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Editor's Letter

The state of health care

It's not exactly easy to get health care these days, especially in rural areas like the Upper Delaware River Valley.

It's hard to find an available appointment, what with a national shortage of health care professionals that's worse in rural areas. Once you make an appointment, you'll likely need to travel long distances through areas with limited public transportation. And even when you get there, the cost of care and the difficulties involved with insurance mean paying for the health care you need is its own set of challenges.

It's easy to say that health care is in trouble. This year, with national elections just around the corner, health care has become a battleground of sorts, with talking points and pointed fingers around who or what's to blame for the state it's in.

But what's the real state of health care? That's what the **RiverReporter** set to find out.

This special section will take you through a broad overview of the state of health care in the Upper Delaware River Valley and beyond. We'll start by going over some of the changes that the industry is about to face, with changing Medicaid rules affecting patient eligibility—and hospital finances. Then, we'll look specifically at women's health care, and go over some of the challenges involving women's health care in rural settings and the work that's being done to address them.

Then, we'll get to talking with some of the people who are pushing the conversation forward, looking out for the present and future of health care. We've got discussions with elected officials and health care professionals in Sullivan County, with a special

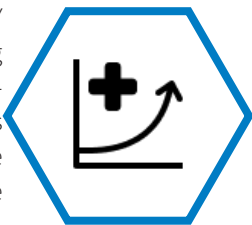
look at how SUNY Sullivan is raising the next generation of nurses and how state legislators are eyeing the challenge of making sure no one goes without health care.

Finally, we'll end with a reflection from **RiverReporter** publisher Reverend Laurie Stuart, relating her time providing solace as a minister with Tampa General Hospital's Clinical Pastoral Education Program.

We hope you come away informed and inspired—and hope that you stay healthy, this and every season!

And as a post-script: This special section would not be possible without our partners. Radio Catskill's Kimberly Izar generously provided reporting for this section, and the findings from this section will air on Radio Catskill as a special discussion. Additionally, funding to support the reporting in this special section was provided by the Rob Stuart Media Futures Fund, a non-profit, donor-advised fund held by the Wayne County Community Foundation for the purpose of supporting the River Reporter's work. If you enjoy this section, consider giving Radio Catskill a listen (or a look, at radiocatskill.org), or consider giving a donation to the Rob Stuart Media Futures fund (bit.ly/RSMFFdonate), or you can send a check to the Wayne County Community Foundation, 918 Church St., Ste. F, Honesdale, PA 18431. Put the Rob Stuart Media Futures Fund in the memo.

Section Editor
Liam Mayo





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845/409-2424 • chaicare.org

Chai Urgent Care is a network of urgent care facilities across New York, New Jersey and Pennsylvania.

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Cornerstone Family Healthcare is a non-profit Federally Qualified Health Center with a mission to provide high quality, comprehensive, primary and preventative health care services in an environment of caring, dignity and respect to all people regardless of their ability to pay.

Crystal Run Healthcare

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Crystal Run provides urgent care and walk-in appointments as well as an expansive range of specialty care.

Ellenville Regional Hospital

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Garnet Health Medical Center—Catskills

845/794-3300 • garnethealth.org/services

Garnet Health is a New York State, not-for-profit corporation dedicated to developing specialty services, medical programs and needed healthcare services that allow residents to remain close to home to receive quality care.

Hope Not Handcuffs

833/428-HOPE • hopenothandcuffsny.com

Hope Not Handcuffs is a collaborative effort between law enforcement and community organizations to find viable treatment options for individuals seeking help to reduce their dependence on prescription medication, alcohol, heroin, fentanyl and other drugs.

Lexington Center for Recovery

845/867-4304 • lexingtonctr.org

Lexington’s mission is to assure that the needs of individuals, families and those in the community affected by substance use disorder are addressed through a holistic approach to recovery, with the recognition that healing comes within a loving circle of support.

NAMI Sullivan County

845/794-1029 • namisullivan.org

NAMI provides free mental health support and advocacy, live and virtual support groups, resources and education.

Refuah Health

845/482-9394 • refuahhealth.org

Refuah is a full-service, integrated, multi-specialty healthcare organization with four service sites and a fleet of mobile medical units. Refuah employs a patient-centered model of care focused on increasing access and enhancing members’ experience.

Sullivan 180

845/295-2680 • sullivan180.org

Sullivan 180 is a non-profit organization dedicated to building a healthy community through people, places and policy, with an intentional focus on prevention and empowering a healthier generation.

Sullivan County Department of Community Services

845/807-0894 & sullivanny.gov/Departments/CommunityServices

The department provides direct services for mental health, alcoholism and other areas to all residents of Sullivan County.

Sullivan County Department of Social Services

845/292-0100 • sullivanny.gov/Departments/familyservices

The department administers all phases of social services and public assistance programs as defined in NYS Social Services Law.

Sullivan County Youth Bureau

845/807-0894 • sullivanny.gov/Departments/Youthbureau

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845/794-2010 • sunriver.org

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570/421-2901 • cmpmhds.org

Carbon-Monroe-Pike Mental Health and Development Services is a public agency dedicated to providing services for mental health, developmental disabilities and early intervention to improve the lives of people living in the three counties it serves.

Center for Community Resources

833/557-3224 • ccrinfo.org

The Center for Community Resources provides crisis intervention services throughout Northeast PA, providing mental health intervention, assessment, support, screening and referral services 24 hours a day, 7 days a week.

Northwell Health

570/249-2899 • northwell.edu

Within the past twelve months, the New York-based healthcare system Northwell Healt has opened up a pair of primary and intermediate care centers in Pike County, one in Dingman’s Ferry and one in the Lake Region of Hawley.

Pike County Office of Children and Youth Services

570/296-3446 • pikepa.org

The office has the mission to strengthen, educate and preserve families in collaboration with community and family resources to ensure the safety, well being and permanency of the children it serves.

The Wright Center

570/230-0019 • thewrightcenter.org

The Wright Center provides whole-person primary health services to patients of all ages, income levels and insurance statuses while educating the physicians and interprofessional health care workforce of tomorrow.

Wayne County Office of Children and Youth

570/253-5102 • waynecountypa.gov

The office has the mission to provide services which promote safer children, successful adolescents, stronger parents, sound families and supportive communities.

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570/253-8100 • wmh.org/

Wayne Memorial Health System offers a continuum of care, from birth to hospice services, throughout Northeast Pennsylvania. Componants include Wayne Memorial Hospital in Honesdale, Wayne Memorial Long-Term Care in Waymart and Barnes Kasson Hospital in Susquehanna Depot.

Wayne Memorial Community Health Centers

570/251-6676 • wmchc.net

The clinical affiliate of Wayne Memorial Health System, Wayne Memorial Community Health Centers is a progressive multi-specialty group made up of primary care, women’s health, pediatrics, behavioral health, dental and podiatric offices in northeastern Pennsylvania.

The cost of care

By LIAM MAYO

Health care doesn’t come cheap. Unless you’re a millionaire (and even then, it’s likely), paying for health care involves, at some point, getting help with that payment from insurance.

So what happens when insurance becomes harder to get? And how does a patient’s difficulty in paying for care impact the bottom-line finances of the health care industry?

Additional reporting provided by Sonia Ahmed.

Changes and challenges

The macro-economic picture doesn’t look to be getting much better for hospitals—not in the near future, anyways.

“On a broad level across the country, I think the [health care] industry is strong,” said Jerry Dunlavey, CEO of Garnet Health Medical Center - Catskills. “But there are a number of challenges facing the health care industry, and really, a lot of it comes down to the economics of the industry.”

According to Dunlavey, those challenges are two-fold. Reimbursement rates are, on the whole, either declining or staying flat. At the same time, the same inflationary pressures that are affecting the economy writ large have an effect in pushing cents up for the health care industry.

“It’s not getting cheaper to run the business that we’re in,” said Dunlavey. “When you think about things like the rising cost of pharmaceuticals, and then there’s just general inflationary impact that health systems are experiencing—the same things that you and I experience every day: the rising cost of gas, of electric, of food; we need all of these things to run our business—when these continue to rise, and the rates of reimbursement are either falling or staying flat, that again makes for what we talked about initially as not a good equation in terms of strength and stability, he said.

At least things aren’t about to all get worse. Right?

