January 21, 2025

RCE™ Monthly Information Call

Zoe Barber, RCE Policy Director
Johnathan Coleman, RCE CISO
Didi Davis, RCE Conformance Testing
Kathryn Lucia, RCE Policy Analyst
Dave Pyke, RCE Technical SME
Steve "Sully" Sullivan, RCE Program Operations
Alan Swenson, RCE Program Operations Lead
Dawn Van Dyke, RCE Communications Lead
Erin Whaley, RCE Legal SME
Chantal Worzala, RCE Strategy and Engagement
Mariann Yeager, RCE Lead

Agenda

- Welcome
- ASTP Update
- TEFCA^{TM} Exchange Basics
- TEFCA Policy Development Timeline
- Additional Security Requirements SOP
- TEFCA Governance SOP
- Flexibility When Response is Optional
- QHIN Application & Onboarding SOP
- Educational Resources and FAQs
- Questions & Answers (Q&A)
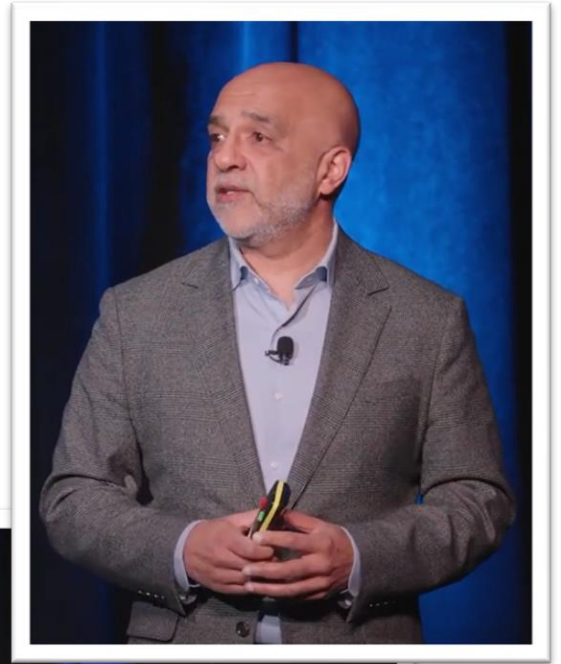
TEFCA™ **is Ramping Up!**

Annual
Meeting
2024
DEC 11-12
NASHVILLE — TENNESSEE

the sequoia project

carequality

Welcome

- Will add link to Micky's blog post once available

"ASTP Annual Meeting 2024 – December 5" *YouTube,* uploaded by HHS Assistant Secretary for Technology Policy
https://www.youtube.com/watch?v=3azj1nDlCu0

TEFCA Exchange Basics

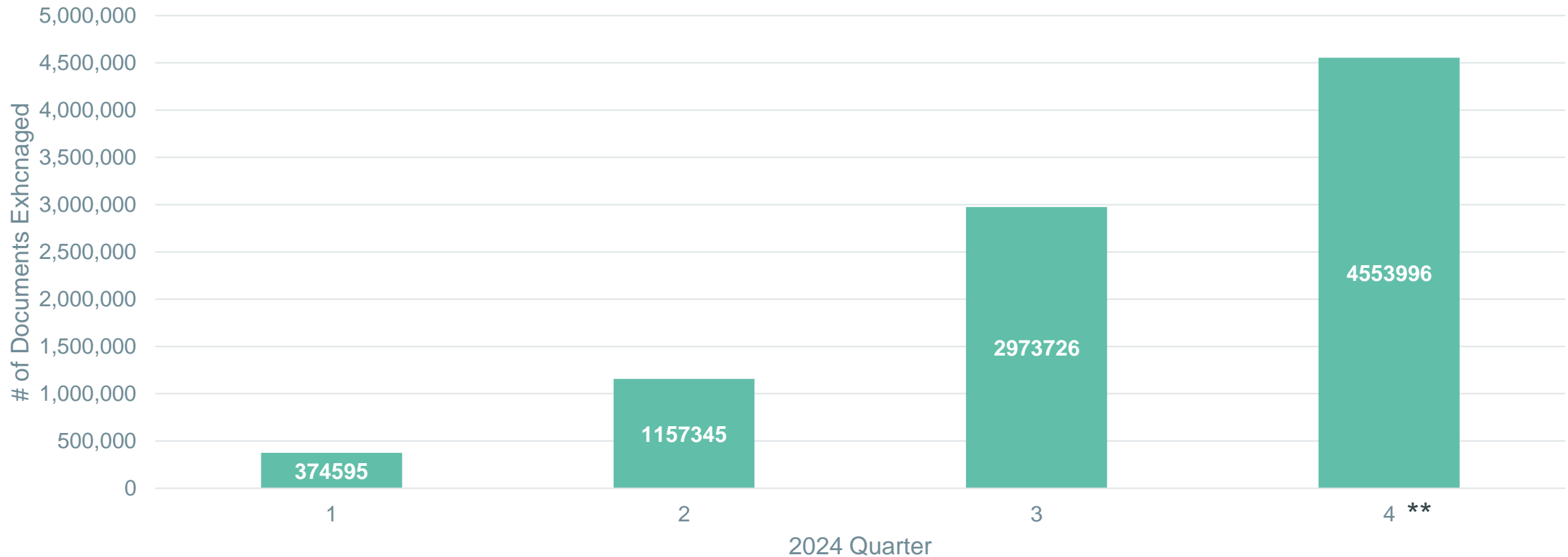**THE NUMBERS ARE IN**

TEFCA Exchange is Ramping Up!

There are 1,633 organizations live on TEFCA (QHINs, Participants, and Subparticipants).

More than **9 million documents shared** since go-live in December 2023.

9+ MILLION
Documents Shared

2024 Total Documents Shared via TEFCA Exchange
(Grand total from Jan to Nov 2024: 9,059,662)

Chart: # of Documents Exchnaged vs 2024 Quarter

- Quarter 1: 374595
- Quarter 2: 1157345
- Quarter 3: 2973726
- Quarter 4 **: 4553996

