

**Rural Health Care Access  
and Technological Innovation**

**Testimony Provided to the  
Senate Majority Policy Committee**

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**March 19, 2025**

Good afternoon and thank you, Senator Argall and Senator Bartolotta, for the invitation to participate in the Senate Majority Policy Committee’s Hearing on “Rural Health Care Access and Technological Innovation.”

My name is Lisa Davis, and I am the Director of the Pennsylvania Office of Rural Health and an Outreach Associate Professor of Health Policy and Administration at Penn State. I am honored to provide this testimony on rural health issues in Pennsylvania to the Senate Majority Policy Committee, and those present at this hearing.

The Pennsylvania Office of Rural Health (PORH) is one of 50 state offices of rural health in the nation funded by a program administered by the Federal Office of Rural Health Policy in the U.S. Department of Health and Human Services. The state offices of rural health are federally mandated to serve as a source of coordination, technical assistance, and networking; to develop partnerships to advance rural health; and assist in the recruitment and retention of health care providers in rural areas of the state. PORH was formed in 1991 as a partnership between the federal government, the Commonwealth of Pennsylvania, and The Pennsylvania State University. PORH's initiatives focused on rural health policy, small rural hospitals and clinics, health care delivery systems, quality improvement, population health, rural public health, and agricultural safety and health. We are one of ten state offices of rural health located at a university.

I am honored to testify on the ongoing challenges faced by rural areas in Pennsylvania and thank you for recognizing the need for a focus on rural health, holding this briefing, and for the invitation to participate. I will focus my remarks on rural health care workforce issues, challenges in accessing maternity care in rural areas, and how policy and technology can create opportunities to expand access to high quality health care in rural and underserved areas in the state.

## **A. Rural Pennsylvania Workforce Challenges**

When I began working in rural health thirty years ago, rural workforce shortages were the number one challenge and thirty years later, it continues to be the highest priority in rural health. Despite significant efforts at the national and state levels, we continue to experience shortages in workforce in underserved rural regions.

Pennsylvania has the third-largest rural population in the U.S., with 27 percent of residents living in rural areas. Approximately 55 percent of the 130 federally designated Primary Care Health Professional Shortage Areas (HPSAs) in Pennsylvania are in rural or partially rural areas. Twenty-six percent of rural Pennsylvanians live in a HPSA, compared to just 1.7 percent of urban residents. While the number of primary care physicians (PCPs) has remained stable or grown in urban counties, one in four rural counties has lost at least 20 percent of its primary care physicians in the past decade. In the hardest-hit areas, primary care availability has declined three to ten times faster than the population.

Like the population, rural Pennsylvania mirrors national trends, with 25 percent of rural physicians aged 60 or older. In 16 counties (all rural), over 30 percent of PCPs are 65 or older, signaling an imminent workforce shortage. Rural Pennsylvania also is experiencing declining Advanced Practice Providers (APPs) in primary care: Although 18-20 percent of APPs currently practice in rural areas, their numbers in primary care are declining, further compounding workforce challenges.

This disparity in the availability of health care providers extends to other crucial services such as specialist care, oral health providers, and pharmacies, where urban areas consistently have a higher ratio of providers per 100,000 compared to rural areas, with the exception of physician assistants which are slightly more prevalent in rural areas.

## **B. Maternity Care in Rural Pennsylvania**

Rural maternity care continues to be a critical issue at the state and national levels. Hospital-based labor and delivery services are the most expensive for hospitals to provide requiring 24/7 availability of medical providers and facilities, established triage and transfer protocols in case of

mother or infant emergencies, public program reimbursement for delivery, and high medical malpractice insurance. It is estimated that a hospital must have approximately 200 deliveries per year to cover those costs.

In Pennsylvania, 40 percent of deliveries are covered by the state's Medical Assistance, the state's Medicaid program which pays a hospital about \$8,700 per delivery with reimbursement to physicians varying based on contracts. This reimbursement rate is insufficient to cover the full cost of maternity care in rural hospitals. In general, rural hospitals do not have the economies of scale to offset public insurance payments with commercial insurance. This is especially true for maternity care.

Since May 1, 2024, two rural hospitals have discontinued labor and delivery services, increasing the maternity desert in northwestern Pennsylvania, from five counties to seven. There have been three roadside deliveries, two of which received assistance from a 911 Center. Other maternity deserts in the state are in the counties of Juniata, Sullivan, and Wyoming and here in southwestern Pennsylvania, Greene County.

It is essential that pregnant women receive care through the five stages of pregnancy: pre-pregnancy; the three trimesters of pregnancy; labor and delivery; and post-delivery care, of up to one year for the infant, mother, and family.

## **Policy Recommendations**

### **A. Rural Workforce Challenges**

Several policies and programs address ongoing health care workforce shortages, specifically through recruitment and retention programs and efforts to change the urban-centric clinical education structure. These include scholarship programs and medical school recruiting efforts, rural residency training programs, placement of qualifying international medical students in medically underserved areas, student loan repayment programs, and "pipeline" programs that focus on school-based outreach on health professions. Research demonstrates that students who have access to and participate in, rural residency training programs are three times more likely to practice in rural areas when compared to their urban program-trained peers. Research also

indicates that providers originally from a rural area are more likely to practice in a rural community after medical training, providing a possible pipeline program opportunity.