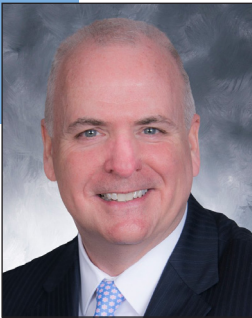


Photo by Tom LaBarbera, contributed by Garnet Health
Jerry Dunlavey is the CEO of Garnet Health Medical Center-Catskills.

Reimbursement rates

The type of care someone needs doesn’t depend on the type of insurance they have. (The type of care they *get* can, but that’s a story for another day.) A stent or a foot surgery costs a hospital the same whether it’s needed for a patient covered by private insurance or by Medicaid.

The difference comes at the next step of the process. While a treatment may cost the hospital the same amount, different insurance providers will pay the hospital different amount of money for that service. That’s a difference in “reimbursement rates,” the rate at which an insurer reimburses a medical provider for its services.

As a general rule, private insurance providers offer hospitals higher reimbursement rates compared to government-provided insurance plans like Medicaid. It’s not a small difference, either: a 2020 study from independent health researcher KFF found that

private insurers paid nearly double what Medicaid paid for an average of all hospital services.

Lisa Davis is the director of the Pennsylvania Office of Rural Health. She said that when Medicare and Medicaid don’t fully reimburse hospitals, it’s hospitals that have to make up the shortfall out of pocket.

“The hospital or the health system needs to cover the cost between what it actually costs them—because they have fixed costs they need to focus on and support—and what they are actually reimbursed for these services,” she said.

If a hospital has a healthy balance of patients using Medicaid and using private insurance the

By the numbers: Who pays for care?

The Pennsylvania Health Care Cost Containment Council releases county-level utilization reports with data on the percentage of care paid for by Medicaid, by Medicare, or by other sources. The following comes from its Q4, 2025 report.

Area	Medicare	Medicaid	Commercial	Self-pay	Other
Statewide	48.0%	18.9%	28.0%	2.2%	3.0%
Philadelphia	35.2%	39.2%	22.0%	2.3%	1.3%
Wayne County	55.3%	13.7%	25%	2.2%	3.8%
Pike County	51.3%	13.4%	29.7%	2.4%	3.3%

New York State releases information on health care statistics through the New York State Community Health Indicator Reports Dashboard. The following comes from the dashboard as viewed on September 29, 2026, and is information for Sullivan County.

Data Category	Data Year	Estimated Number or Percentage
Percentage of children aged <19 years with health insurance	2023	96.5%
Percentage of adults aged 18-64 years with health insurance	2023	92.5%
Percentage of population with Medicaid/means-tested public coverage	2020-2024	32.5%
Age-adjusted percentage of population who did not receive medical care because of cost	2024	11.0%
Age-adjusted percentage of adults who have a regular health care provider	2024	85.1%
Number of primary care physicians per 100,000 population	2022	33
Number of mental health providers per 100,000 population	2024	221
Number of dentists per 100,000 population	2023	41

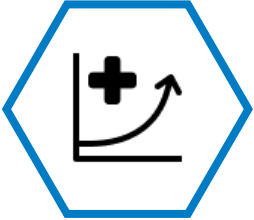


Photo from www.porh.psu.edu/contact-us/
Dr. Lisa Davis is the director of the Pennsylvania Office of Rural Health and Outreach Associate Professor Health Policy and Administration at Penn State.

reimbursement rates can balance out. The higher-reimbursement-rate private insurance patients can, in essence, subsidize those on government insurance.

That math gets tricky for hospitals in a rural area. According to Davis, rural hospitals tend to serve more vulnerable populations than urban hospitals—and, consequentially, have a higher percentage of patients on Medicaid or Medicare.

Rural hospitals “do not have the economies of scale to offset losses that

they might be experiencing—especially through the Medicaid program, which reimburses about 71 to 73 cents on the dollar for every service that’s provided—to make up for that shortfall, and that can really be extremely challenging,” she said.

Accessing women's health care in a rural area



By **SONIA AHMED**

With women's health centers facing closures, and counties lacking hospitals, it can be difficult to find obstetric and gynecological care in the river corridor.

The **River Reporter** spoke to local

experts to learn what accessing women's health care looks like in a rural area, some of the challenges associated with OBGYN facilities, and some successes.

Additional reporting provided by Patrick Kelly and Liam Mayo.



The staff and administrators of Garnet Health Doctor's new OB/GYN office in Harris, NY celebrate their ribbon cutting.

Lack of workforce

Of the many challenges that come with accessing women's health care in a rural area, one pressing issue is a lack of workforce in maternal care.

Dr. Erin McFadden, chief medical officer of The Wright Center, said that Wayne and Pike counties are "in dire need of specialist obstetricians and gynaecologists."

The Wright Center location in Hawley, PA is one of the few medical facilities in Wayne County that provides reproductive care, including pelvic and breast exams, pap smears, STD/STI testing and birth control.

"I lived in the northern tier of Wayne County. I wouldn't know where I was going to deliver my baby," McFadden said.

Lisa Davis, director of the Pennsylvania Office of Rural Health, echoed McFadden's sentiments, stating that it is hard to recruit both primary care and midwives across the state.

"Two-thirds of the primary care physicians in the state practice in the four most populated counties in the state, [is] mostly down in the southeast," she explained. "In any community, you need to have at least two OB/GYNs, and without that, it means that the burden falls on just one provider to address all of the births in that community."

Cost

Part of the reason there is a shortage of labor and delivery care workers in the area, according to McFadden, is because of "malpractice and the fear of the lack of tort reform in the state of Pennsylvania, and one lawsuit would permanently ruin your ability to practice medicine for the rest of your life and would financially bankrupt you."

One example of a malpractice lawsuit ruled against a hospital was Vaccaro v. Scranton Quincy Hospital, which resulted in a \$19.3 million settlement for Charles and Marissa Vaccaro, who alleged that a late cesarean section caused their newborn to sustain brain damage. Scranton Quincy Hospital still exists, but it is now known as the Moses Taylor Hospital.

McFadden said she has seen these lawsuits drive away OB/GYN specialists in northeastern Pennsylvania.

Davis expressed similar views, adding that providing labor and delivery services can be expensive for a hospital due to high medical malpractice costs, since "you're dealing not with just one life but multiple lives."

Besides malpractice coverage, providing these services can also be expensive because hospitals need to have a certain volume of deliveries to cover the cost of that service, Davis added. An OB/GYN, a neonatologist, an anesthesiologist are all examples of roles needed during delivery that can be costly.

According to independent health researcher KFF in 2023, four in 10 births were covered by Medicaid. In Pennsylvania specifically, that number was 35 percent. In New York, it was 49 percent. The One Big Beautiful Bill, signed into law in July 2025, will reduce federal funding for Medicaid by \$1 trillion over the next 10 years.

"When we continue to cut Medicaid, we are excluding individuals in our community from necessary life-sustaining health care," McFadden said.

Transportation

Living in a rural area means the closest facility providing maternal care can be far away. For example, while Pike County, PA does have Maternal and Family Health Services (MFHS) at various locations, the locations are not able to perform deliveries. Instead, residents of Pike County must go to Wayne Memorial Hospital in Honesdale, PA to deliver a child. Pike County currently does not and has never had its own dedicated hospital.

Dingman Township, which is the most densely populated area of Pike County, is just shy of over an hour away from Wayne Memorial Hospital.

"If you live 45, 50 minutes away and you don't have transportation, who is providing you that perinatal care?" McFadden said.

Davis commented that in rural Pennsylvania, road conditions during winter months can make it more difficult to find transportation options, especially because rural areas often do not have public transportation.



A banner points to Wayne Memorial's efforts to attract additional staff.

RR photo by Liam Mayo

The dangers of giving birth

“You’re less likely to seek out medical care or prevention care if it’s inconvenient.” Sullivan 180 CEO Denise Frangipane said. The program is based in Sullivan County, NY.

Lisa Davis, director of the Pennsylvania Office of Rural Health, explained that in northwestern Pennsylvania, there has been an increase in roadside deliveries.

“We know of a kitchen table birth that took place, and also just more recently a birth that took place in the back seat of a car that was parked in a business,” she said.

Risks associated with giving birth include perineal tears, abnormal heart rate of the child, water breaking early, excessive bleeding and more. These circumstances are something health care providers can often assist with.