**Note: Q4 is currently limited to October and November and will increase when December data is incorporated

QHIN Application and Onboarding & Designation

Letters of Intent
- Active – 3

Completeness Review
0

Applications Accepted
0

Partner Testing & Project Plan Completion
0

Submitting Application
0

Definitive Review
0

Conformance Testing
2
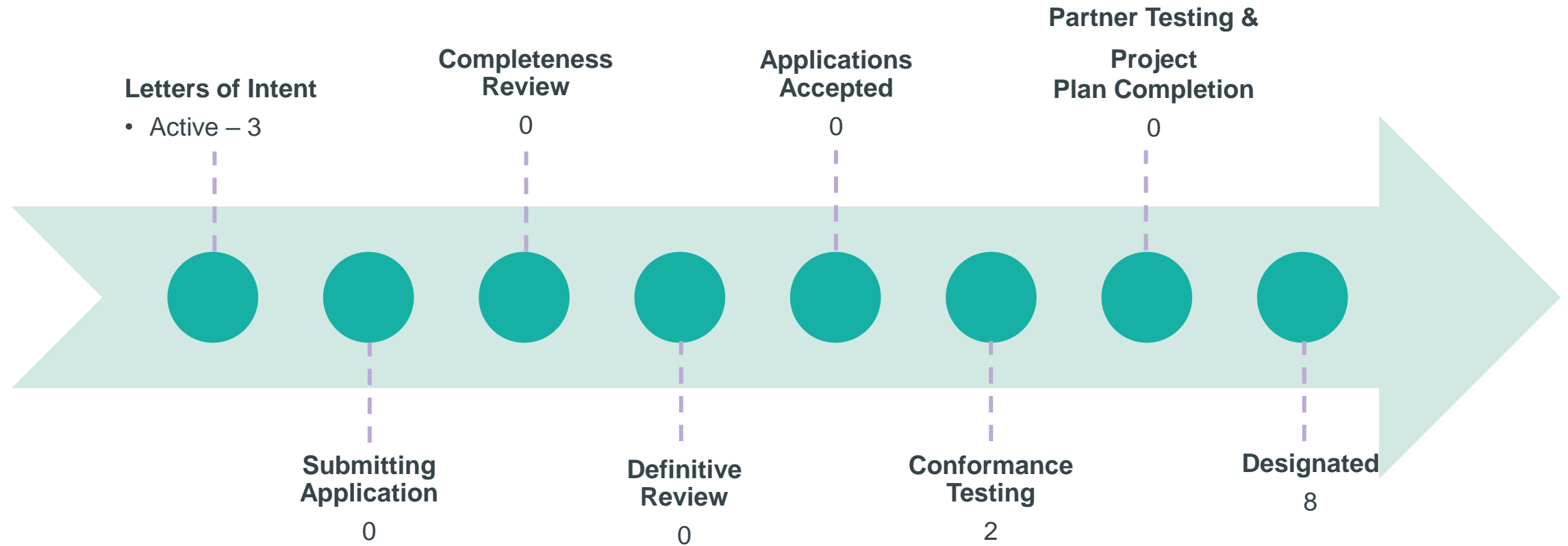
Designated
8

Meet The Candidate QHINs

Learn More: https://rce.sequoiaproject.org/designated-qhins/

Congratulations on Designation!

TEFCA Components

Framework Agreements

Standard Operating Procedures

Technical Requirements
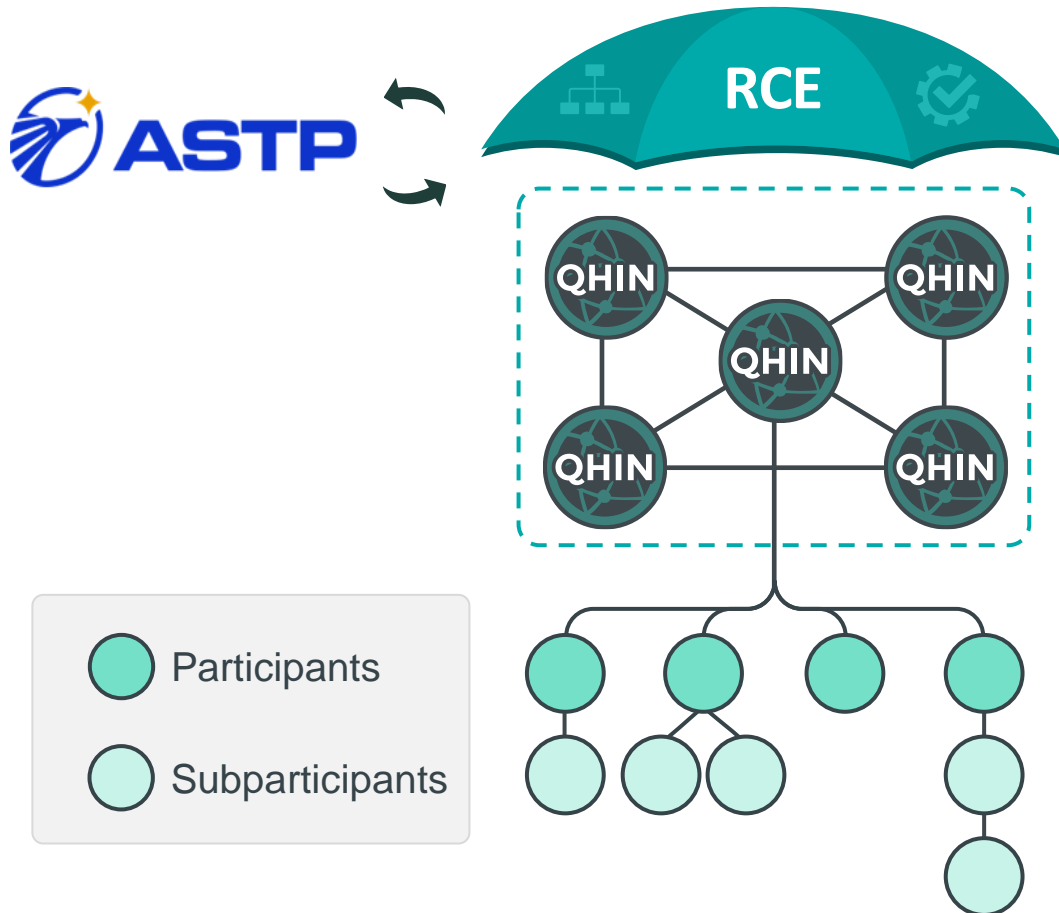
RCE Directory

Oversight & Compliance

Governance

Exchange Under TEFCA

ASTP defines overall policy and certain governance requirements

RCE provides oversight and governing approach for QHINs

QHINs connect directly to each other to facilitate nationwide interoperability

Each QHIN connects Participants, which connect Subparticipants

Participants and Subparticipants connect to each other through TEFCA Exchange

- Participants contract directly with a QHIN and may choose to also provide connectivity to others (Subparticipants), creating an expanded network of networks

- Participants and Subparticipants sign the same Terms of Participation and can generally participate in TEFCA Exchange in the same manner

TEFCA Policy Development Timeline

SOP Publications Dates 2024 - 2025

Published 7/1/2024

- QHIN Technical Framework (QTF) Version 2.0
- Facilitated FHIR Implementation SOP Version 1.0
- Individual Access Services (IAS) Provider Requirements
- Governance Approach SOP Version 1.0
- Delegation of Authority SOP Version 1.0
- Expectations for Cooperation SOP Version 1.0
- Exchange Purposes (XPs) SOP Version 2.0
- RCE Directory Service Requirements Policy SOP Version 1.0
- TEFCA Security Incident Reporting SOP Version 1.0
- XP Implementation SOP: Treatment Version 1.0

Published 8/6/24

- Public Health Exchange Purpose (XP) Implementation SOP
- Health Care Operations XP Implementation SOP
- Individual Access Services XP Implementation SOP Version 2.0
- Exchange Purposes (XPs) SOP Version 3.0
- QHIN Security for the Protection of TEFCA Information Version 2.0