One approach to address the increased demand for primary care providers in rural areas is to redefine the scope and standards of practice for practitioners other than physicians. Research shows that utilizing advanced practice practitioners increases access for those in underserved areas and generates greater overall levels of patient satisfaction. These practitioners, such as Physician Assistants and Certified Registered Nurse Practitioners, comprise 46 percent of providers at primary care facilities such as Rural Health Clinics and Federally Qualified Health Centers. Important considerations moving forward include altering the independent practice authority and prescription and dispensing authority of these providers to ensure they can provide comprehensive primary care for their rural patients and communities.

Another approach to recruit, and retain, primary care providers in rural areas is to promote the unique characteristics of rural practice and community. This framework highlights the close-knit nature of rural communities, with the focus on community connection centered on schools, civic engagement, faith, and providing care to those living in the provider's own community.

**Specific recommendations include:**

- **Strengthen Rural Workforce Pipelines:** Invest in pathway programs that recruit and train rural students for careers in health care, particularly primary care.
- **Expand the State Loan Repayment Program:** Increase funding and incentives for clinicians to practice in rural communities.
- **Enhance Primary Care Investments:** Prioritize funding for rural health initiatives to stabilize and expand the primary care workforce, ensuring more rural residents have access to quality care.
- **Review and Implement Policy Solutions:** Consider recommendations outlined in the Milbank Foundation Report (from *No One Can See You Now*, p. 23):
  1. **Payment:** Expand the role of primary care teams to care for people, not doctors to deliver services.

2. **Access:** Ensure that high-quality primary care is available to every individual and family in every community.
3. **Workforce:** Train primary care teams where people live and work.
4. **Digital Health:** Design information technology that serves the patient, family, and interprofessional care team.
5. **Accountability:** Ensure that high-quality primary care is delivered in the United States.

## **B. Maternity Care in Rural Pennsylvania**

The maternity care crisis in Pennsylvania, particularly in rural areas, highlights a growing public health concern that has far-reaching implications for maternal and infant health. Many rural regions face a shortage of health care professionals which significantly limits access to prenatal and postnatal care. The geographic isolation of these areas often means that expectant mothers must travel long distances to receive essential care, including labor and delivery services, creating barriers for those without reliable transportation or financial means, and making timely prenatal and postnatal care difficult to access. These issues are compounded by socioeconomic challenges, such as poverty, lack of transportation, and limited access to health insurance, which further prevent pregnant individuals from accessing quality care.

Addressing the maternity care crisis in Pennsylvania requires comprehensive solutions, including increasing health care workforce incentives, improving infrastructure, expanding telehealth services, and implementing policy changes that ensure better access to essential care for all residents, regardless of their location or socioeconomic status. To improve maternal health outcomes in these communities, a multifaceted approach is necessary. This includes increasing access to care through telehealth services and mobile clinics, addressing workforce shortages by incentivizing health care professionals to work in rural settings, and strengthening health care facilities to provide comprehensive maternal care. Community outreach programs, socioeconomic support, and innovative technology solutions can play a crucial role in overcoming barriers and ensuring that all pregnant individuals receive the care they need. Addressing these issues requires not only local and state efforts but also the development of

supportive policies that recognize the importance of maternal health for both individuals and society as a whole.

**Specific recommendations include:**

- **Increase Access to Care**
  1. Implement telehealth services for prenatal and postnatal checkups.
  2. Deploy mobile clinics to reach remote areas.
  3. Train and deploy midwives and traditional birth attendants to assist deliveries and prenatal care.
  4. Subsidize ambulance services or transport vouchers to help pregnant persons reach health care facilities.
  5. Establish regional systems of care to include birthing centers and circuit rider programs for prenatal and postnatal care.
- **Address Health Care Workforce Issues**
  1. Provide financial incentives and increased Medicaid payments, housing, and career growth opportunities to encourage practitioners to work in rural areas.
  2. Include nurses, midwives, and community health workers to perform essential maternal health care services.
- **Strengthen Health Care Facilities**
  1. Improve infrastructures, and ensure hospitals are equipped with medical supplies, and capable of providing 24/7 emergency obstetric services.
  2. Provide temporary housing near hospitals for high-risk pregnancies.
- **Improve Health Education and Awareness**
  1. Launch community outreach programs on pregnancy care, nutrition, danger signs, and family planning.
  2. Educate partners and family members on how they can support maternal health.
- **Address Socioeconomic Barriers**
  1. Provide subsidies and insurance coverage or free maternal health care services.
  2. Ensure pregnant mothers have access to adequate nutrition.

- **Leverage Technology & Innovation**
  1. Use mobile apps for pregnancy tracking, appointment reminders, and emergency alerts.
  2. Consider using drones for delivery of medical supplies to remote areas.
- **Policy**
  1. Establish maternal and paternal leave policies for all workers regardless of employment type.
  2. Recognize pregnancy, delivery, and post-delivery care as a vital service to society that needs to be nurtured and supported.

Thank you for your interest in and attention on rural health disparities, for your commitment to addressing the health care needs of rural residents and communities, and for the opportunity to provide this testimony. Please know that rural health advocates in the state stand ready to provide any data, information, and support you may need to increase access to care in rural areas and the health status of rural residents. I look forward to answering any questions you may have.