Maternal mortality rates in the U.S.—meaning the death of a woman while pregnant or after terminating a pregnancy—were 17.9 per 100,000 births in 2024, according to the Centers for Disease Control and Prevention.

While that is a decrease from the previous year’s 18.9 rate, KFF notes that when compared to mortality rates of similar countries (such as Canada, Belgium or Australia) it is significantly higher. The average mortality rate of other countries in 2023 is 5.1, compared to 18.9 in the U.S.

According to the World Health Organization, maternal deaths can be prevented by providing access to contraception, safe abortion care, and quality post-abortion care. Most maternal deaths are preventable.

The closest Planned Parenthood to Wayne County is in Wilkes-Barre, 50 miles or more away. In Sullivan County, the closest Planned Parenthood location is in Newburgh, on average also 50 miles away.



Denise Frangipane, CEO of Sullivan 180, speaking about a school food bank program in 2026.

RR photo by Sonia Ahmed

By the numbers: Maternal health statistics

New York State releases information about maternal and child health through the New York State Maternal and Child Health Indicators Dashboard. The following comes from the dashboard as viewed on October 19, 2026, and is information for Sullivan County.

Data Category	Data Year	Estimated Number or Percentage
Percentage of women aged 18-44 years who report ever talking with a health care provider about ways to prepare for a healthy pregnancy	2024	29.4%
Percentage of births with early (first trimester) prenatal care	2023	58.5%
Maternal mortality rate per 100,000 live births	2021-2023	0.0
Newborns with neonatal withdrawal symptoms and/or affected by maternal use of opioids or other substances, crude rate per 1,000 newborn discharges	2024	16.9
Infant mortality rate per 1,000 live births	2023	3.2
Percentage of preterm births (less than 37 weeks gestation)	2023	9.6%

Pennsylvania provides a map with statistics about births for each county. The following comes from that map as viewed on October 19, 2026, and includes information from 2020-2024.

Category	Wayne County	Pike County
Percentage of cesarean section births	30.5%	34.1%
Percentage of low-weight births	7.6%	7.5%
Percent of births to mothers who had a prenatal care visit in the first trimester	73.9%	69.7%
Percent of pre-term births	9.2%	10.3%
Percent of births to mothers who did not smoke during pregnancy	87.8%	90.5%
General fertility rate per 1,000 females ages 15 to 44	57.0	45.9
Birth rate per 1,000 females ages 15 to 19	10.7	4.4

Successes

Though providing OB/GYN services can be pricey, Davis commended Wayne Memorial for finding a workaround. Since the OB/GYN specialists are employees of the health center overall, the medical malpractice insurance is paid for by the federal government, meaning it is at no cost to the hospital.

Davis also added that Wayne Memorial has mobile units, which can be a helpful resource for those who do not have transportation. Wayne Memorial currently has a mobile mammogram unit, which provides breast cancer screenings for residents in Wayne and Pike counties as it travels between health care center locations.

Dr. Erin McFadden, chief medical officer of the Wright Center, said that at all Wright Center locations, including the one in Hawley, physicians “encourage everyone in our community between the ages of 40 and 65 to have an annual mammogram to identify breast cancer.”

Wayne and Pike counties also provide free transportation for medical visits covered by Medicaid.

The Rural Health Transformation Plan, which is a “five-year, \$50 billion initiative to stabilize and to transform rural health care” according to Davis, may also be used to help improve maternal health care. The program was offered to all 50 states, and all states applied and received funds out of a \$200 million maximum per year. This year, Pennsylvania received \$130 million.

Garnet Health Doctors CEO Jerry Dunlavey told the **River Reporter** that New York’s plan for the federal money includes funding maternal health care.

In New York, Garnet Health Medical Center has recently opened a new OB/GYN practice, just a month after Crystal Run Healthcare, one of the few dedicated OB/GYN clinics in the county, closed its doors.

“As of July 1st, that program is up and running. In the first month alone, we saw over 250 patient visits, we welcomed over 20 babies to this world, which is really, really kind of cool.” Dunlavey said.

Assemblywoman Paula Kay (D-100) said that after Crystal Run closed its practice in Sullivan County, she was “thrilled” to see Garnet step up.

Kay said that using capital discretionary monies, \$250,000 would be donated to Garnet Health to redo and modernize the OB/GYN facility.

“Patients and staff alike deserve to have the most modern conveniences and offices—an office that’s welcoming, an office that’s modern, as I said—has everything that the providers need to have the best care for their patients.” Kay said.

The state of the safety net

By LIAM MAYO

“On January first, we’re going to fall off a cliff in this country,” Chris Dickey told a listening audience on September 24. Dickey is a clinical associate professor of global and environmental health with the New York University School of Global Health; on the day, he was leading a panel discussion that accompanied a quartet of health care-related films at the Big Eddy Film Festival in Narrowsburg, NY.

“Medicaid rules are changing; the money is being pulled out of the system; the services are going to go even farther [down],” Dickey said. “The lack of health insurance is going to become a crisis in this country.”

“The lack of health insurance is going to become a crisis in this country.”

— Chris Dickey

Work requirements

The coming changes to the health care economy stem from the One Big Beautiful Bill, a piece of Trump-administration legislation signed into law on July 4, 2025.

Among other changes, the One Big Beautiful Bill included new eligibility rules for Medicaid that required certain adults under age 65 enrolled in the program to report at least 80 hours of work, community volunteering or caregiving per month, or be kicked off the program. That requirement will begin to go into effect nationwide by January 1, 2027, although some states have implemented the changes already.

“Medicaid should be a short-term hand up, not a lifetime handout,” reads the final rulemaking for the change. “Implementing the community engagement requirement, we believe, will assist in prioritizing coverage for Medicaid’s most vulnerable populations such as seniors, individuals with disabilities, pregnant women and children while empowering able-bodied individuals through community engagement.”

The full implications of that change have yet to be felt. The Congressional Budget Office, a non-partisan government body charged with evaluating the costs and benefits of legislation, estimates that around 5.3 million people will lose their health coverage by 2034 due to the work requirements; around half of these people, 2.8 million, will lose coverage not because they don’t qualify but because of the added difficulty of navigating the extra enrollment step.

Jerry Dunlavy, CEO of Garnet Health Medical Center - Catskills, said there are still uncertainties about the new work requirement and about how it will impact people’s ability to make use of the program. “What we don’t know is how that going to be administered and how reliable is it that people aren’t going to end up with a gap in care,” he said.

“...you have to have a plan and a rollout and a safety net, and I don’t know what that translates to in our community at this time.”

— Jerry Dunlavy

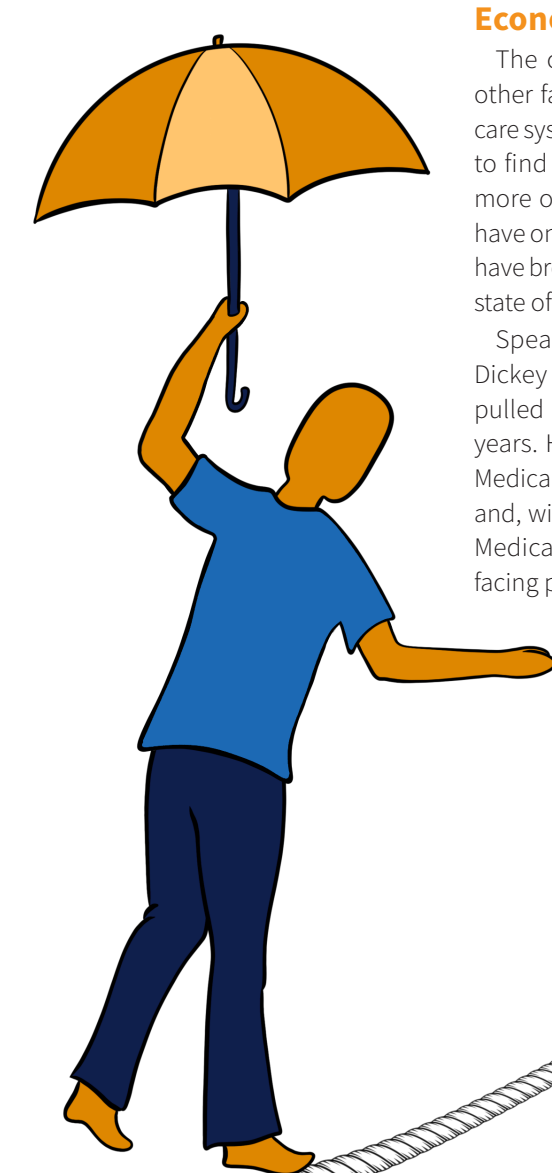


“We’re hoping that [the unknowns] are addressed properly,” he said. “But we’re prepared to take care of anybody that comes to our door.”