Published 11/13/24

- XP Vetting Process SOP Version 1.0

January 2025

- TEFCA Governance SOP Version 1.0
- QHIN Onboarding & Designation SOP Version 3.0
- QHIN Application SOP Version 2.0
- Exchange Purposes (XPs) SOP Version 4.0
- QHIN, Participant, and Subparticipant Additional Security Requirements SOP Version 1.0

Additional Security Requirements for QHINs, Participants, and Subparticipants SOP

2022/2023 – Public Input Process, including Draft for Stakeholder Feedback

July-September 2024 – Consideration of Revisions by Cybersecurity Council

October 2024 – Approved by Cybersecurity Council

17 January 2025 – Publication

TEFCA Cybersecurity Council

Johnathan Coleman RCE	**Debbie Condrey** eHealth Exchange	**Mark W. Dill** MedAllies	**Chuck Golliday** CommonWell Health Alliance
Joe Granneman Kno2	**Emerson Bentley** Epic Nexus	**Tabrez Naqvi** Health Gorilla	**Eric Thompson** KONZA National Network
Scott Dresen Corewell Health	**Jeremy Maxwell** Veradigm	**Hanna Sicker** Virta Health	**Bezawit (Bez) Sumner** CRISP Shared Services (CSS)
Christopher Wolf Clay County Medical Center	**Bob Ganim** eClinicalWorks	**Judy Hatchett** Surescripts Health Information Network	**Mark Nolte** Netsmart Technologies, Inc.

The Cybersecurity Council is charged with evaluating the cybersecurity risks associated with activities conducted under the Framework Agreements and advise the RCE on ways to remediate these risks.

Standard Operating Procedure (SOP): QHIN, Participant, and Subparticipant Additional Security Requirements

Version 1.0

January 17, 2025

Applicability: QHINs, Participants, Subparticipants

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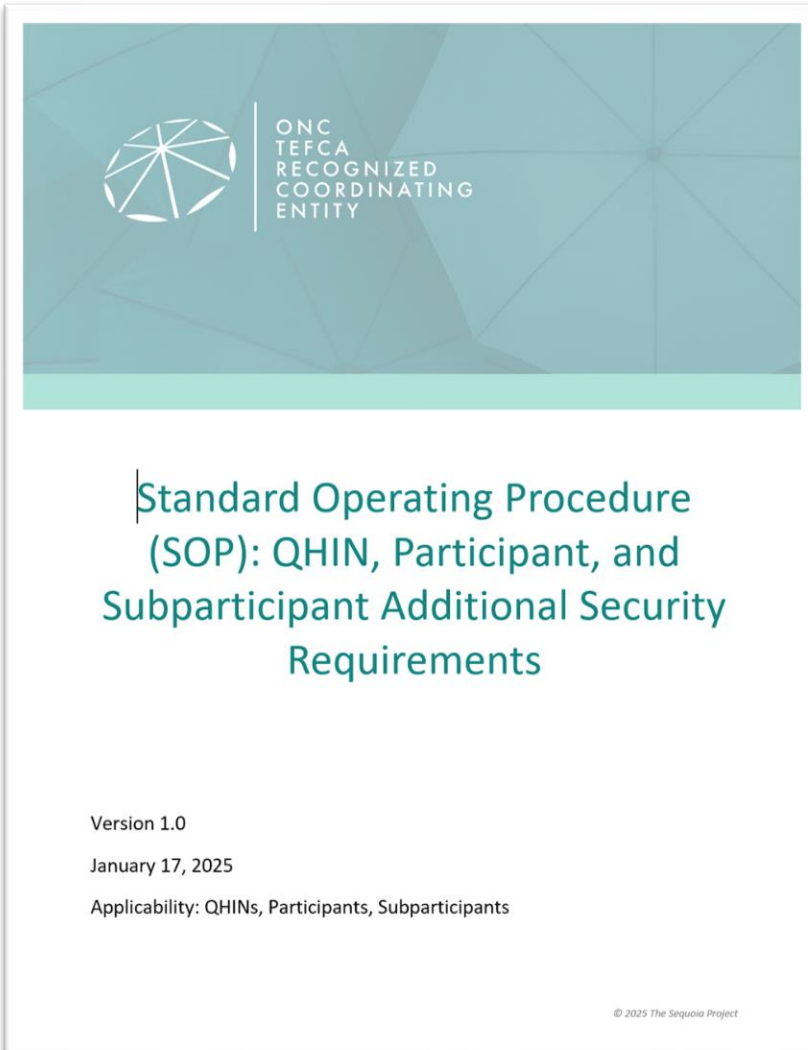
Purpose: The SOP establishes additional security requirements that QHINs, Participants, and Subparticipants must implement to help protect the security of TEFCA Information (TI). The requirements in this SOP are in addition to those in the Common Agreement, Terms of Participation, and QHIN Technical Framework (QTF)

Procedure:

- Assigned Security Official
- Authentication
- Audit
- Secure Channel
- Cybersecurity Performance Goals

- Participant/Subparticipant shall appoint an assigned security official, such as a Chief Information Security Officer (CISO) or other individual with executive level responsibility for the organization's information security. If the Participant/Subparticipant is a HIPAA Covered Entity or Business Associate, the Assigned Security Official may be the same individual as required per 45 CFR 164.308(a)(2)[1].

- This requirement is effective upon issuance of the SOP publication date.

[1] https://www.ecfr.gov/current/title-45/part-164/section-164.308#p-164.308(a)(2)

Section 4.2 Authentication

ONC
TEFCA
RECOGNIZED
COORDINATING
ENTITY

4.2.1 Authentication for Individuals and Workforce Members. Each QHIN, Participant, and Subparticipant *should* require that Individuals and Workforce Members who are authorized users of systems which access or process TI or Protected Health Information (PHI), (including those who request TI or PHI, or request TI or PHI be sent to a third party) or which are otherwise used for health information exchange, be authenticated at Authenticator Assurance Level 2 (AAL2)[1] for all *Remote Access* and for all *Privileged User access* (such as system administrator accounts or other accounts used to perform security-relevant functions).

Additionally, AAL2 *should* be implemented for access to TI or PHI, or to systems used for health information exchange originating **from an internal system** (within the organization's controlled network) **to a remote system** (outside the organization's control) **or between remote systems**.

For the avoidance of doubt, AAL2 *should* be implemented for:

    (a) *Remote Access* to TI, PHI, and/or internal systems used for health information exchange

    (b) *Privileged User* access to TI and/or PHI, and/or systems used for health information exchange

[1] https://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.800-63-3.pdf

- ***Remote Access***
  - » As defined by NIST, remote access is access to an organizational information system by a user (or an information system) communicating through an external, non-organization-controlled network (e.g., the Internet).
    See https://csrc.nist.gov/glossary/term/remote_access

- ***Privileged User access***
  - » As defined by NIST, a privileged user is a user that is authorized (and therefore, trusted) to perform security-relevant functions that ordinary users are not authorized to perform.
    See https://csrc.nist.gov/glossary/term/privileged_user

Section 4.2 Authentication Examples

ONC
TEFCA
RECOGNIZED
COORDINATING
ENTITY

1. A **medical practitioner** consulting with patients while **on-site** in their provider organization's facility *would not* be required by this SOP to authenticate to AAL2 standards for each access. This is because their access is not Remote Access and their user account is not a Privileged User account.

