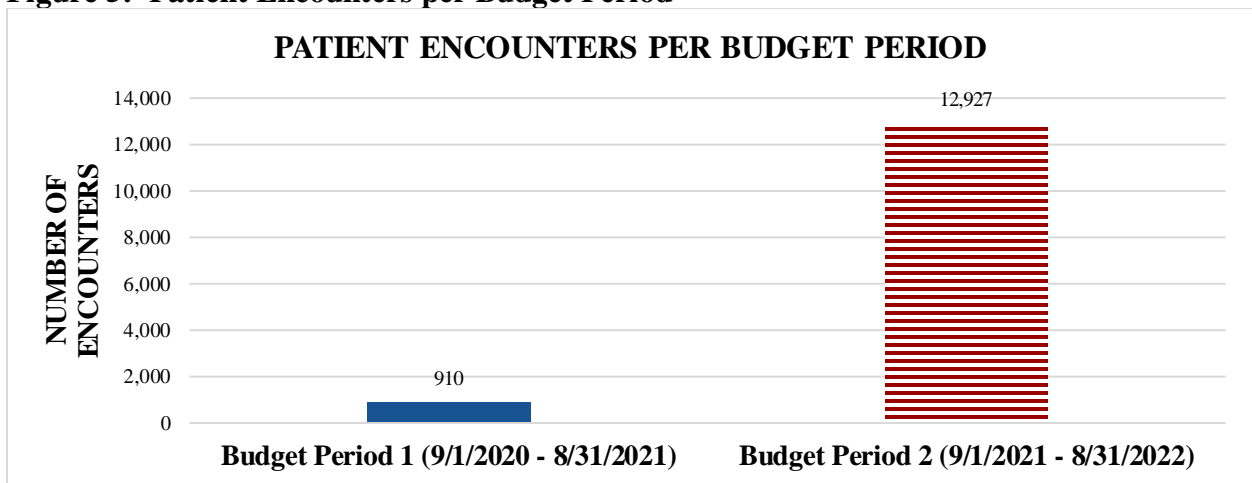
**Figure 4: Miles Averted by Transportation Mode**



