

June 22, 2015

The Honorable Orrin G. Hatch  
Chairman  
Senate Committee on Finance  
219 Dirksen Senate Office Building  
United States Senate  
Washington, D.C. 20510

The Honorable Ronald L. Wyden  
Ranking Member  
Senate Committee on Finance  
219 Dirksen Senate Office Building  
United States Senate  
Washington, D.C. 20510

The Honorable John H. Isakson  
Co-Chair  
Senate Committee on Finance Chronic Care  
Working Group  
131 Russell Senate Office Building  
Washington, DC 20510

The Honorable Mark R. Warner  
Co-Chair  
Senate Committee on Finance Chronic Care  
Working Group  
475 Russell Senate Office Building  
Washington, DC 20510

Dear Chairman Hatch, Ranking Member Wyden, Senator Isakson and Senator Warner,

Please accept this letter on behalf of Magee Rehabilitation Hospital (Magee) in response to your request for stakeholder comments to the Senate Committee on Finance's Chronic Care Working Group. Magee looks forward to improving health outcomes for Medicare patients who have chronic conditions and appreciates the opportunity to provide feedback. We are specifically responding to your request for ideas to effectively use and improve the use of telehealth technology from the perspective of an urban facility that serves the disabled community.

Our hospital is an independent, post-acute nonprofit inpatient rehabilitation facility that provides physical and cognitive rehabilitation services to the Greater Philadelphia community. We employ over 600 staff, and Magee is nationally recognized for outstanding programs in physical and cognitive rehabilitation. Magee, in conjunction with Thomas Jefferson University Hospital, serves as the federally designated Regional Spinal Cord Injury Center of the Delaware Valley. Only 14 such centers exist in the country. Magee is also a founding member of The Christopher and Dana Reeve Foundation NeuroRecovery Network, which provides state of the art rehabilitation therapy. Our mission is to improve the quality of life of persons with disabilities by providing high quality physical and cognitive rehabilitation services.

There are a number of policies and grants in place that provide rural communities or medically underserved areas the resources to implement and take advantage of telehealth services, understanding that transportation barriers can significantly impede access to and delivery of care. Similar to individuals who live in rural areas, individuals with disabilities, including wheelchair users, who reside in urban areas also experience significant transportation barriers to vital health care. When transportation options do exist, they commonly come with significant time delays. As such, timely and urgent healthcare services often remain out of reach for many individuals with disabilities, disproportionately affecting those with lower incomes. An expansion of federal telehealth programs to focus on urban areas and their disabled populations would help address this

issue. Increased access to telehealth services for these individuals would provide them with timely and urgent clinical guidance, thereby improving patient health and reducing the total cost of care.

We thank the Senate Finance Committee's commitment to individuals with chronic care needs, and for its establishment of this Chronic Care Working Group. Should you have any questions or require further clarifications, please do not hesitate to contact Magee Rehabilitation's Chief Information, Infrastructure Officer, and Corporate Compliance Officer, Travis Gathright by email at [TGathright@mageerehab.org](mailto:TGathright@mageerehab.org) or by phone at 215-587-3463.

Respectfully Submitted,

A handwritten signature in black ink, appearing to be 'TG', written in a cursive style.

Travis Gathright, MHA