Denise Frangipane, CEO of Sullivan 180, has her own concerns about the upcoming changes to Medicaid; while it’s not her area of expertise, she said, she has been familiarizing herself with the proposed changes.

“I think like anything else, when you make these types of changes, you have to have a plan and a rollout and a safety net, and I don’t know what that translates to in our community at this time,” she said.

STATE OF HEALTH



Economic effects

The changes to Medicaid, as well as other factors and changes in the health care system, will make it harder for people to find coverage for care; see below for more on the anticipated effects this will have on people. The changes are going to have broader implications for the financial state of the health care industry.

Speaking with the **River Reporter**, Dickey estimated that \$1 trillion will be pulled out of Medicaid over the next 10 years. Hospitals and clinics that rely on Medicaid funding will struggle, he said—and, with rural hospitals relying more on Medicaid than urban hospitals, they’re facing particular strain.

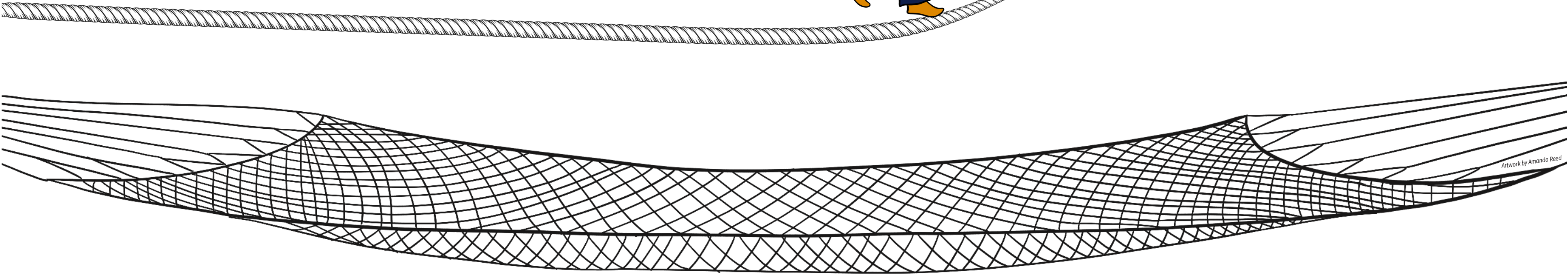
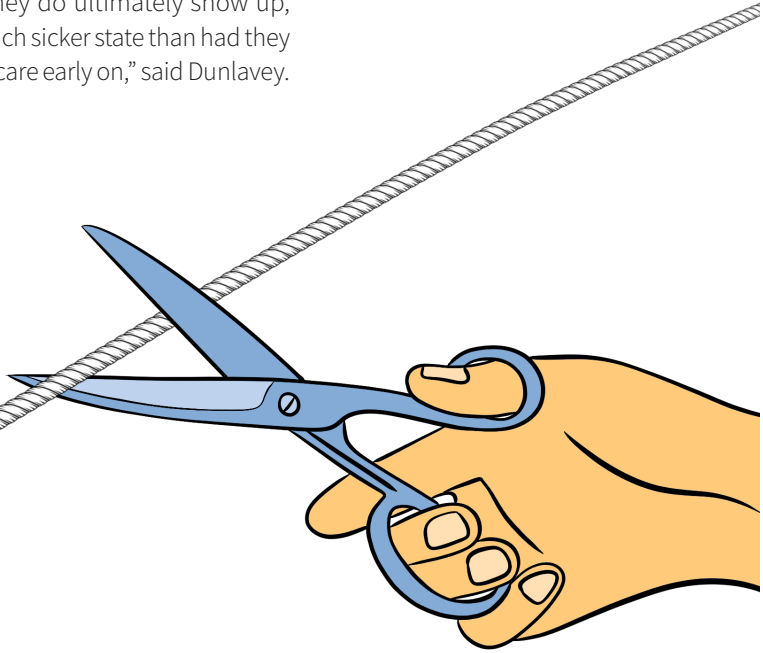
“The risk of closure for clinics and hospitals in rural communities is going up really high” as of January 1, 2027, he said.

Dunlavy talks about the changes to Medicaid more in terms of access to care than in terms of payment for care.

“When people delay their care, their conditions have the potential to worsen, and then, when they do ultimately show up, they’re in a much sicker state than had they had access to care early on,” said Dunlavy.

Still, Dunlavy said, “If those services are not available, it ultimately ends up here within the hospital. And we take care of everybody. We don’t turn anybody away.”

Additional reporting provided by Sonia Ahmed.



Medicaid

When people lose Medicaid coverage, they can try and seek coverage on the individual marketplace, or they can go without insurance.

However, according to Louise Norris, a health care policy expert with healthinsurance.org, it’s unlikely that someone who loses their Medicaid coverage due to failing the work requirements will be able to afford health care on the individual marketplace.

The individual marketplace has subsidies available to help people afford coverage. However, those subsidies don’t kick in until people are making too much money to qualify for Medicaid; if people aren’t working enough to keep their Medicaid coverage,

it’s unlikely they’ll be making enough to qualify for an individual marketplace subsidy, and it’s even more unlikely they’ll be able to afford a full-priced marketplace plan.

Norris expects a lot of people will lose their Medicaid coverage either because they won’t be able to work or for paperwork reasons.

According to Erin McFadden, chief medical officer with The Wright Center, “When we continue to cut Medicaid, we are excluding individuals in our community from necessary life-sustaining health care.”

Marketplace

Nationwide, individual marketplace insurance plans are expected to see a median 15 percent increase in 2027, said Norris. (That’s before subsidies get calculated in, which substantially decrease the cost of care for many payees.)

The proposed average rate increase is 21 percent in New York and 17 percent in Pennsylvania, both pre-subsidies, said Norris. The steepness of those rate increases will likely level off, somewhat, after the states each make their review; it’s the state insurance body that reviews and edits the increase.

These rate increases come on the heels of a major change to the marketplace at the end of 2025. From 2021 to 2025, a set of subsidy enhancements provided expanded assistance to payees on the individual marketplaces. Those enhancements lapsed at the end of 2025, with a political push to reinstate them faltering.

“There are certainly legislators in Congress that would love to reinstate these subsidy enhancements, but it is a political hot potato,” said Norris, adding that it would take a change in the makeup of Congress for that to happen.

Uninsured

“What we’re worried about as a hospital and as an emergency department within a hospital is that when folks have nowhere else to go and they can’t get care from a primary care provider or at a local urgent care, they end up in our emergency department,” said Dunlavy.

That’s a problem from the payment side for the hospital: If someone without insurance shows up in a hospital’s emergency room, the hospital’s responsible for providing that care without a guarantee that they’ll be able to get payment for that care.

Still, Dunlavy said, “If those services are not available, it

ultimately ends up here within the hospital. And we take care of everybody. We don’t turn anybody away.”

Norris encourages people to keep some level of coverage that’s ACA compliant. Going without insurance can be expensive, and some alternative insurance options aren’t much better.

“Do whatever you can to maintain coverage,” said Norris. “It’s much better to have a bronze plan... than to have nothing or a non-ACA compliant plan that could leave you with hundreds of thousands of dollars in out-of-pocket costs.”

Artwork by Amanda Reed

Dr. Jessie Moore talks public health



By PATRICK KELLY

LIBERTY, NY — In New York State, every county is required to have a department of public health. Many people are unaware of their county’s public health department, only thinking about it when disaster, like an outbreak of disease, strikes. What they don’t know is that the county offers numerous other programs through its department of public health.

The **River Reporter** sat down with Sullivan County Director of Public Health Dr. Jessie Moore to talk about public health, the services they provide and the state of health in Sullivan County. Questions and responses have been edited for clarity and length.

What would you say is the state of health care in Sullivan County?

Unfortunately, for many years Sullivan County has ranked poorly when it comes to health outcomes, and I know for many years we had been looking at the county health rankings, and that’s something that isn’t used in the same capacity anymore. So we can’t look at that list out of 62 and say, “OK, this is where Sullivan County currently falls,” because that’s not the best indicator.

