



March 5, 2020

Federal Office of Rural Health Policy
Office for the Advancement of Telehealth

SUBJECT: Telehealth Resource Center Request for Information

The National Organization of State Offices of Rural Health (NOSORH) is the membership association of the nation's fifty State Offices of Rural Health. State Offices of Rural Health are dedicated to improving rural health through information dissemination, coordination and technical assistance. They are key conveners for leveraging resources to bring services to the rural communities and are called upon to answer a wide variety of questions and to respond to the needs of rural providers and facilities as they seek telehealth services.

NOSORH appreciates the opportunity to provide the attached comments on the roles of Telehealth Resource Centers. If you have any questions or would like additional insight, please contact me directly at teryle@nosorh.org

Sincerely,

A handwritten signature in black ink that reads 'Teryl Eisinger'. The signature is written in a cursive, flowing style.

Teryl Eisinger, MA
Executive Director

NOSORH Comments on Telehealth Resource Center Program Request for Information March 6, 2020

Introduction

The Office for the Advancement of Telehealth (OAT) Federal Office of Rural Health Policy (FORHP) of the Health Resources and Services Administration (HRSA) released a Request for Information (RFI) seeking comments on the performance of its Telehealth Resource Center (TRC) Program. These comments will be used in framing the upcoming Request for Proposals for that program. In this communication, the National Organization of State Offices of Rural Health (NOSORH) provides comments in answer to the specific questions asked in the RFI.

NOSORH was established in 1995 to assist State Offices of Rural Health (SORH) in their efforts to improve access to, and the quality of, health care for nearly 57 million rural Americans. All 50 states have a SORH, and each SORH helps their state's rural communities to build effective health care delivery systems. NOSORH solicited its member SORHs for their responses to the RFI questions. Multiple SORHs responded to NOSORH and the compiled responses are summarized in this communication.

NOSORH is supportive of the efforts of FORHP/OAT related to this RFI. NOSORH appreciates the efforts of FORHP/OAT to seek public input related to the performance of its programs. NOSORH believes, based upon the response of SORHs, that the TRC Program is largely meeting the needs of rural communities.

SORH Responses

The responses of SORHs to RFI questions are summarized below.

Question 1: Have you used Telehealth Resource Center Program Services?

All SORHs responding have utilized TRC Program services. The SORHs are in multiple TRC regions and represent a good sample of states. NOSORH understands, based upon anecdotal information, that there are other SORHs who have utilized TRC services that did not respond to the survey. It should be noted that several responding SORHs indicated that they sit on regional TRC advisory boards.

Question 2: Have the TRCs met the needs for telehealth technical assistance in your rural and underserved communities?

All SORHs responding indicated that the TRCs have been effective in meeting telehealth technical assistance needs. The SORHs cited several specific examples of useful assistance:

- Regular updates on legislation – particularly on state-specific issues.
- Telehealth demonstrations.
- Development of state specific webinar series, such as training on billing.

- Assistance in the development of statewide telehealth plans and related strategic planning.
- Support of state level Telehealth Advisory Committees/Alliances/Consortia.
- Dissemination of relevant toolkits and information packets.
- Assistance to specific rural health care providers in securing broadband.

One SORH noted that there are some needs of practice sites and providers which go beyond the capacity of TRCs. These needs are likely being met by consultants.

Question 3: What are the three most urgent topics that you would be most likely to ask a TRC about in the next year?

Responding SORHs identified a several priority topics that could be addressed under the TRC Program:

- Teledentistry.
- New telehealth technology and organizational models.
- Telehealth reimbursement and payment structure.
- Tele-MAT and the new DEA regulations.
- Model telehealth reimbursement parity legislation.
- Model state telehealth rules and regulations.
- Assistance in updating state telehealth strategic plans.
- Assistance in planning telehealth advocacy.
- Expanded telehealth hands-on assistance for rural hospitals and health systems.
- Evidence-based evaluations of telehealth technologies.

Question 4: Do you have suggestions on the regional TRC distributions?

Responding SORHs made no comments about the current regional TRC locations. It was noted that both Utah and New Jersey were the shared responsibility of two regional TRCs. One SORH indicated that it was unclear whether all regional TRCs had equal capacity and similar demands - states like Maine and Pennsylvania are among the states with the largest rural population and they are in TRC regions that are responsible for many states.

Question 5: Do you have any suggestions for HRSA as the Notice of Funding Opportunity is being drafted?

Only two SORHs made suggestions for the next Notice of Funding Opportunity. One SORH suggested that the targets for TRC services be expanded to include, as a priority, oral health providers and school-based health services. Another SORH noted that earlier funding rounds had included requirements that TRCs be sustainable. This SORH commented that this requirement should be dropped and that TRCs should be public or nonprofit entities that can provide unbiased information. This is an important counterbalance to industry-supported sources of information and assistance.

NOSORH suggests, in addition, that TRCs be required to conduct needs assessments of rural telehealth needs and policy issues on a regular basis, and that these assessments

be used to configure their services in a manner that aligns with priorities of rural communities in their service area. These assessments could be conducted in coordination with SORHs.

Conclusion

Based upon the responses of SORHs NOSORH believes that the TRC Program continues to be an effective resource for states and rural communities. Small changes can help to keep the Program aligned with rural needs. NOSORH will continue to support and coordinate with efforts of the Program.