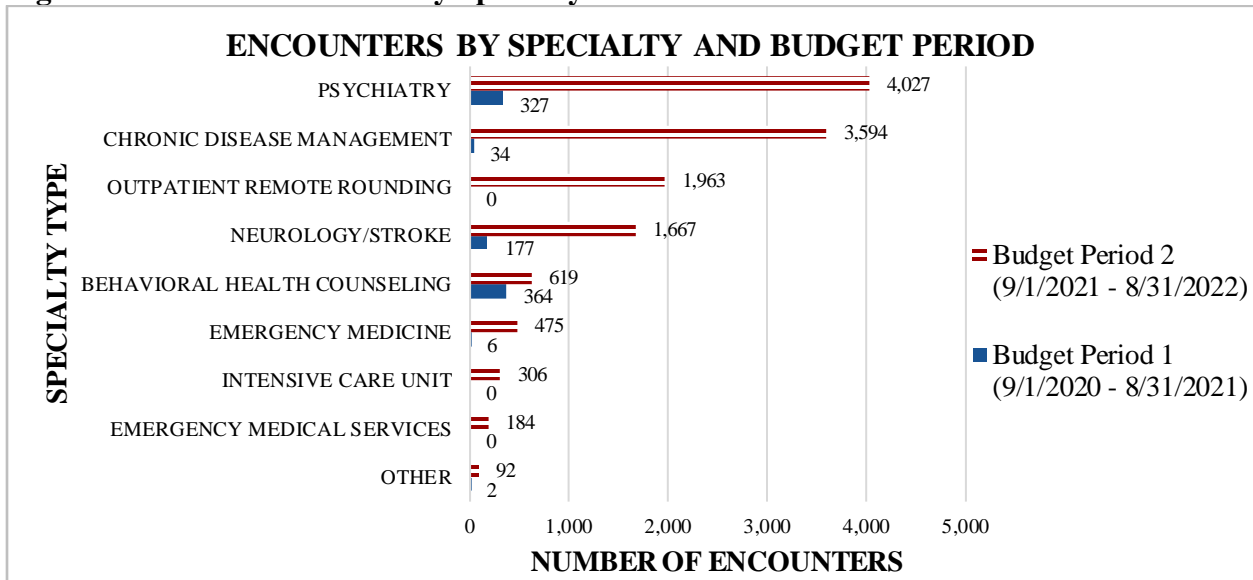
**Access to Services**

Awardees also reported the number of patient encounters supported by TNGP funding. There were 12,927 patient encounters in budget period 2 compared to 910 in budget period 1 (Figure 5). While many services are focused on tele-ED, there are a range of specialties provided depending on community needs (Figure 6). In budget period 2, psychiatry and chronic disease management had the most patient encounters. The large increase in encounters from budget period 1 to budget period 2 is expected as the first year of a program is frequently spent establishing networks and workflow processes. Budget period 1 also coincided with the early stages of the COVID-19 pandemic and awardee organizations may have needed more time to begin anticipated activities.

**Figure 5: Patient Encounters per Budget Period**



**Figure 6: Health Encounters by Specialty**



## Evidence Based Telehealth Network Program

The purpose of the current EB TNP is to demonstrate how health care systems can increase access to health care services using telehealth technologies and to conduct evaluations of those efforts to establish an evidence base for assessing the effectiveness of telehealth care for patients, health care providers, and payers. The focus area is DTC telehealth care. DTC telehealth, otherwise known as direct-to-patient telehealth, represents patient-initiated telehealth care, typically from their home.<sup>8</sup>

EB TNP includes awardees or telehealth network members that are currently or have previously used telehealth to efficiently and effectively pilot or expand DTC telehealth care. Awardees use synchronous audio-visual technology and may include remote patient monitoring to provide care to their patients. This program expands access to health care services in three clinical primary focus areas: primary care, acute care, and behavioral health care. Awardees may also address one of the following secondary focus areas: maternal care, SUD, or chronic care management. The program supports evidence-based projects that use telehealth technologies in telehealth networks in rural areas, frontier communities, medically underserved areas, and for medically underserved populations.

### Eligibility

For the purposes of the telehealth network grants, an entity must demonstrate that it will provide services through a telehealth network. Each entity participating in the telehealth network may be a nonprofit or for-profit entity. This eligibility is determined by statute (42 U.S.C. § 254c-14).

<sup>8</sup> Best Practice Guide for Direct to Consumer Services. Telehealth.hhs.gov. Available at <https://telehealth.hhs.gov/providers/best-practice-guides/direct-to-consumer>.

For the current EB TNP focused on DTC care, eligible entities were domestic public or private, non-profit, or for-profit entities that have experience using telehealth technologies to serve rural and underserved populations. Entities may include community-based organizations and federally recognized tribes and tribal organizations. Although services must be provided to rural areas, entities located in an urban area were eligible.

## **Funding**

HRSA provides approximately \$3.8 million annually for EB TNP to 11 award recipients (Appendix B) in 11 states, with each receiving approximately \$350,000 per year over the course of a 5-year performance period from September 1, 2021, through August 31, 2026.

## **Composition of Network**

The telehealth network shall include at least three of the entities listed in the Composition of Network in the TNGP section above as distant sites (at least one of which shall be a community-based health care provider) as determined by statute (42 U.S.C. § 254c-14). Refer to composition of network in the TNGP section for additional details.

If the awardee organization has a history of receiving funds under the program, it must have a project that is different from the prior-funded project with at least two new network members. In addition, EB TNP also requires awardees to include community health workers to ensure continuity of care through program navigation and implementation.<sup>9</sup> These individuals help build network capacity to address health issues by creating connections between vulnerable populations and health care providers and helping patients navigate health care and social service systems.

## **Data and Methods**

EB TNP awardees report annually on performance indicators. EB TNP awardees report performance data for each budget period. This report covers initial recipient reporting for budget period 1 (September 1, 2021, through August 31, 2022). Data for budget period 2 was not available at the time of drafting this report.