What I will say is I understand why the outcomes have been so poor, and it’s not for lack of trying. I see professionals in this county working so hard day and night, 24/7, and I see community members who want the care and they want to utilize the services too. But what I see is, there’s just not enough. There are just not enough health care providers. There are not enough physicians. There are not enough dentists. There’s not enough mental health-care providers.

There’s also not enough of them that are open the hours that people need them... and I don’t blame them. They’re trying to make some of those needs be met by having additional hours in the evenings or opening on weekends. We need to be able to access these services in what works for us. If you’re working a nine-to-five and then going on to your second job in the evening, when do you have time? And I completely understand that because I’m the director of public health here, and I’m behind on some of my annual preventive things as well. So I very much understand that it can happen to any of us.

I don’t know the best fix. It’s for us to continue to

offer [services] and to offer them at different times and in different locations, and going out to those more rural areas with more of these mobile units is a fantastic idea. I’m so excited to be collaborating with different groups such as Ellenville Regional and Refuah and Sun River Health, who have these mobile units. But we need to attract more providers to our area. We need to expand the access, the hours, the locations, and meet people where they’re at.

What kinds of services does the Department of Public Health offer?

Each county is expected to have a local health department. Here we are what’s called a partial service location because we have a smaller overall population in this county, so that means we do not have as many services as some larger counties, such as Orange County. But what we do hold are a few of the different programs that the state requires to be provided to everyone.

That is things like our early intervention. So we cover early intervention and preschool services. So for any kids that may need a little extra help, might be behind, and could benefit from speech, occupational therapy, physical therapy, any of those types of services, that’ll get them closer to being ready for school by the time they hit five. So we’re overseeing all of those, which are state requirements.

We’re also overseeing communicable diseases, or anything that can spread. We are keeping an eye on all the numbers when it comes to things like measles, whooping cough or anything that could possibly spread to large groups of people. We’re also providing vaccinations. For folks that don’t have insurance or they are underinsured, we’re able to provide many times free vaccinations to those individuals. A lot of times, we’re providing vaccines to kids to make sure that they’re able to go to school so that they’re not excluded.

We also run our rabies program for the county. So when somebody is exposed, whether it be from a dog



Dr. Jessie Moore

Photo provided by Sullivan County

bite or maybe a bat, raccoon, we have nurses in that department who will investigate and see what is needed and if that individual may need to be treated, and if that specimen may need to be sent up to the state lab for testing to rule out whether they’ve been exposed to rabies or not.

We have an education and outreach department. On a lot of these topics, we have a team that goes out into the community and provides education, as well as referrals to come in or to other resources in the community to let

people know where they can go to get services. So our health educators are going into schools, they’re going into places of employment, and even more important is they’re going where folks are what we consider more of a high-risk population, whether that be homeless folks, so going into food pantries, soup kitchens, the local motels where Section 8 houses some folks. It’s also looking at individuals who may be substance users, so whether it be drugs and alcohol. So some of those higher-risk groups of folks who may not be accessing health care easily, we’re trying to fill in those gaps and then link them to the services that exist.

We also hold what is called a certified home health agency here in Sullivan County that we call the CHHA. There are only six counties left in New York out of 62 that have a CHHA program. This is a little bit different because all the other services are just automatically provided to residents. This is one where you would need to qualify, and then it would be paid through either Medicaid, Medicare or your private insurance. This essentially is a home visiting service for homebound folks who require some sort of medical intervention. So we have skilled nurses, physical therapists, occupational therapists, speech therapists and home health aides that are going into the homes of those that qualify and our team is able to work with them to get them to a place where they can then continue their care with some sort of outside facilities.

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Kay talks rural health care



By PATRICK KELLY

MONTICELLO, NY — After the One Big Beautiful Bill was signed into law, many states, including New York, scrambled to fill in the resultant budget shortfalls for health care. Adding to this strain is financial pressure on rural hospitals, which have had to cut back on services or close entirely.

Assembly Member Paula Elaine Kay (D-100) represents most of Sullivan County, which have seen these pressures leave large impacts on its health care. Assembly Member Kay sat down with the **River Reporter** to discuss health care in Sullivan County and what the state is doing to improve it. Responses and questions have been edited for length and clarity.

What is the state of health care in Sullivan County?

It's a changing situation, and obviously there is a lot of improvement that needs to happen, partially because of the federal cuts that are going to take effect. Really, we're going to start seeing them at the beginning of 2027, and also because of some local issues that are playing out throughout Sullivan County with regard to Optum and the reduction in services from Optum and the impacts that that's having throughout the county.

But at the same time, I think that there are some bright spots that we need to look at that are up and coming that are really going to make a positive difference for health care. The Highland Health Initiative [is taking shape] in the Town of Highland, which my office has contributed toward, and as that project gets off the ground, that's going to be an incredible community health care center.

You have a long tenure in public service, working with the New York City Council, as well as former assembly members Jake and Aileen Gunther. Does that history give you an insight into health policy?

I've had almost 30 years of experience in government in all different types of government. I started with the New York City Council, where I was counsel to the general welfare committee, which included health care. So throughout my career, I've certainly been exposed to health care policy, even on the municipal level, with working with the towns that I do.

I've also had a lot of experience with it working in the

legislature first for Jake Gunther and then later for Aileen. So the short answer is yes, having experience and working in government, you do see a lot of things. And living and working in Sullivan County, you can't help but see the need that we have here for additional and better health care and access to health care.

What has the state done to counteract the changes that are happening at the federal level?

Well, the state budget has done a lot of things to invest in health care, but the state can't replace all of the lost federal funding. That's just impossible. But we made some strategic investments to help protect access to care and strengthen our health care workforce.

In the budget there was more than \$750 million to increase reimbursement rates for hospitals and nursing homes. There also was \$2.2 billion for the health care stability fund to help health care providers respond to some of these federal cuts. The state of New York can't combat all of it, but we're doing what we can.

An additional \$500 million reserved for fiscally distressed hospitals. That's throughout the state. I represent the 100th district, which means I represent Garnet in Harris, Callicoon and Middletown. We don't know yet what the share is going to be with that, but we certainly deserve it, and I'm fighting for it. As I know the hospital is as well.

Then there's \$433 million dedicated to nursing homes to support operations, workforce recruitment and long-term sustainability.

Anything that we can do to support our medical professionals, our nurses who are working incredibly long hours—everybody in the medical field, we need to help them. I work with the unions all the time, and I really listen.

Remember, during COVID, they were the health care heroes. At five o'clock every day, everyone would go outside and clap for our health care heroes? We don't treat them quite so well anymore. We need to do better.



Assembly Member Paula Elaine Kay

Official photo

What steps could the county take to help improve the state of Sullivan County's health care?

Recently, Speaker [of the Assembly Carl] Heastie (D-83) came with me and did a tour of our district, and one of the places that I took him to was Hanofee Park in the Town of Liberty. It is a place for kids of all ages to recreate and be outside and exercise. There's walking paths and all the things that you need to be outside.

The speaker and I were able to deliver basically a reconstruction of the entire park to the Town of Liberty with a grant of \$2.365 million, and that's health. That being active and being outside is health care too. We know that there's a lot of folks in Sullivan County who aren't as healthy as they could be, and having access to a park like Hanofee that's open to everyone is really going to make a difference, I think.

Do you have anything else to add?

I have two district offices: one in the City of Middletown and one in Monticello on Broadway. And one of the reasons that I moved the office to Broadway in Monticello was I wanted to be accessible to as many people as possible, maybe including folks who may not have access to their own transportation.

A lot of the things that you and I talked about were bigger picture things, but we also work one-on-one with constituents every day who come into the office. Sometimes they choose to come in and they have an appointment, or they walk in or sometimes I see or someone on my staff sees someone who's obviously either having an immediate crisis, or we've seen people, you know, who are just hungry, and so we're able to meet that need almost every day.



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A New York state of health



State lawmakers, county legislators and advocates discuss the New York Health Act

By PATRICK KELLY

SULLIVAN COUNTY, NY — As local governments across the state of New York are grappling with funding rollbacks and rising health care costs, some lawmakers have begun to discuss possible alternative solutions to their health care woes. This includes legislation that would replace the current health care system with universal single-payer health care for New Yorkers.