2. A **medical practitioner** accessing an **externally hosted Electronic Health Record (EHR) system** from within their organization's facility to query for health information *should* be authenticated to AAL2 standards under this SOP. This is because their EHR system is controlled by an external third party.

3. A **system administrator** accessing a server used for TEFCA exchange who logs in with an administrator account *should* be required to authenticate to AAL2 standards for such access. This is because the access is using a Privileged User account.

4. A **medical practitioner working from home** who logs into their organization's network or directly accesses their organization's EHR system to query for information *should* authenticate to AAL2 standards. This is because their access is Remote Access.

5. A **patient accessing their patient portal** for the purposes of viewing their own health information *would not* be required by this SOP to be authenticated to AAL2 standards. This is because AAL2 standards in this SOP are not mandatory

Section 4.2 Authentication

- <u>4.2.2: Re-authentication[5].</u>

Periodic reauthentication of subscriber sessions for overall timeouts and inactivity timeouts **should** be performed as described in the Reauthentication Requirements for AAL2 as described in NIST SP800-63B-4 (draft), which is summarized below:

- An **overall timeout** limits the duration of an authenticated session to a specific period following authentication or a previous reauthentication. Per Sec. 5.2 of NIST SP800-63B-4 (draft), an overall timeout **should** be no more than **24 hours** at AAL2.

- An **inactivity timeout** terminates a session without activity from the subscriber for a specific period. Per Sec. 5.2 of NIST SP800-63B-4 (draft), the inactivity timeout **should** be no more than **1 hour**.

- When either timeout expires, the session is terminated.

Organizations **should** establish timelines
(note that NIST SP800-63B-4 2pd has this as **must**)

~~shall~~ be 30 mins
should be 1 hour

~~shall~~ be 12 hours
Should be 24 hours

[5]These requirements align with the second public draft of NIST SP 800-63B r4; https://pages.nist.gov/800-63-4/sp800-63b.html#aal2reauth
[6] See NIST SP800-63C for FAL2: https://pages.nist.gov/800-63-3/sp800-63c.html#fal

- All QHINs, Participants, and Subparticipants MUST record audit log entries of transactions conducted through their Framework Agreements which adhere to the same audit standard as required for Certified Health IT, as described in 45 CFR 170.315(d)(2), *Auditable events and tamper resistance*[7].

- Timeline to adopt: This requirement shall be implemented within six (6) months of the SOP publication date

[7] https://www.ecfr.gov/current/title-45/part-170/section-170.315#p-170.315(d)(2)
[8] https://archive.org/details/gov.law.astm.E2147.18/page/n5/mode/1up

Section 4.4 Secure Channel

- All internet-facing connections established under a Framework Agreement shall utilize the Internet Engineering Task Force (IETF) Transport Layer Security (TLS) protocol[9], version 1.2 with BCP-195[10], or a later version of TLS, as further specified in the Secure Channel requirements of the QTF[11]. This will help enable the TLS-protected communication channel to operate with appropriate levels of protection and prohibit less secure methods.

- Timeline to adopt: This requirement shall be implemented within six (6) months of the SOP publication date.

[9] Transport Layer Security (TLS) Protocol Version 1.2 (IETF RFC 5246) is available at: https://tools.ietf.org/html/rfc5246 and Transport Layer Security (TLS) Protocol Version 1.3 (IETF RFC 8446) is available at https://tools.ietf.org/html/rfc8446
[10] *Recommendations for Secure Use of Transport Layer Security (TLS) and Datagram Transport Layer Security (DTLS)* (IETF BCP 195) - available at: https://tools.ietf.org/html/bcp195
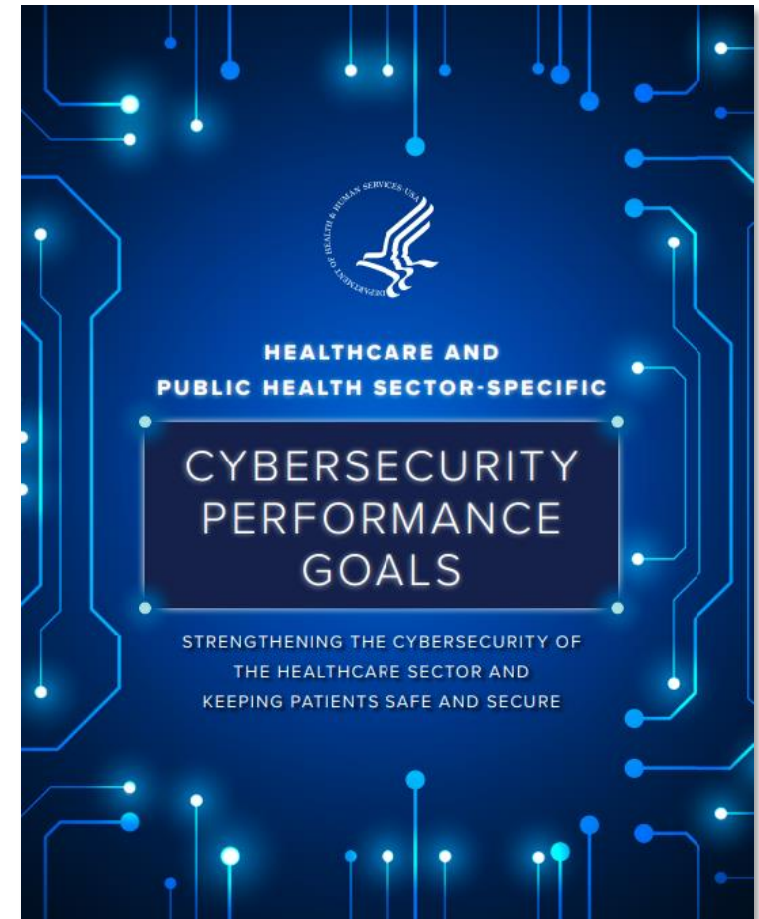[11] https://rce.sequoiaproject.org/wp-content/uploads/2024/07/QTF-v2_508.pdf

- The US Department of Health and Human Services (HHS) published healthcare specific Cybersecurity Performance Goals (CPGs)[12] to help healthcare organizations prioritize implementation of high-impact cybersecurity practices.

- The CPGs are categorized into Essential and Enhanced CPGs. While voluntary, these CPGs help strengthen cyber preparedness, improve cyber resiliency, and ultimately protect patient health information and safety.