## **Access to Services**

For budget period 1 (September 1, 2021, through August 31, 2022), awardees reported patient encounters with EB TNP funding. EB TNP completed 9,084 encounters, which are the total number of patient interactions. EB TNP awardees' experience in telehealth helps to ensure that they initiated services shortly after start of the award. HRSA will collect additional data from

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<sup>9</sup> Community Health Workers Toolkit. Rural Health Information Hub. Available at <https://www.ruralhealthinfo.org/toolkits/community-health-workers/1/introduction>.

awardees over the project period, including data for measures awaiting Office of Management and Budget approval.

## **IV. Telehealth Resource Centers Program Overview**

Please see the TNGP section for information on the public law which also authorized the TRC. The TRC program was created to provide telehealth technical assistance and disseminate telehealth expertise. Through the TRC programs, HRSA awardees support initiatives that use telehealth technologies in rural areas, frontier communities, medically underserved areas, and for medically underserved populations. TRCs deliver telehealth and broadband-related technical assistance and disseminate their telehealth expertise through outreach events (e.g., individual consultations, trainings, webinars, and conferences). There are 12 regional TRCs and two national TRCs.

The purpose of the regional TRCs is to provide expert and customized telehealth technical assistance. Regional TRCs are located to facilitate assistance at the local level and to ensure resources are geographically distributed. The purpose of the national TRCs is to support the delivery of telehealth technical assistance by regional TRCs. The national TRCs have specific areas of focus (policy and technology). Both the regional and national TRCs provide training and support, disseminate information and research findings, promote effective collaboration, and foster the use of telehealth technologies. They also share expertise through individual consultations, trainings, webinars, conference presentations, and a significant web presence.

### **Eligibility**

For the purposes of the TRC program, entities may be domestic public, non-profit, and for-profit entities. Entities may include domestic community-based organizations, tribes, and tribal organizations. This eligibility is determined by statute (42 U.S.C. § 254c-14).

### **Funding**

HRSA provides approximately \$4.6 million annually for the TRC program to 14 award recipients (Appendices E and F) in 13 states, with each receiving \$325,000 per year over the course of a 4-year performance period from September 1, 2021, through August 31, 2025.<sup>10</sup> Through the CARES Act (Public Law No. 116-136), in fiscal year 2020, HRSA awarded an additional \$11.6 million to TRCs to support rural and underserved communities to leverage telehealth technology to meet an increasingly expanded demand related to COVID-19.

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<sup>10</sup> HRSA extended the TRC program for an additional 1-year project period.

## Data and Methods

TRC awardees report annually on performance indicators. TRC awardees report performance data for each budget period. This report covers recipient reporting from part of the former period of performance for TRCs (September 2019 through August 2021) and the first budget period for the current period of performance (September 1, 2021, through August 31, 2022). This allows for comparison of technical assistance provided prior to and during the COVID-19 pandemic. The awardees remained the same across both periods of performance.

## Technical Assistance

The purpose of the TRC programs is to provide telehealth technical assistance. This technical assistance occurs through a number of services, is provided to a range of organizations, and covers a variety of topics. Figure 7 shows the number of technical assistance encounters by type for each budget period (i.e., September 1, 2019, through August 31, 2020; September 1, 2020, through August 31, 2021; and September 1, 2021, through August 31, 2022). Consultations, which are primarily one-on-one technical assistance for organizations, were the most frequent technical assistance service provided across budget periods. The additional CARES Act funding TRCs received allowed the awardees to vastly increase consultations during the height of the pandemic.