The New York Health Act (NYHA) is sponsored by Assembly Member Amy Paulin (D,WF-88) in the Assembly and Sen. Gustavo Rivera (D,WF-33) in the state senate. It would create universal health care coverage in New York

State, paid for by a progressive payroll tax.

According to information published by the Campaign for New York Health, the bill would cover hospital care, physician services, prescription drugs, dental, vision, hearing, mental-health care, long-term care, maternal care, reproductive care and drug abuse treatment while eliminating monthly premiums, deductibles, co-pays, prescription drug costs, supplemental insurance plans and co-insurance.

“The New York State constitution states: ‘The protection and promotion of the health of the inhabitants of the state are matters of public concern and provision therefor shall

be made by the state and by such of its subdivisions and in such manner, and by such means as the legislature shall from time to time determine,’” the bill memo reads. “All residents of the state have the right to health care.”

It continues, “To address the fiscal crisis facing the health care system and the state and to assure New Yorkers can exercise their right to health care, this legislation would establish a comprehensive universal single-payer health care coverage program, funded by broad-based revenue based on ability to pay, for the benefit of all residents and employees of the state of New York.”

State lawmakers discuss NYHA

Federal budget rollbacks and New York’s struggle to fill in the shortfalls have reignited conversations about the New York Health Act (NYHA). During the summer, Assembly Member

Sarahana Shrestha (D,WF-103) held seven

town halls across her district to discuss NYHA. Shrestha said that the current difficulties many people are facing in regards to health care are systemic problems that are at their worst right now.

“450,000 people were kicked off of the essential plan, and everybody’s health care plan has just been going through changes they don’t understand,” Shrestha said to the **River Reporter**. “It really feels like the crisis is at its peak right now.”

Shrestha also said the bill would help health care workers, especially those in more rural areas or working at smaller, independent practices.

“Primary care physicians who are trying to do a small family practice, they don’t have time to do all of this paperwork just to get paid,” Shrestha said. “They should be able to devote their time to seeing patients, giving them care, and not use all of their time and resources fighting with insurance companies, so it makes a big difference to people who actually work in the health care sector.”

Shrestha also invited former assembly member and the original sponsor of the bill Richard Gottfried to her town hall in New Paltz to help answer questions about NYHA. In an interview with the **River Reporter**, Gottfried spoke on the importance of the bill, and the financial burden that health care places on New Yorkers.

“For millions of New Yorkers in any given year, you know, including... for people who have health coverage, somebody in their household in a given year goes without needed health care because they can’t pay for it, or they suffer financial hardship to pay for it,” Gottfried said.

“Health care spending is the number one source of bankruptcy in New York and across the country,” Gottfried said. “That’s why surveys find that a huge percentage of New Yorkers are concerned about whether they can pay for their health care, and a huge percentage of New Yorkers have a terrible opinion of health insurance companies, and we’ve got to do something about that.”



Assembly Member Paula Kay speaks at a January 22, 2026 open house for the Highland Health Initiative. RR photo by Liam Mayo

Single-payer in Sullivan

During a September 10 meeting of the Sullivan County Legislature’s Health and Human Services Committee, chair of the committee Catherine Scott brought up the legislation and suggested that it would fix several problems with health care that the county is facing.

The county could also see significant savings if the state implemented the health care system that the New York Health Act proposes. According to Scott, the county could save over \$40 million if the NYHA was implemented.

Sullivan County Manager Joshua Potosek weighed in, saying that he remembers during Gov. Andrew Cuomo’s term that a group from Massachusetts presented a model that showed that due to the structure of county governments, moving to a single payer system would ease the financial burden on the county, adding that “from a strictly county government perspective, it was wildly financially beneficial to us because of what we’re paying for today.”

According to information from Sullivan County Management and Budget Commissioner Anna Novello, Sullivan County budgeted \$33,644,060 in county employee health care costs and \$20,601,867 in Medicaid costs for 2026. Novello did say that those numbers don’t represent the savings the county could theoretically see because they do not include the cost of the new payroll tax that would be instituted under NYHA.

Furthermore, in an interview with the **River Reporter**, Assembly Member Paula Elaine Kay (D-100) said she was interested in co-sponsoring the legislation, but said that due to the impacts on local governments including the county, she is waiting for the county to act. Scott urged the legislature to sign a letter, saying that if NYHA were adopted it would cut through bureaucracy around health care, save the county money and increase coverage.

Still, the committee needed more information about the bill before it would act. Legislator Amanda Ward had questions about how it would affect other sectors. Legislator Brian McPhillips said that he wanted to learn more about the bill, saying that as a diabetic who has run into problems with the insurance industry, he didn’t want to take away individuals’ medical liberty.

“To know that I’d be potentially affecting somebody else’s medical freedoms, I would just want to have a little more research on it,” McPhillips said. “If I could just have some time.”

During a meeting of the county legislature’s health and human services committee listeners heard more about the bill. During the October 1 meeting, members of the Campaign for New York Health presented information on the legislation, and urged Sullivan County to support it.

“I understand how hard it is to be in your seats. I understand how hard and undesirable it is to be able to have to give hard news to your community and have to make hard choices that you know negatively impact your community,” Melanie D’Arrigo, executive director of the Campaign for New York Health said during the presentation. “This is such a gift, really, to be able to sit in your position and deliver not only these savings but the best healthcare in the entire nation.”

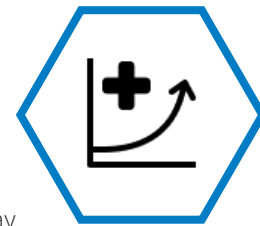
However, some members of the public strongly object to the legislation. Linda Yehl, who spoke at public comment after the presentation, said she was “totally against this.” She feels that her insurance is fine, and that New York shouldn’t change that just so they save money.

Other advocates have also urged the legislature to act on it, including Ken Walter, a member of the Senior Legislative Action Committee (SLAC), who spoke up at the September 10 meeting. He said that “we should have the same kind of care that New York State legislators have, and nothing less.”

Star Hesse, another member of SLAC, has been an outspoken advocate for the NYHA. She said that she believes the time is right for movement in Albany, and that support is high. Hesse encouraged people to reach out to their local legislators and lawmakers and encourage them to support the bill.

“This has been in the works for a very long time, and until recently there was not enough support from the Albany legislature to get this very vital bill passed,” Hesse said. “But now with all that’s going on in the world... I guess the situation has gotten bad enough that the general public is starting to demand this kind of coverage.”

As health care faces workforce gaps, SUNY Sullivan more than doubles its nursing cohort



By KIMBERLY IZAR

Mayah Farfan says she remembers growing up Latino and watching her community members be scared to seek help from doctors or nurses. These childhood memories ultimately shaped her decision to pursue a career in health care, she says.

“I just saw that as an opportunity where I wanted to be the best nurse for somebody else and care for them and my family,” said Farfan, a first-year student at SUNY Sullivan in Loch Sheldrake, NY.

Farfan is one of 85 students enrolled in the college’s nursing program this school year, which has more than doubled from 40 students in 2022 to 85 in 2026. Its RN program was first registered with New York State in 1985.

Over the past five years, SUNY Sullivan has dramatically revamped its program. Dr. Cheryse Taylor, director of nursing programs at SUNY Sullivan, said the redesign involved big personnel and curriculum changes.

The program bumped up the number of one-on-one sessions and expanded the direct support available for students. It also refined its admission process: applicants must pass an entrance exam, and its preferred students come with foundational science courses already taken.

The changes have paid off. The college’s NCLEX pass rate (the licensing exam for nurses) climbed from 38 percent in 2021 to 86 percent in 2025. Nursing enrollment is also up 72 percent in recent years.



Dr. Cheryse Taylor, director of nursing programs at SUNY Sullivan, speaks at a September 24 panel discussion at the Big Eddy Film Festival. RR photo by Liam Mayo

But developing the program has come with its own slew of challenges. For starters, Taylor says she doesn’t have enough available slots. The college currently has two nursing labs, one nursing classroom and one computer lab—far less than what Taylor needs to expand the program.

“I can only accept so many students because of the lack of space and teaching faculty, so while I’m here drumming and saying ‘Come to SUNY Sullivan,’ the reality—and the sad reality—is I can only accept about one-third of the people who apply,” said Taylor.

The college isn’t alone in these challenges.