- All entities participating in TEFCA Exchange are **strongly encouraged** to review and adopt the Essential CPGs, and where appropriate, the Enhanced CPGs, for all critical systems and systems which permit access to health information.

Multifactor Authentication: Add a critical, additional layer of security, where safe and technically capable, to protect assets and accounts directly accessible from the Internet.

Basic Cybersecurity Training: Ensure organizational users learn and perform more secure behaviors.

HEALTHCARE AND PUBLIC HEALTH SECTOR-SPECIFIC

CYBERSECURITY PERFORMANCE GOALS

STRENGTHENING THE CYBERSECURITY OF THE HEALTHCARE SECTOR AND KEEPING PATIENTS SAFE AND SECURE

[12] https://hphcyber.hhs.gov/performance-goals.html

Timelines for Implementation

- Section 4.1: Assigned Security Official (upon publication date of SOP)

- Section 4.2: Authentication (no timeline)

- Section 4.3: Audit (6 months from publication date of SOP)

- Section 4.4: Secure Channel (6 months from publication date of SOP)

- Section 4.5: Healthcare and Public Health (HPH) Cybersecurity Performance Goals (no timeline)

TEFCA Governance SOP

The Sequoia Project, in its role as the Trusted Exchange Framework and Common Agreement™ (TEFCA™) Recognized Coordinating Entity® (RCE®) released the **TEFCA Governance SOP**.
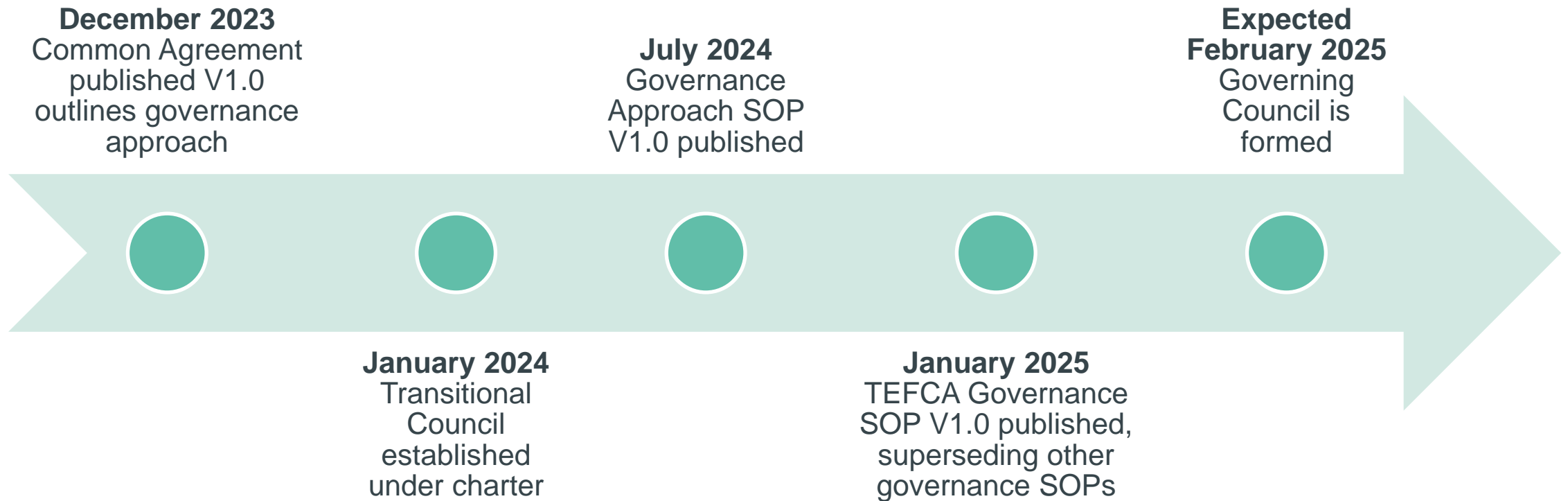
This milestone SOP marks the transition to self-governance of TEFCA Exchange, a reflection of how TEFCA has matured across one year of production exchange.

Transitioning to Permanent Governance

December 2023
Common Agreement published V1.0 outlines governance approach

July 2024
Governance Approach SOP V1.0 published

Expected February 2025
Governing Council is formed

January 2024
Transitional Council established under charter

January 2025
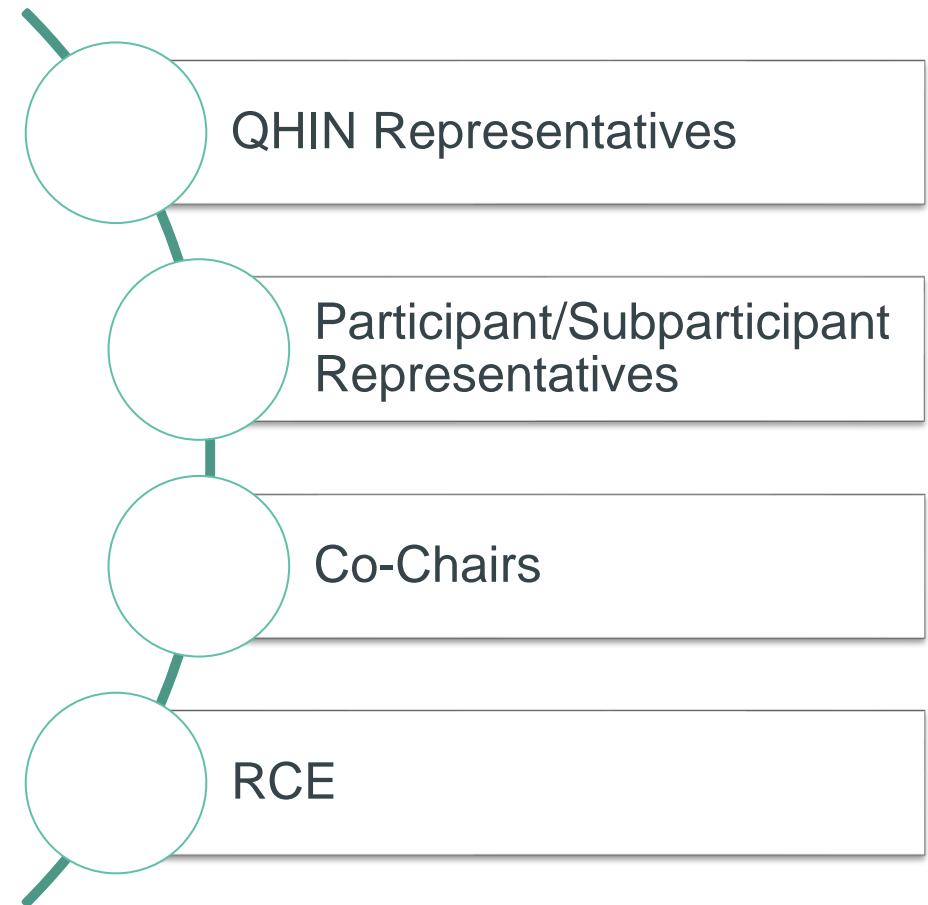TEFCA Governance SOP V1.0 published, superseding other governance SOPs