**Figure 7: Technical Assistance Encounters by Type**

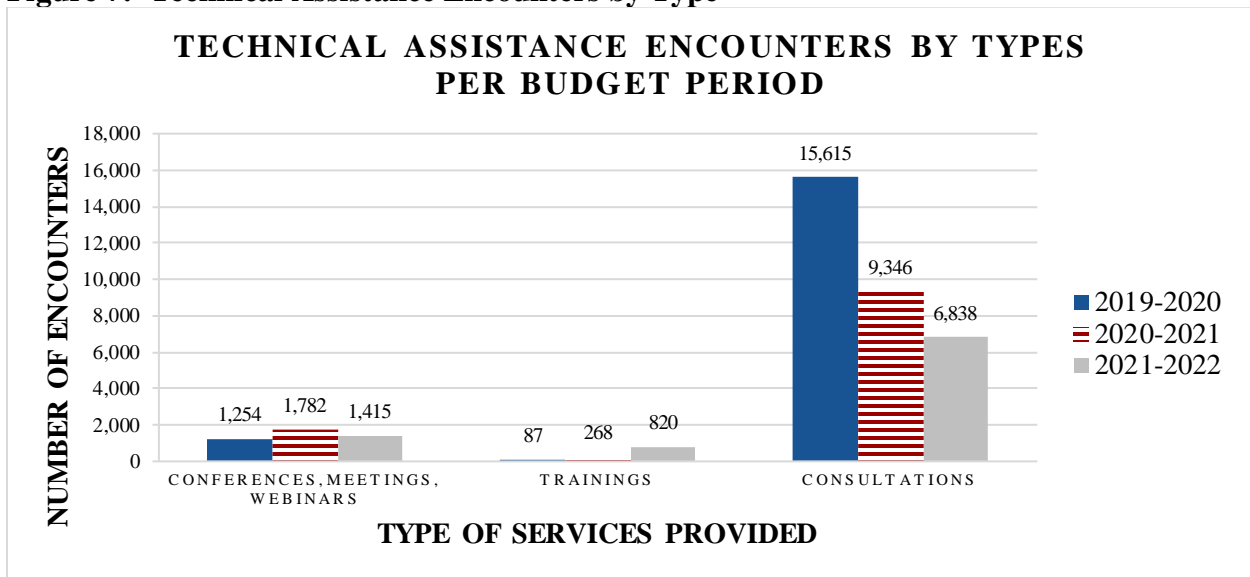


Figure 8 shows the number of technical assistance encounters by requesting organization. Health care providers (e.g., hospitals and clinics) were the most frequent organization to receive technical assistance across budget periods. Other organizations were organizations that did not provide their organization type at the time of technical assistance.

