



**Testimony of Laura R. Dimino, Ph.D.
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Rural Health Care Access
Senate Majority Policy Committee
Waynesburg University Southpointe Center, Canonsburg, PA
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Good morning, Chairman Argall, Senator Bartolotta, and members of the Senate Majority Policy Committee. Thank you for this opportunity to speak before you today. My name is Dr. Laura R. Dimino, and I serve as the Assistant Director of the Center for Rural Pennsylvania.

The Center is a bipartisan, bicameral legislative research agency of the General Assembly. The Center's legislative mandates include two broad charges: 1) conducting and sponsoring applied policy research to benefit our rural communities; and 2) maintaining a comprehensive collection of data to assist policymakers in meeting the needs of rural Pennsylvania. Our role is to provide information to support your decisions about whether, and how, to act.

Trends in Rural Health Care Access Pennsylvania

Scientific advances in technology and initiatives in the life and health sciences sustain and grow employment opportunities and economic growth in areas of the Commonwealth. I think we would all agree that planning for the future of health care without technology would be impossible. The information I provide here today allows you to consider the bigger picture of health care access, and the puzzle pieces that need to fall into place to ensure the availability of health care to residents throughout the state.

The trends with regard to access and availability of health care in rural areas of the state are not positive. I will focus on three topics today: hospitals, service availability and shortages, and other factors that limit rural access. Along with this testimony, I have also submitted a set of data visualizations that provide additional details.

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Hospitals

- Based on Center’s analysis of data from both the Pennsylvania Department of Health (DOH) and the Hospital and Healthsystem Association of Pennsylvania (HAP), the Commonwealth currently has 63 hospitals in rural areas, and 87 that are urban.
 - o 16 of the 63 rural hospitals are Critical Access Hospitals. This designation means the hospital participates in Medicare; is more than 35 miles from another hospital or is designated a “necessary provider” by the state; has an average daily census of 25 or fewer patients; and provides 24/7 emergency care services.
- A February 2025 report from the Pennsylvania Health Care Cost Containment Council (PHC4) indicates that the number of General Acute Care Hospitals in rural counties declined from 69 to 64 in the last 4 years or so (from FY20 to FY23).
 - o Since the PHC4 report was issued, on January 6, 2025, Sharon Regional Medical Center in Mercer County closed. Following the intervention of the Attorney General’s office, public statements indicate that it will re-open as a nonprofit (which has not occurred as of March 12, 2025.)
- Monitoring the financial status of hospitals is an important indicator of risk; the 2025 PHC4 report (referenced above) shows that of the 64 acute care hospitals, nearly half (48%) operated at a loss based on operating margins during 2023. The percent of uncompensated care provided is higher for rural than for urban hospitals. Smaller hospitals (fewer than 100 beds) are at greater financial risk than larger ones. In addition, the disparities have a regional pattern, with rural hospitals in the western and southwestern areas of the state having the least healthy financial outlook.

Service Availability and Shortages

- In January 2024, HAP released a report based upon responses from rural hospital leaders. Among other things, it warned that “without specific policy and payment supports” the people who live in rural areas of Pennsylvania will continue to lose vital services, including maternity, labor and delivery services.
 - o Penn Highlands discontinued maternity services in St. Mary’s in May 2024 (in Elk County), requiring patients to be referred to Penn Highlands DuBois.
 - o On February 13, 2025 it was reported that UPMC Cole Hospital announced the discontinuation of maternity services, effective April 7, at the Coudersport facility (in Potter County). UPMC attributes the decision to a lack of available doctors in rural areas. An article by Kris B. Mamula of the Pittsburgh Post-Gazette (www.post-gazette.com) notes there is now a seven-county area in the north-central part of the state about the size of Connecticut without labor and delivery care. This same point was reiterated by Mayor Brandy Schimp of Kane, PA in her testimony at the February 28, 2025 hearing of the PA Rural Population Revitalization Commission (available at rural.pa.gov).
- The Center also tracks data on various health care shortages, including maps indicative of the extent to which services, such as primary care, are available. We have provided some of those as part of the addendum to this testimony.
- Diagnostic technology available is more limited at rural hospitals.
 - o The average rural hospital has two CT scanners, and 1 MRI. Nine of the rural hospitals have a mobile MRI (about 14%).
 - o The average urban hospital has 5 CT scanners, and 3 MRI scanners.

- Telehealth is often characterized as a technology solution intended to improve access to health care for rural areas. This is not necessarily the case. National Health Statistics Reports (June 2024) estimate that there is a linear and significant relationship between use of telehealth and urbanization; persons in less urbanized areas are approximately 13% less likely to use telehealth. Furthermore, rates of use declined between 2021 and 2022 across the board.
- The Centers for Medicare and Medicaid report that the percentage of Medicare users (Part B) with a telehealth service declined from 48% in 2021 to 24% in 2023. Across time, use of telehealth was higher in urban than in rural areas (Medicare Telehealth Trends Report, <https://data.cms.gov>).

Other Limits on Access

- Distance to services are a concern in rural areas. Over 2 million residents in Pennsylvania need to drive more than 20 minutes to get to a hospital. While hospital closures and reduction of services raise concerns anywhere in the Commonwealth, such trends pose a particular burden in rural areas.
- A number of factors combine to shape the social determinants of health, particularly for older adults in rural counties. As population projections from the Center show, our population is aging. By 2030, 53 of our 67 counties will have more seniors (age 65+) than youth (less than 20 years of age). Over 2.5 million residents are on Medicare, with roughly 28% relying on Medicare only for insurance. In rural areas, at a time of life when health concerns may limit mobility and require higher levels of care, approximately 200,000 households are persons 65+ living alone. A study entitled *Caring for Pennsylvanians with Dementia and Related Disorders: An Analysis of Needs and Capacity in Rural Areas, 2024 to 2034*, released by the Center in 2024, projects an additional 133,000 diagnoses of Alzheimer's statewide by 2040, with most rural counties expected to have a diagnosis rate higher than the state average. Over half of all 65+ rural households have an income that just meets basic expenses, limiting the capacity to pay for health care out-of-pocket.

On-Going Research

The Center is funding an ongoing project entitled *Understanding and Quantifying Hospital Consolidations in Rural Pennsylvania- A Mixed Methods Analysis*, by Dr. Yunfeng Shi at the Pennsylvania State University. The research will conduct empirical analyses to examine and quantify the key factors contributing to rural hospital sustainability, along with the impact of healthcare market consolidations (i.e., mergers and acquisitions) on rural hospitals in Pennsylvania. The study focuses on four sets of outcomes: financial solvency; employee recruitment/retention and staffing; healthcare access; and health outcomes. The findings will provide key insights for policy makers and hospital administrators who are challenged with finding strategies to make rural hospitals in Pennsylvania sustainable. This report will include interviews, site visits, and data obtained directly from the Pennsylvania Department of Health on hospital consolidations. We expect to release the final report in the fall of 2025.

Conclusions

As Senators you have the weighty responsibility of representing both your districts and then as a collective, making decisions that serve the best interests of the Commonwealth. You have the work of balancing the needs of the over 3 million residents across 48 rural counties (a population

that is larger than the population of 20 U.S. states) with those living in the 19 urban counties, of balancing fiscal concerns with decisions about where, and to what extent, to invest tax dollars.

The questions of what should be considered essential health care for all residents and what role the public sector should play in responding to these trends in health care access are important and challenging. The Center for Rural Pennsylvania is available to you as a resource to support and assist your efforts. Thank you, again, for the invitation to speak before the Committee, and I am happy to answer any questions that you may have.