A report from the American Association of Colleges of Nursing reports that more than 92,600 qualified

applications were turned away from nursing programs in 2025 due to an insufficient number of faculty, classroom space and budget constraints. The median salary for an advanced-practice registered nurse is \$132,050, compared to an average salary of \$82,762 for a master’s-level nursing professor.

“SUNY is aware that this is a challenge and has tried to make some changes, but frankly, the biggest challenge that we have is we can’t match the salary. We cannot. Even if we were Harvard [University], we wouldn’t match the salary,” said Taylor.

Still, the college’s classrooms remain full and buzzing a few weeks into the fall semester. David Sellers, a first-year nursing student at SUNY Sullivan, says the program staff helps ease the transition into the semester.

“The professors really do work with you. I don’t just say that,” said Sellers. “They’re on the same pace that you are. They’ll help you get on track.”

Taylor says both the staff and students’ dedications to Sullivan County is fiercely unrivaled, and she’s looking forward to seeing where each of her students go next.

“Making sure that we are an integral, important piece to the health care of [Sullivan] County is our driving force, and it is a driving force of every single person who works in this program,” said Taylor. “Every single one of my clinical preceptors is a SUNY Sullivan graduate. Most of my professors here are SUNY Sullivan graduates. We are dedicated to this county.”

As rural NY’s health workforce shrinks, workers point to unsafe staffing and service consolidations as drivers

By KIMBERLY IZAR

This July, Crystal Run Healthcare in Rock Hill closed one of only two OB-GYN practices in Sullivan County open at the time.

Two of its OB-GYN providers relocated to Crystal Run’s Middletown location, and the other two stayed in Sullivan County: one at Sun River Health and one at Garnet Health Medical Center.

The service cuts also redirected more patients to Crystal Run’s Middletown location. Lisa Mazzella, a patient services representative for Crystal Run, said it wasn’t the first time she had seen services reduced as patient volume increased.

Mazzella, who’s been a patient services representative for Crystal Run Healthcare for eight years, said these restructurings have increasingly led to unsafe staffing levels and unrealistic workloads for an already strained workforce.

In 2023, Optum, a subsidiary of UnitedHealth Group, acquired Crystal Run Health. Since then, the healthcare system has laid off hundreds of laboratory workers and is considering selling off some specialty practices to other large New York health systems.

Mazzella says the region’s healthcare

workforce is shrinking, largely in part due to corporate layoffs. For instance, Crystal Run laid off six phone team workers and has since shifted those responsibilities into existing roles.

“They were reabsorbed [into] other positions, and this is where the workload is going,” said Mazzella. “They’re trying to get as much out without paying for the additional position that they’re asking us to play.”

Mazzella says since Optum acquired Crystal Run, patient service staffing has decreased from 40 to 26 patient service representatives. Meanwhile, patient volume has increased from 950 to nearly 1,500 patients from TK to TK.

Crystal Run did not respond to our detailed questions about staffing numbers and patient volume but they did say they were focused on making health care “simpler, more affordable, and easier to access” across the state.

“Nine out of 10 primary care and OB-GYN patients receive answers to clinical questions within 24 hours and prescription refills within 48 hours, and most patients can secure timely appointments,” a Crystal Run healthcare spokesperson told Radio Catskill. “We remain committed to being

a trusted partner in the communities we serve and ensuring patients receive the best possible care.”

‘Why can’t they invest in us?’

New York State Comptroller Thomas DiNapoli released a report in August 2025 that found rural counties face far more health care professional gaps than for New York State.

The number of nurse practitioners (NPs) in rural counties is an average of 10.5 NPs per 100,000 people in rural counties compared to 16.4 NPs per 100,000 people across the state. Sullivan County had the largest number of people underserved—more than 25,600 residents—due to physician shortages, according to the report.

Margaret Franks, a statewide staffing coordinator at the New York State Nursing Association, said the lack of safe staffing conditions in hospitals and medical centers has directly shaped these nursing workforce gaps.

Franks says the issue isn’t a shortage of nurses but a failure to retain them. The workforce gaps come after a challenging few years in rural healthcare, she says.

“We had so many nurses who left after the pandemic and many facilities were in a hiring freeze saying that they needed to recoup the money that had been lost during the pandemic, which left us incredibly short-staffed. Our patients are coming in sicker than ever,” she said.

Franks travels across New York to advocate for safer staffing protocols to nurses, health care leaders, and unions. She said she rarely sees large health systems negotiate safe staffing provisions in union contracts, ensure nurses have enough coverage to take breaks, or hire qualified nursing graduates to fill open positions.

New York has taken some legislative steps to address some of these underlying issues. In 2021, the state passed a law requiring staffing committees at all hospitals and 1:2 nurse-to-patient ratios in critical care units.

But Franks says she often sees healthcare systems not comply with the law.

“Why can’t they invest in us? Why can’t they invest in enough nurses at the bedside when they have all this research showing that it improves patient outcomes, it reduces the length of stay, and it’s more positive for [a] nurse and patient?”



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Efficiencies in Ellenville

By LIAM MAYO

Steven Kelley is the president and CEO of Ellenville Regional Hospital. It's a hospital that's gained state and national prominence for the quality of its care; Kelley serves as the chair of the Health Association of New York State Board of Trustees, and has been asked to speak regionally and nationally about the quality of care that Ellenville has been able to achieve.

Speaking with the **RiverReporter** on Friday, October 16, Kelley mentioned a meeting he'd been in the day before with Sen. Chuck Schumer and the heads of many of New York State's larger hospital systems.

"Most of my colleagues, I think, are struggling to meet the day-to-day demands, the firefighting of the crisis of the moment, because it's an endless succession of crises that overlap each other, and some of them last for a long time," he said.

Long term, Kelley is concerned about what happens to hospitals faced with an increasing amount of bad debt.

The way health care works, he said, is that you've either got health insurance that covers your care, or you don't. Those who have insurance can pay for their care; those who don't leave hospitals with bad debt.

If, say, three million people lose their health care coverage in New York State, that leaves hospitals with an additional 15 percent in bad debt, according to Kelley.

"I think it's gonna be really, really tough," he said. "We have a lot of hospitals, health care organizations that do not have a lot of cash, are not making money now. Not very many can afford 15 percent more bad debt. That's a lot of loss."

Facing financial difficulties, Kelley sees opportunities for improvement in the health care system. While he said hospitals should be looking for improvements whatever the conditions, the current environment may, paradoxically, open up opportunities for change.

"We can make it better; we just have to rethink it," he said. "We can't rethink things when times are good, because when they're good, you don't want to change anything... I think we should endlessly be looking to make it better. My goal is to have some of these ideas get discussed, and they're going to be. We'll see. Some of them will stick, I hope, and we'll create value for the system and for our patients, and for our hospitals, so that they'll be able to survive in this more difficult environment."

Industry-wide efficiencies

Kelley sees opportunities for improvement in the health care industry through improved efficiencies.

"We need to turn around health care," said Kelley. "We need to figure out how we can reimagine health care without tanking our whole system, because we really have a good system, but we have a lot of things that are very costly. We have to have our partners in government and in the regulatory structure and under the governor's leadership as well as the leadership of the legislature to be willing to make changes that are going to remove unnecessary costs."

One example Kelley gives involves the hospital's required state reporting. The state requires the hospital to provide daily and weekly reports; however, the hospital also reports its data separately to New York's statewide health care information network. "They should just get that data from there," he said. "There's no reason for us to report anything separately."

Kelley also supports the use of AI technology as part of the hospital's documentation process.

Nurses might spend a quarter to a third of their time typing up and documenting what they are doing, said Kelley. "Imagine if they didn't have to do that, [if] that was all electronically uploaded from ambient listening that then transcribes the encounter."

The staffing shortages hospitals face come, in part, from the amount that medical staff members are expected to do, argues Kelley. If technology could lighten the load for the doctors and nurses that hospitals have, the workload at hospitals would be right-sized for the current numbers of staff they have.

Successes in Ellenville

Kelley's efficiency-centered focus has seen notable success in Ellenville.

Kelley highlights emergency room waiting times as one of the areas the hospital has been able to improve. Patients' biggest complaint about emergency rooms, generally, is the amount of time they have to wait, he said. That time is broken up into moments of engagement—a nurse makes a triage judgement, a doctor makes an



Steven L. Kelley, FACHE, has been the President & CEO of Ellenville Regional Hospital since 2003. Photo from <https://erhny.org>

assessment, a patient gets a CAT scan, and so on—separated by intervals of waiting.