**Figure 8: Technical Assistance Encounters by Requesting Organization**

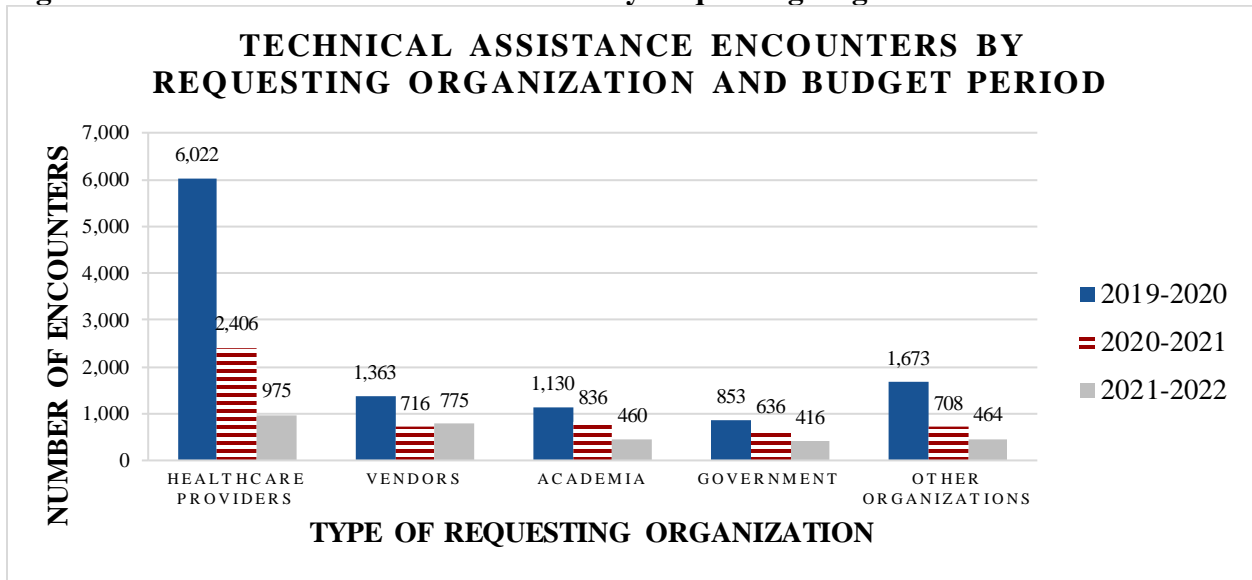
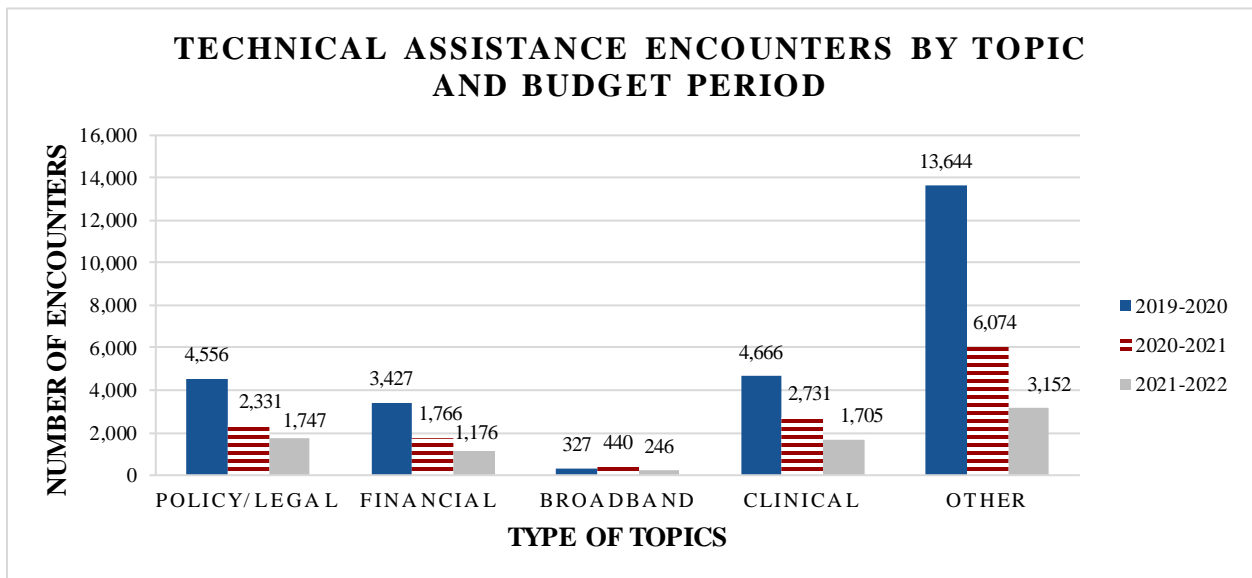


Figure 9 shows the technical assistance that TRC awardees provided by topic. While the “Other” category was the highest across the budget periods, “Clinical” and “Policy/Legal” technical assistance topics were consistently the next highest categories. The “Other” category includes a range of topics such as strategic planning, program evaluation, distance education, tools and templates, and equipment/technology. The decreasing trend in technical assistance encounters across budget periods can most likely be explained by the intense volume of technical assistance happening at the beginning of the COVID-19 pandemic as organizations shifted from in-person care to telehealth services.

**Figure 9: Technical Assistance Encounters by Topic**





## **V. Summary and Conclusions**

HRSA's Telehealth Network and TRCs Grant Programs award approximately \$17.3 million annually to approximately 55 awardees to improve access to quality health services through the use of telehealth. Program activities and outcomes demonstrate the positive impact of these programs on the communities served. HRSA is dedicated to continuing to support the Telehealth Network and TRCs Grant Programs to improve access to quality health services.