The Transitional Council SOP states that the Transitional Council will operate for 12 months beginning 30 days after at least the first two QHINs have been designated by the RCE
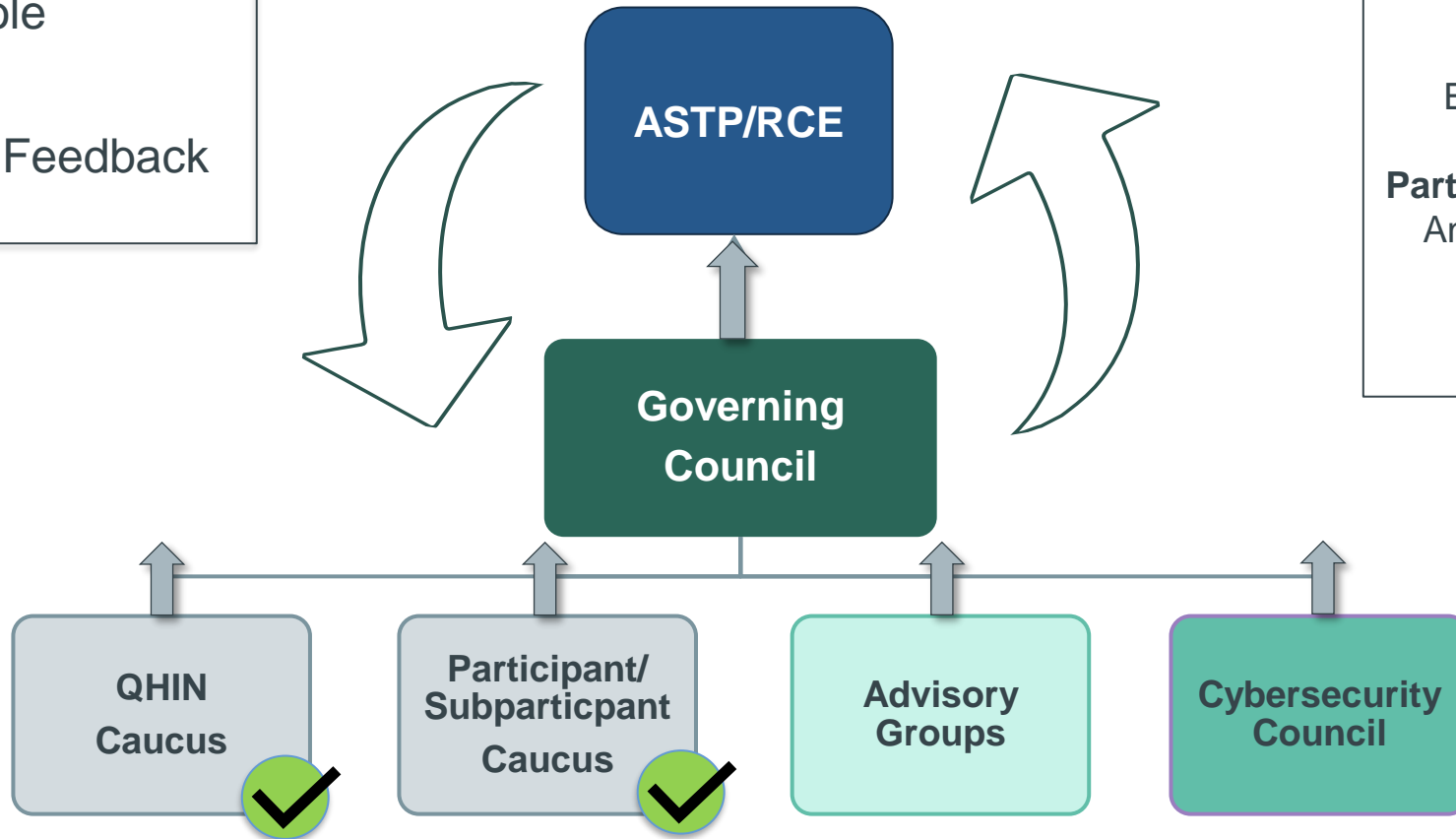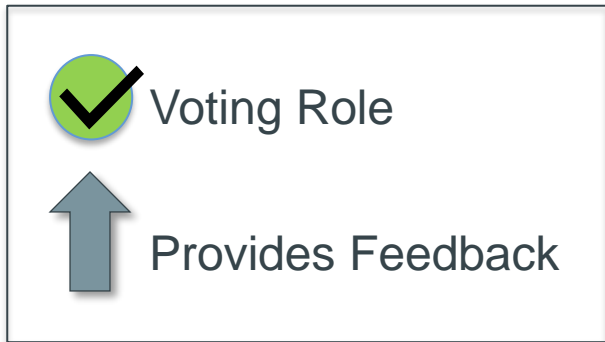
Many Thanks to The TEFCA Transitional Council

- Matt Becker, *Kno2*
- ***John Blair, MD, *MedAllies***
- ***Matthew Eisenberg, MD, *Stanford Health Care***
- Kristen Engelen, PharmD, *RxLive / Engelen Consulting Group*
- Tina Joros, JD, *Veradigm*
- Sam Lambson, *Oracle / Athena Health*
- Misty LaFave, *PointClickCare*
- Steven Lane, MD, *Health Gorilla*
- Laura McCrary, *Konza National Network*
- Jay Nakashima, *eHealth Exchange*
- Brenda Olson, *Great Plains Health Alliance*
- Tyler Steier, *Epic Nexus*
- Nichole Sweeney, JD, *CRISP Shared Services*
- Paul Wilder, *CommonWell Health Alliance*
- Mariann Yeager, *RCE Lead*

*co-chair

QHIN Representatives

Participant/Subparticipant Representatives

Co-Chairs

RCE

Governance Roles & Voting Responsibilities

Legend:
- ✅ Voting Role
- ⬆ Provides Feedback

Diagram:
- ASTP/RCE
- Governing Council
- QHIN Caucus ✅
- Participant/Subparticpant Caucus ✅
- Advisory Groups
- Cybersecurity Council

Dates

QHIN Caucus
Established January 10, 2025

Participant/Subparticipant Caucus
Anticipated by January 31, 2025

Governing Council
Anticipated February 2025

Policies Establishing Governance

Common Agreement

The RCE shall establish a Transitional Council and then a Governing Council which will be responsible for serving as a resource to the RCE and a forum for orderly and civil discussion of any issues affecting TEFCA Exchange or other issues that may arise under the Common Agreement.

