

Pennsylvania Senate Majority Policy Committee

Challenges Surrounding Rural Health Care

Written Testimony Submitted by:

Timothy C. Geibel, Executive Director
Crawford Area Transportation Authority

Date: February 14, 2024

Good afternoon, my name is Tim Geibel and I am the Executive Director of the Crawford Area Transportation Authority based in Meadville. CATA is the public transportation provider for Crawford and Venango counties. I am also a management team member for BeST Transit, the public transportation provider for Bradford, Sullivan and Tioga Counties. Additionally, from my 21 years of transit experience, I am currently the Chairman of the Meadville Medical Center Board of Directors. The Meadville Medical Center is an independent community Health system serving all of Crawford county including the Titusville Area Hospital, designated as a Critical Access Hospital.

I would like to recognize Chairman Laughlin for your leadership of the committee and coordinating this hearing. I would also like to recognize Senator Hutchison for your support of Rural transit in Venango county.

Many of us here today, myself included, take for granted that when we need to access health care, we get in our car and drive a mile or two from home or work to the doctor's office. That's not the case for so many people in rural communities where trips to medical appointments are 40-100 miles away.

There's the story of Wellsboro in Tioga County. Just recently the only Dialysis center in the county announced it was closing with the hope of reopening in the future. The local transit authority (BeST Transit) was informed that existing senior citizens that relied on transit to access Dialysis 3 days per week will be getting treatment at surrounding dialysis units. That sounds reasonable until you realize that the closest dialysis unit to Wellsboro is now 42 miles away and is a one hour and ten-minute drive to Coudersport. These seniors that rely on life sustaining treatments will now go from a 10-minute bus ride one way to over an hour one way. They will also most likely have to accept a late afternoon or evening chair time as the other centers are already at or near capacity. This is unsustainable for rural residents and an extreme cost burden to the transit property.

There is the story in Franklin, Venango county. A resident on Medicaid needs non-emergency medical transportation to the nearest facility that accepts Medicaid which happens to be in Pittsburgh. CATA is the responsible agency for providing transportation for this trip. So, this individual must ride the bus

101 miles one way to an appointment at UPMC Magee Women's hospital in Pittsburgh. This single appointment started with a pickup at her home at 6:50AM. She travelled over 200 miles round trip and returned home at 3:06PM. This is over 8 hours of her day for a single doctor's appointment. The main reason for this is that rural communities across the Commonwealth have seen an out migration of primary care services through the consolidation of health systems, medical providers choosing to leave the state and many other factors. Think of the impact to her life, think of the public resources that CATA must commit to provide this one single necessary medical trip. These 2 scenarios are not the exception to rural access to health care, these 2 examples are the norm. You can speak to any public transportation provider in any county, and they will have similar stories.

Access to medical appointments in rural communities is no less important to the individual than access to medical appointments in larger urban areas where hospitals, clinics and doctors' offices are abundant. Despite having fixed routes and door to door demand response shared ride throughout all of Crawford and Venango Counties, CATA is still faced each day with individuals that need better service, that can't get to their doctor's appointment because the bus can't afford to run more than 2-3 days per week and their community lacks medical facilities.

These challenges are real, these challenges are robust, and these challenges deserve thoughtful debate and financial investments. The cycle of rural communities losing their sole dialysis center, their community hospital closing, or services being sent to urban areas has continued far too long. Pennsylvania needs a robust strategy to ensure proper access to affordable health care in our rural communities.

Pennsylvania has a history of investments in public transportation. Public transportation must be a player and viewed as an asset when considering the stabilization of rural health care and improvement to access. Pennsylvania, through coordination with local counties and public transit providers, maintains the 3rd lowest cost per trip in the nation for non-emergency medical transportation better known as "MATP". This was an issue that was front and center for many of you back in 2018-2019 as we as a transit community fought to maintain local control of MATP services.

The importance of local control through Transit Authority Boards and County Commissioners cannot be understated. Transit systems across the Commonwealth, especially those in rural areas, must have the ability to properly plan and coordinate services.

Access to health care in rural communities will continue to be most efficient when coordinated with general public transit services. This ensures that our senior citizens and those vulnerable in our communities have reliable, efficient services with one provider to meet all their transportation needs from access to health care to grocery stores to human service appointments, employment and more. I thank the leadership of Chairman Laughlin and all Senators for your support of SB597 the Transit Modernization Bill that passed the Senate in December with 47 votes. This legislation is critical to ensure rural communities can properly plan and deliver services throughout the Commonwealth.

I'd like to end my testimony with a conversation I had with Sullivan County Commissioner and BeST Transit Board Chairman Brian Hoffman. Commissioner Hoffman informed me that Sullivan County does not have a hospital. Sullivan County straddles the "borders" of three large health network footprints. Guthrie's footprint to the north in Sayre, UPMC to the southwest in Williamsport, and Giesinger to the southeast in Danville / Bloomsburg. It is a 45 – 60-minute drive from the center of Sullivan County to any of these cities.

In-county medical treatment options are limited to two primary care clinics (serving a county population of just under 6,000 residents). The first is operated by Guthrie and located in Dushore. The second is operated by Rural Health Corporation (RHC) and located in Laporte. Neither has weekend or evening appointments.

Additionally, Sullivan County only has one pharmacy. This is also located along the public transit fixed route in Dushore.

Maintaining and improving in county access to needed health services has been and remains a priority for the Board of Commissioners and their community partners.

I'd like to thank Chairman Laughlin and the entire committee for your vision and understanding of the challenges we face in accessing health care in our rural counties. I look forward to meaningful dialog and offer my assistance moving forward. Thank you.