## VI. Appendices

### Appendix A: Telehealth Network Grant Program Recipient Organization, City, and State

Awardee Organization	City	State
ARcare	Augusta	Arkansas
Emory University	Atlanta	Georgia
Queen's Medical Center	Honolulu	Hawaii
Hospital Cooperative Inc	Pocatello	Idaho
Weiser Memorial Hospital Foundation Inc	Weiser	Idaho
CommonSpirit Health	Chicago	Illinois
Indiana Rural Health Association	Linton	Indiana
Indiana University Health Inc	Indianapolis	Indiana
Trustees of Indiana University	Bloomington	Indiana
Pikeville Medical Center Inc	Pikeville	Kentucky
MaineHealth	Portland	Maine
Penobscot Community Health Center	Bangor	Maine
University of Maryland	Baltimore	Maryland
University of Mississippi Medical Center	Jackson	Mississippi
University of Missouri System	Columbia	Missouri
St. Peter's Health Foundation	Helena	Montana
University of New Mexico	Albuquerque	New Mexico
Catskill Regional Medical Center	Harris	New York
East Carolina University	Greenville	North Carolina
Wake Forest University Health Sciences	Winston-Salem	North Carolina
Allegheny-Singer Research Institute	Pittsburgh	Pennsylvania
Geisinger Clinic	Danville	Pennsylvania
Sanford Health	Sioux Falls	South Dakota
Maury Regional Hospital	Columbia	Tennessee
Intermountain Health Care Inc	Salt Lake City	Utah
University of Vermont and State Agricultural College	Burlington	Vermont
West Virginia University Research Corporation	Morgantown	West Virginia
Gundersen Lutheran Medical Foundation Inc	La Crosse	Wisconsin
Marshfield Clinic*	Marshfield	Wisconsin
Teton County Hospital District	Jackson	Wyoming

\*Note: Marshfield Clinic relinquished funds and is no longer a recipient of this program as of April 12, 2023.

## Appendix B: Evidence Based Telehealth Network Program Awardee Organization, City, and State

Awardee Organization	City	State
HealthIE Georgia Corp	Clayton	Georgia
Cornerstone Whole Healthcare Organization Inc	Payette	Idaho
Drake University	Des Moines	Iowa
University of Kansas Medical Center Research Institute Inc	Kansas City	Kansas
Baptist Health Foundation Corbin Inc	Corbin	Kentucky
MaineHealth	Portland	Maine
University of Mississippi Medical Center	Jackson	Mississippi
Lester E. Cox Medical Center	Springfield	Missouri
Ben Archer Health Center Inc	Hatch	New Mexico
East Carolina University	Greenville	North Carolina
Texas A&M University System Health Science Center	College Station	Texas

## Appendix C: Telehealth Resource Centers Program Awardee Organization, City, State, and Telehealth Resource Center

Awardee Organization	City	State	Region	Telehealth Resource Center
Alaska Native Tribal Health Consortium	Anchorage	Alaska	National	National Technology Center – Telehealth Technology Assessment Resource Center
University of Arizona	Tucson	Arizona	Southwest Region	Southwest Telehealth Resource Center (TRC)
University of Arkansas System	Little Rock	Arkansas	South Region	South Central TRC
California Telehealth Network	Sacramento	California	West Region	California TRC
Public Health Institute	Oakland	California	National	National Policy Center – Center for Connected Health Policy
Georgia Partnership for Telehealth	Blackshear	Georgia	Southeast Region	Southeastern TRC
University of Hawaii Systems	Honolulu	Hawaii	Pacific Region	Pacific Basin TRC
Indiana Rural Health Association	Washington	Indiana	Upper Midwest Region	Upper Midwest TRC
University of Kansas Medical Center Research Institute Inc	Kansas City	Kansas	South Central Region	Heartland TRC
Medical Care Development Inc	Augusta	Maine	Northeast Region	Northeast TRC
Regents of the University of Minnesota	Minneapolis	Minnesota	North Central Region	Great Plains Telehealth Resource and Assistance Center
Texas Tech University Health Sciences Center	Lubbock	Texas	West Central Region	TexLa TRC
University of Utah	Salt Lake City	Utah	Northwest Region	Northwest Regional TRC
Rector and Visitors of the University of Virginia	Charlottesville	Virginia	Mid-Atlantic Region	Mid-Atlantic TRC