The formation, composition, responsibilities, and duration of the Transitional Council and Governing Council shall be set forth in an SOP(s)
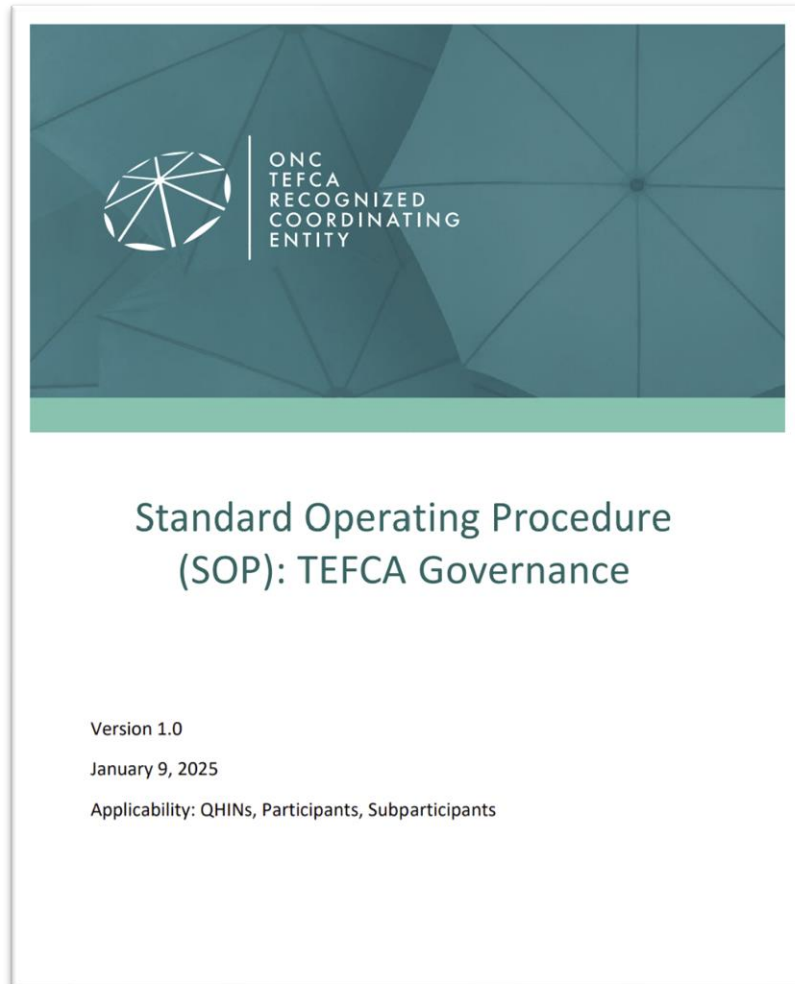
TEFCA Governance SOP

4.1 Responsibilities
4.2 Member Expectations
4.3 Composition & Appt
4.4 Leadership
4.5 Quorum & Voting
4.6 Terms
4.7 Suspension
4.8 Removal
4.9 Vacancies
4.10 No Compensation
4.11 Conflict of Interest
4.12 Advisory Groups

Charter

Each Governance Body will create a charter to include additional details not already described in the Common Agreement and the SOP, including but not limited to:

- Schedule
- Composition, including delegates/proxies
- Appointment (i.e., nominating committees)

TEFCA Governance SOP

Standard Operating Procedure
(SOP): TEFCA Governance

Version 1.0

January 9, 2025

Applicability: QHINs, Participants, Subparticipants

Purpose: The SOP provides the specifics for the formation, composition, responsibilities and duration of the Governing Council, QHIN Caucus, and Participant/Subparticipant Caucus, and sets out the way in which Advisory Groups will be established and the general rules that govern the activity of an Advisory Group

Procedure:

- Responsibilities of Each Governance Body

- Governance Bodies Member Expectations

- Composition and Appointment, Leadership, Quorum and Voting, Terms, Suspension, Vacancies, Removal, No Compensation, Conflict of Interest

- Advisory Groups

New **Definitions:**

- **Affiliated With:** an individual is affiliated with a QHIN, Participant, or Subparticipant if such individual is an owner, director, officer, employee, contractor, or agent of such QHIN, Participant, or Subparticipant.

- **Governance Body(ies)**: the Governing Council, the QHIN Caucus, and/or the Participant/Subparticipant Caucus.

Composition of each Governing Body

Governing Council
- Up to 9 QHIN representatives
- Up to 9 Participant/Subparticipant representatives
- Up to 1 RCE representative
- Up to 5 representatives Affiliated With a federal agency
- ASTP invited as observers when appropriate, as determined by the Governing Council

Participant/Subparticipant Caucus
- 25 - 30 members
- Must be a Participant or Subparticipant of a Designated QHIN and be actively involved in or enabling TEFCA Exchange
- Members should strive to include stakeholder groups that fully and equitably represent the types of stakeholders actively involved in or enabling exchange of data using TEFCA Exchange

QHIN Caucus
- One representative per Designated QHIN and Candidate QHIN (non-voting)

Advisory Group
- The RCE shall work with the Governing Council to identify the appropriate composition of an Advisory Group, which will vary depending upon the exact issue(s) that the Advisory Group is expected to address

Governing Council
- QHIN Caucus selects up to 9 of its representatives to serve on the Governing Council
- Participant/Subparticipant Caucus selects up to 9 of its representatives to serve on the Governing Council
- Governing Council invites federal agencies participating in TEFCA
  - Federal agencies actively involved in or enabling TEFCA Exchange are entitled to vote
  - Agencies not sharing data may participate in discussions and provide input but will not vote

Participant/Subparticipant Caucus
- The Governing Council or a subcommittee thereof will review nominations received from QHINs for Participants/Subparticipants to serve on the Caucus
  - The initial group will be chosen by the Transitional Council, with feedback from ASTP/ONC
- All Participant/Subparticipant Caucus members will be given the opportunity to vote for the slate of new members to the Participant/Subparticipant Caucus

QHIN Caucus
- One representative per Designated QHIN

Advisory Groups
- The RCE may establish an Advisory Group
- The Governing Council can recommend to the RCE and ASTP that an Advisory Group be convened

Additional Elements of the SOP

- **The Governance SOP also includes procedures for the following:**

  - » Quorum and Voting

  - » Terms

  - » Suspension & Removal

  - » Vacancies

An Advisory Group Purpose:

The Common Agreement Section 3.5 states:

The RCE, in consultation with the Governing Council and ASTP/ONC, may establish 'Advisory Groups,' from time to time, for purposes of seeking input from distinct groups of stakeholders that are parties to or affected by activities under the Framework Agreements to better inform the governance process, provide input on certain topics, and promote inclusivity.

