



The Hospital + Healthsystem  
Association of Pennsylvania

March 24, 2026

Members of the House Health Committee:

On behalf of more than 235 member hospitals and health systems, The Hospital and Healthsystem Association of Pennsylvania (HAP) writes today in opposition of House Bill 2265, sponsored by Representative Paul Takac (D–Centre). While HAP appreciates efforts to reach consensus on A02699, the bill as amendment eliminates current regulatory flexibility which allows hospitals to maintain access to emergency care in communities and does not acknowledge the challenges of Pennsylvania’s hospitals, particularly the smallest and most rural.

This proposal would require every hospital emergency department to be staffed by an emergency physician—as defined by the bill—onsite and eliminates Pennsylvania Department of Health’s guidance to allow eligible low-volume rural hospitals to operate a tele-emergency department (tele-ED). The current and future reality requires innovative and flexible care models that mean the difference between access to health care services and no access. HAP shares the goal of ensuring high-quality emergency care, and alternative care models have shown to meet that standard.

This mandate comes at a time when workforce shortages are persistent and expected to continue. Thirty-five of Pennsylvania’s 67 counties are Health Professional Shortage Areas. It’s projected that by 2028, the commonwealth will be short of 1,540 family medicine physicians, 750 internal medicine physicians, and hundreds more across other specialties. For small, low-volume rural hospitals, recruiting any emergency physician, regardless of certification status, is a challenge.

In addition, Pennsylvania hospitals are already under significant strain. A recent HAP-commissioned report revealed some concerning findings:

- Fifty-one percent of Pennsylvania hospitals operate below sustainable margins.
- Twenty-five (25) hospitals have closed since 2016.
- Between 12 and 14 more hospitals are at risk of closure by 2030.

Health care delivery is appropriately evolving, and hospitals must be able to adjust based on volume, population, and health of their communities. Alternative care models are widely accepted, particularly in rural and underserved communities. HB 2265 moves in the opposite direction by locking in a rigid, outdated staffing model and removing regulatory options that hospitals could rely on to maintain access.

HAP respectfully urges the members of the committee to vote NO on HB 2265.

Sincerely,

Arielle Chortanoff  
Vice President, State Advocacy