## Appendix D: TRC Program Skills Matrix<sup>11</sup>

Telehealth	Skill Areas	Clinical Telehealth Specialties
California TRC	Rural health, readiness assessments and preparedness, program development and implementation, grant development and project management, tool development, workflow and change management support, consumer education, digital literacy, virtual and onsite curriculum training, and development	All outpatient specialties, emergency department and intensive care unit, public health, School-based telehealth and remote patient monitoring, direct-to-consumer, general clinical programs
Great Plains Telehealth Resource and Assistance Center	Mental health, outcomes and services research, consumer education, rural health, policy, telehealth program development and implementation, telehealth project management, workflow support, virtual and in-person training	Tele-behavioral Health, remote Monitoring, e-hospitalist, stroke, telepsychiatry, tele-physical therapy/occupational therapy/speech-language pathology
Heartland TRC	Rural, frontier, and tribal health; communications/promotion; billing, coding, and compliance; readiness assessment	Tele-behavioral health, Project Extension for Community Healthcare Outcomes/tele-mentoring, school-based telehealth, prevention and public health, community health worker, pediatric and developmental services, tele-hospice, tele-dermatology
Mid-Atlantic TRC	Rural health, public health, evaluation, strategic planning, policy, education and training, telecommunications, long term care, correctional facilities	Behavioral health, tele-psychiatry, stroke, remote patient monitoring, school telehealth, e-consults, specialty care in general, geriatrics, autism

<sup>11</sup> Information in this appendix was retrieved from the National Consortium of Telehealth Resource Centers Skills Matrix here: <https://telehealthresourcecenter.org/resources/nctrc-skills-matrix/>.

Telehealth Resource Center	Skill Areas	Clinical Telehealth Specialties
Northeast TRC	Training/curriculum development (online and traditional), rural health, public health, digital equity and inclusion, broadband expansion, coalition building, program planning and implementation, proposal development, communications, billing/coding, quality improvement, value-based care	Tele-psychiatry, tele-dermatology, sleep medicine psychology, post-surgical wound follow-up with visiting nurse in patient home, tele-diabetic retinopathy screening, tele-stroke, e-visits (asynchronous) primary care provider/patient, e-consults, tele-palliative care, licensed clinical social worker video visits to patients' homes for agoraphobia, tele-substance use disorder, disaster response, tele-sexual assault nurse examiner, school-based tele-psychiatry
Northwest Regional TRC	Universal Service Administrative Company funding programs, broadband, public health, United States Department of Agriculture Distance Learning and Telemedic grants, online training/curriculum development, digital equity, digital inclusion, digital health navigation	Tele-stroke, acute telehealth programs, school-based tele-health, behavioral health support groups
Pacific Basin TRC	Grants development, Project Extension for Community Healthcare Outcomes, Federal Communications Commission funding, small island very rural environments, digital literacy, digital equity, broadband, coalition building, health informatics	Behavioral health, tele-psychiatry, stroke, tele-dermatology, specialty care in general, maternal health, tele-genetics
South Central TRC	Research and evaluation, digital health demonstrations, grant and project management, outreach, marketing and social media, videography and media development, instructional tools development, scientific and educational event planning, web development, graphic design	General clinical programs, remote patient monitoring, high-risk obstetrics, neonatology, tele-stroke, correctional telehealth, tele-trauma, e-visits/direct-to-consumer, school health, tele-nursery, tele-sexual assault nurse examiner

Telehealth Resource Center	Skill Areas	Clinical Telehealth Specialties
Southeastern TRC	Workforce training, state work group formation/facilitation, coalition building, telehealth implementation, state and federal policy	Tele-stroke, tele-psychiatry, school-based telehealth, skilled nursing facility telehealth, corrections telehealth, maternal fetal medicine telehealth, public health, adult and pediatric telehealth, pediatric autism spectrum disorder – early diagnosis and intervention education
Southwest TRC	Business of telemedicine, broadband, evaluations, facility design, grants, human factors, information technology and security and Health Insurance Portability and Accountability Act of 1996, rural health, state and federal policy, tele-genetics, tele-medicine education, tele-medicine training, health care law	Tele-hospice and palliative care, tele-infectious disease/Human Immunodeficiency Virus, tele-pathology, teleradiology
TexLa TRC	Public health, health care quality, informatics, nursing, information technology, health care law, education	Telehealth for burn patient follow-up, tele-psychiatry, correctional telehealth, school-based telemedicine, telemedicine education, tele-trauma, tele-surgery
Upper Midwest TRC	Federal Communications Commission funding for broadband access, rural health care, telehealth program development and sustainability, public health, population health, and emergency preparedness and continuity planning	Tele-stroke, tele-psychiatry, Tele-behavioral health, tele-trauma, school-based telemedicine
National Policy Center – Center for Connected Health Policy	State and federal policy, legal and regulatory expertise on health and telehealth issues including reimbursement, prescribing, licensing, etc.	N/A (policy-specific only)
National Technology Center – Telehealth Technology Assessment Resource Center	Technology assessment, integrating telehealth into the electronic health record, establishing telehealth protocols for network design and expansion	Tele-dermatology, tele-cardiology, tele-psychiatry, primary care



DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

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Assistant Secretary for Legislation  
Washington, DC 20201

January 30, 2024

The Honorable Bernie Sanders  
Chair  
Committee on Health, Education,  
Labor and Pensions  
United States Senate  
Washington, DC 20510

Dear Chair Sanders:

I am pleased to provide you with the report to Congress: Telehealth Network and Telehealth Resource Centers Grant Programs, 2023. This report was prepared by the Health Resources and Services Administration, and it is being submitted in accordance with the report requirement in subsection 330I(p) of the Public Health Service Act (42 U.S.C. § 254c-14(p)).

The purpose of the Telehealth Network Grant Program is to award grants for evidence-based projects that use telehealth technologies through telehealth networks in rural areas, frontier communities, medically underserved areas, and for medically underserved populations. The purpose of the Telehealth Resource Centers Grant Program is to award grants for projects that support the use of telehealth technologies in those areas and communities, and for those populations. The Telehealth Network and Telehealth Resource Centers Grant Programs expand access to, coordinate, improve access to, and enhance the quality of health care services; and expand and improve the quality of health information available to health care providers, patients, and their families. The report contains information on the programs' activities and outcomes.

I hope you find this information helpful.

Sincerely,

/Melanie Anne Egorin/

Melanie Egorin, PhD  
Assistant Secretary for Legislation

Enclosure





DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

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Assistant Secretary for Legislation  
Washington, DC 20201

January 30, 2024

The Honorable Bill Cassidy, MD  
Ranking Member  
Committee on Health, Education,  
Labor and Pensions  
United States Senate  
Washington, DC 20510

Dear Senator Cassidy:

I am pleased to provide you with the report to Congress: Telehealth Network and Telehealth Resource Centers Grant Programs, 2023. This report was prepared by the Health Resources and Services Administration, and it is being submitted in accordance with the report requirement in subsection 330I(p) of the Public Health Service Act (42 U.S.C. § 254c-14(p)).

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Sincerely,

/Melanie Anne Egorin/

Melanie Egorin, PhD  
Assistant Secretary for Legislation

Enclosure



DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

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Assistant Secretary for Legislation  
Washington, DC 20201

January 30, 2024

The Honorable Cathy McMorris Rodgers  
Chair  
Committee on Energy and Commerce  
U.S. House of Representatives  
Washington, DC 20515

Dear Chair Rodgers:

I am pleased to provide you with the report to Congress: Telehealth Network and Telehealth Resource Centers Grant Programs, 2023. This report was prepared by the Health Resources and Services Administration, and it is being submitted in accordance with the report requirement in subsection 330I(p) of the Public Health Service Act (42 U.S.C. § 254c-14(p)).

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Sincerely,

/Melanie Anne Egorin/

Melanie Egorin, PhD  
Assistant Secretary for Legislation

Enclosure



DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

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Assistant Secretary for Legislation  
Washington, DC 20201

January 30, 2024

The Honorable Frank Pallone, Jr.  
Ranking Member  
Committee on Energy and Commerce  
U.S. House of Representatives  
Washington, DC 20515

Dear Representative Pallone:

I am pleased to provide you with the report to Congress: Telehealth Network and Telehealth Resource Centers Grant Programs, 2023. This report was prepared by the Health Resources and Services Administration, and it is being submitted in accordance with the report requirement in subsection 330I(p) of the Public Health Service Act (42 U.S.C. § 254c-14(p)).

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Sincerely,

/Melanie Anne Egorin/

Melanie Egorin, PhD  
Assistant Secretary for Legislation

Enclosure