Advisory Group Composition:

The RCE shall work with the Governing Council to identify the appropriate composition of an Advisory Group, which will vary depending upon the exact issue(s) that the Advisory Group is expected to address

Diversity	Expertise
Availability	Objectivity

Flexibility When Response is Optional

Purpose of the Update:

- Provide greater flexibility for QHINs and other TEFCA-connected entities to use Exchange Purposes that are currently optional for response, such as Health Care Operations, Payment or Government Benefits Determination

- Maintain all other requirements

NEW **Section 4.7: Applicability of Section 6.2.2 of the Common Agreement and Section 2.2.2 of the Terms of Participation**
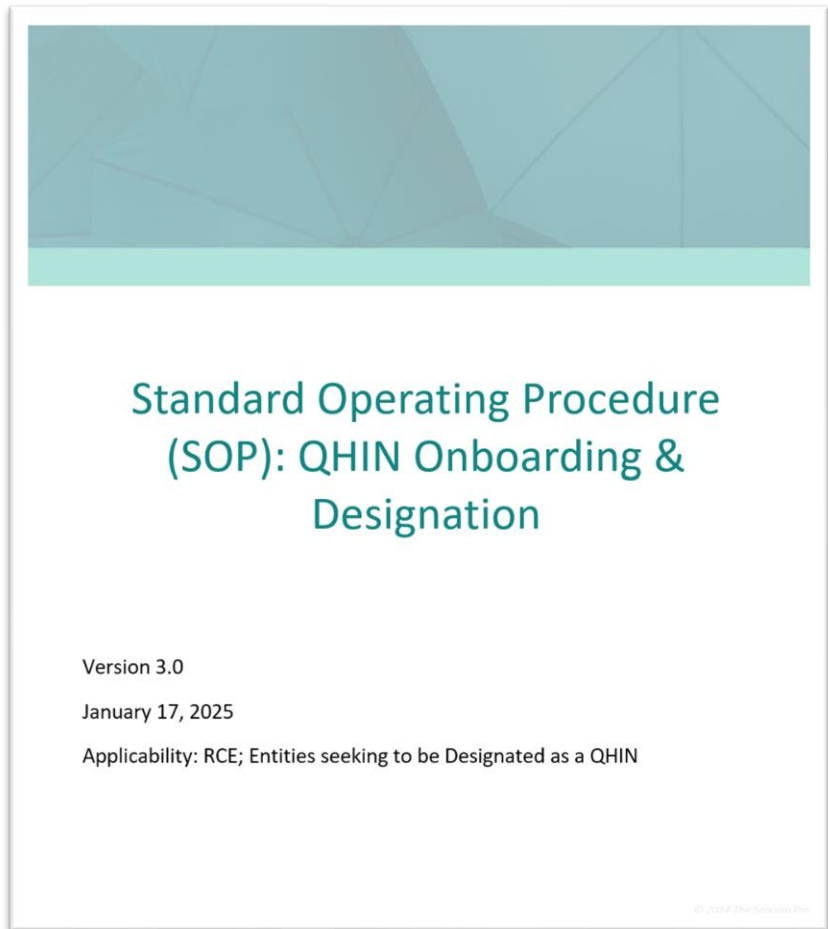
a) For all XP Codes that require a Response pursuant to this SOP, Section 6.2.2 of the Common Agreement and Section 2.2.2 of the ToP shall apply.

b) For each Non-Required XP Code, Section 6.2.2 of the Common Agreement [1] and Section 2.2.2 of the ToP shall not apply to TEFCA Exchange conducted for such Non-Required XP Code. For these Non-Required XP Codes, QHINs, Participants, and Subparticipants MAY determine their own exchange partners. For the avoidance of doubt, TEFCA Exchange conducted for any Non-Required XP Code remains subject to all other applicable provisions of the Framework Agreements, SOPs, and QTF

[1] Section 6.2.2 of the CA: No Discriminatory Limits on Exchange of TEFCA Information (TI).

QHIN Onboarding and Designation SOP Version 3.0

Standard Operating Procedure (SOP): QHIN Onboarding & Designation

Version 3.0

January 17, 2025

Applicability: RCE; Entities seeking to be Designated as a QHIN

Purpose: This SOP identifies the process and specific requirements for Onboarding and Designation of QHINs, including demonstrating satisfaction of the QHIN eligibility criteria, the review and disposition of all QHIN Applications, and the testing process.

Procedure:

- Eligibility Requirements
- QHIN Application Process
- Pre-Production Testing Process
- Application Withdrawals
- Designation & Post-Production Testing
- Changes to the Application

Educational Resources and Upcoming Events

Fact Sheets

- FHIR Roadmap for TEFCA Exchange Version 2.0
- TEFCA Cross Reference Resource
- TEFCA Glossary
- 🔗 Questions to ask your QHIN or other TEFCA connectors
- 🔗 TEFCA for Executives
- 🔗 TEFCA on FHIR
- 🔗 TEFCA for Individuals
- Benefits for Health Information Networks (HINs)
- 🔗 Benefits for State Governments and Public Health
- 🔗 Benefits for Patients and Consumers
- 🔗 Benefits for the Payer Community
- 🔗 Benefits for Health Care Providers Across the Continuum

These Frequently Asked Questions address common questions and will be updated regularly.

- **What is TEFCA?**
- **How Does TEFCA Work?**
- **How Do I Participate in TEFCA Exchange?**
- **How is TEFCA Governed?**
- **How are QHINs Designated?**

https://rce.sequoiaproject.org/rce/faqs/

Additional TEFCA Resources from ASTP:
https://www.healthit.gov/topic/interoperability/policy/trusted-exchange-framework-and-common-agreement-tefca

RCE Resource Library

TEFCA is a multifaceted, living framework that enables seamless and secure nationwide exchange of health information.

GETTING STARTED
↓

Below is a guide to the Common Agreement, Standard Operating Procedures (SOPs), technical documents, and other resources that make up TEFCA's rules of the road. Start your journey to next generation interoperability here.

https://rce.sequoiaproject.org/tefca-and-rce-resources/

Upcoming RCE Monthly Info Call:
February 18, 12:00-1:00pm ET (60 min)

Additional Past and Upcoming Engagements:
- FAST HL7 Event January 13
- Texas Health Services Authority Interoperability Collaborative
- HIMSS 2025

Additional Resources:
https://www.healthit.gov/tefca

All Events Registration and Recordings:
https://rce.sequoiaproject.org/community-engagement/

Contact Us

https://rce.sequoiaproject.org/contact/

Thank you for your interest in the ONC TEFCA™ Recognized Coordinating Entity®.

Stakeholder Feedback on Documents and/or Process
While we occasionally publish stakeholder feedback periods with start and end dates, we welcome and value feedback from our community all year long. Please use the below form or email rce@sequoiaproject.org with your feedback anytime.

Questions
Please provide us with some information and we will contact you shortly to schedule a discussion. As appropriate, some submitted questions may be answered on the Monthly Informational Call, which are recorded and shared on the Community Engagement page.

Contacting The Sequoia Project
Please note, this form is to contact The Sequoia Project in its role as the RCE. For all other types of interest and activities of The Sequoia Project, please visit our main site at sequoiaproject.org

First Name *(Required)*

Last Name *(Required)*

Organization *(Required)*

Title/Role

Email *(Required)*

Phone

Questions or Comments *(Required)*

I agree to receive electronic communications from The Sequoia Project *(Required)*
☐ Yes

Submit

Contact Emails

Media Inquiries
media@sequoiaproject.org

General Inquiries
rce@sequoiaproject.org

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8300 Boone Blvd.
Suite 500
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