"We spent almost two years doing interval analysis on all those intervals [of time spent waiting for care] and measuring how long they took," Kelley said. "Then I challenged our people to figure out how to reduce the waiting time—not the time spent with patients, the waiting time."

The work had results. "Our average length of stay here is around two hours," said Kelley. "Which, if you go to any place else, you really need to pack a sandwich, a pillow, a teddy bear and a blanket, because it's going to take a while."

Ellenville found success in another area as well, through redefining how patient outcomes were measured.

The hospital has a lot of in-patient rehabilitation, said Kelley, with older patients especially needing significant rehabilitation. He wanted to improve outcomes for those patients, and went to the hospital staff to ask if they could develop a tool to measure patients' functional outcomes.

"They didn't want to do it," Kelley recalls. "I couldn't understand. Why wouldn't you want to give the patients everything you would want to give them? Why wouldn't we want to do our best? And they were like, 'Well, Mr. Kelley, you know, you're asking us to deviate from the Standard of Care.'"

General hospital procedure is to follow a set Standard of Care, not to promise outcomes; if hospital staff can say they followed the steps laid out in the Standard of Care, that protects them from malpractice lawsuits. Kelley said after realizing that was the hang-up, he challenged his staff to think of the Standard of Care as the bare minimum of care to provide, and to figure out what could be done beyond it to best help patients.

"They were like, 'Oh, that doesn't sound so bad,'" said Kelley. "They came up with a tool, we measured it for six months, and then I set them free." After around a year, functional outcomes for the hospital's rehabilitation patients improved by roughly 17 percent, he said.

New program assists nurses in PA

Contributed by the office of GOV. JOSH SHAPIRO

HONESDALE, PA — On Tuesday, October 13, Governor Josh Shapiro and Pennsylvania Department of Health (DOH) Secretary Dr. Debra Bogen visited Wayne Memorial Hospital—part of the Wayne Memorial Health System (WMHS)—to officially launch the state-level Nurse Shortage Assistance Program (NSAP) to help boost retention, limit turnover and maintain a skilled health care workforce.

\$5 million in loan repayment assistance funding will be distributed to NSAP recipients through the Pennsylvania Higher Education Assistance Agency (PHEAA) and servicer, Scholars Network. In the program's first year, up to 200 nursing students could receive up to \$10,000 per year, building a pipeline of trained nursing professionals who deliver high-quality care all across the Commonwealth.

According to a Hospital and Healthsystem Association of Pennsylvania report, Pennsylvania hospitals reported that an average of 15 percent of their licensed nursing positions are vacant, leaving existing nurses stretched thin and working longer hours. By 2028, the situation is projected to worsen with the Commonwealth expected to face a shortage of 22,000 nurses.

WMHS serves over 100,000 residents annually across Wayne and Pike counties and the surrounding areas, offering a wide array of health care services designed to meet evolving local needs. Despite this demand for care, Wayne Memorial Hospital has reported a 25 percent vacancy rate across its full and part-time Registered Nurse and Licensed Practical Nurse positions. By enrolling in NSAP and partnering with universities, WMHS could receive help in filling these vacant positions, increase

support for current nurses and further strengthen care delivery, according to the Governor's office.

"The nursing shortage is a serious national and local challenge that affects patients, families, and healthcare organizations across the country. There's no single cause and no quick fix," said Chandra Roberts, Chief Nursing and Patient Care Services Officer, WMHS. "Our response must include expanding nursing education and clinical placements, supporting students and faculty, improving workforce safety, and investing in competitive pay, mentorship, and mental health support. The Nurse Shortage Assistance Program would help provide these services and more—and would aim to bring an additional number of talented, skilled nurse professionals to the Honesdale area."

Lost in the hallways

By LAURIE STUART

I am lost in the maze of hallways. Trying to find my way to the NICU unit because I heard a Code Blue announced over the loudspeaker, I am standing at a crossroads, wondering which way to turn. A woman approaches and tells me that the unit is in the opposite direction.

Everything in the hospital is unfamiliar and I have just learned that NICU stands for Neonatal Intensive Care Unit and that a Code Blue is respiratory failure. It is not imperative that I get there, as the call will go out to the chaplain who is carrying the trauma pager for the day. My instruction in that moment is to take the next hour and a half and visit the units that I have been assigned and ask the nurses whether anyone wants to be seen by a chaplain. Cold calling, my supervisor says. I have already been to two, and no one is in need of a chaplain.

The woman, who turns out to be a nurse, although she isn't dressed in the customary dark blue scrubs, asks me about the music case that is on my shoulder. "Is that a harp?" she asks me.

We talk for a few moments about how her daughter played a large pedal harp for eight years and then lost interest. Then she tells me that she has a patient who might really enjoy a bit of music if I have the time.

The invitation feels like a Godsend.

Her patient is a 14-year-old girl who is receiving dialysis.

"She doesn't look 14," she tells me in preparation. We enter the unit and approach the bed of a girl who looks about eight. She introduces me, and I take out my Reverie Harp.

I sing what is becoming a standard, "The sky is blue, the grass is green, and the light is yellow." She joins in, and after it is done, she suggests that the sun is yellow. We sing again, changing the words up, singing about the colors of fruit and end up naming items around the room. "The bag is blue, the trash is green, and the gown is yellow." We are playing. I sing the first part of the sentence; she fills in the color at the end. She tells me that she is going to camp. She has gone for the last four years. The morning is spent in dialysis, the afternoon is filled with archery, and arts and crafts, all the usual camp stuff.

I hand her the harp and she strums it, plucking each string and then touching it again, deadening it. She compliments herself on her song. After a bit, it is time for me to go; there is a didactic scheduled with a local priest who will explain what the Catholic ministries do in terms of administering sacraments and how to get in touch with them. I make my goodbyes and, as I am walking past the nursing station at the door, the nurses thank me and tell me that they have never seen the girl enjoy something as much or been so engaged. They invite me to come back.

"She's here every Monday, Wednesday and Friday afternoon for three hours," they say.

I ask my supervisor in our afternoon session whether it is appropriate to develop regular patients. He assures me that it is fine. My group congratulates me on a successful encounter.

When I am leaving, following the afternoon report session, I see a little girl in a wheelchair waiting by the front entrance. I had noticed her before, the small blue wheelchair catching my attention. As I walk by, I look at her and, to my delight, it is the same girl from dialysis. She introduces me to her mother, and I sit and show her the instrument. The girl relates the story of the harp: "Her husband made it for her," she says. The two of them discuss an uncle, now dead, who was a good woodworker. She seems 14 in that moment, and it is obvious that she has told her mother about our visit.

The encounter, all of the pieces of it, seems to contain a divine intention.

I cannot really imagine the life of that mother who needs to get her daughter to dialysis three times a week without the aid of a car. But I am becoming aware of the heroic lives that people lead, just below the surface.

I am also aware that when we find ourselves to be lost, we are often found.

This reflection piece was written in the summer of 2010 when publisher Laurie Stuart was a student in Tampa General Hospital's Clinical Pastoral Education Program. The 16-week summer program trains ministers of all denominations in the role and skills of being a chaplain.



RR photo by Laurie Stuart

I took this photo of the stone denizen on September 23 while attending Sullivan 180's community conversation with journalist Julia Hotz at Bethel Woods Center for the Arts. Hotz is the author of "The Connection Cure: The Prescriptive Power of Movement, Nature, Art, Service, and Belonging." The book explores social prescribing—a global health care movement where doctors and health professionals refer patients to non-medical, community-based activities instead of, or alongside, pharmaceuticals. The denizen was created by Wayne Holbert, with local bluestone harvested in Lackawaxen, PA.

Blue sky, green grass, yellow light

The words and the melody of this chant came to me as I sat bedside with the River Reporter's long-time administrative assistant Jean Kerrigan. Jean had recently been moved from the upper floors to the hospice wing at the Regional Hospital of Scranton.

The bedroom was comfortable and the almost full-room window looked out on lovely foliage.

In that moment, though, all Jean wanted was to go home and look out her own window.

The window of her living room which overlooked the rolling hills and dales of the Upper Delaware. I was without words, until this simple loving message came to me. I sang as she slept, waiting until her family arrived to say goodbye.