

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

COMMONWEALTH OF PENNSYLVANIA
HOUSE OF REPRESENTATIVES

TRANSPORTATION COMMITTEE

BLOOMSBURG UNIVERSITY OF PENNSYLVANIA
GREENLY CENTER
50 EAST MAIN STREET
BLOOMSBURG, PA 19605

WEDNESDAY, FEBRUARY 21, 2018
1:08 P.M.

PUBLIC HEARING - GAPS IN RURAL AREA TRANSPORTATION

BEFORE: HONORABLE JOHN TAYLOR, MAJORITY CHAIRMAN
HONORABLE LYNDA SCHLEGEL CULVER
HONORABLE DAVID MILLARD
HONORABLE WILLIAM KELLER, MINORITY CHAIRMAN
HONORABLE WILLIAM KORTZ
HONORABLE PERRY WARREN

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

COMMITTEE STAFF PRESENT:
ERIC BUGAILE
EXECUTIVE DIRECTOR, MAJORITY HOUSE
TRANSPORTATION COMMITTEE
BETH STICKLER
RESEARCH ANALYST, MAJORITY HOUSE TRANSPORTATION
COMMITTEE
GREG MORELAND
RESEARCH ANALYST, MAJORITY HOUSE TRANSPORTATION
COMMITTEE
NANCY COLE
ADMINISTRATIVE ASSISTANT, MAJORITY HOUSE
TRANSPORTATION COMMITTEE
MEREDITH BIGGICA
EXECUTIVE DIRECTOR, MINORITY HOUSE
TRANSPORTATION COMMITTEE
KYLE WAGONSELLER, RESEARCH ANALYST, HOUSE
TRANSPORTATION COMMITTEE

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

I N D E X

OPENING REMARKS		
By Chairman Taylor	4 -	6
OPENING REMARKS		
By Representative Millard	6 -	8
PRESENTATION		
By Danielle Spila	9 -	17
QUESTIONS	17 -	29
PRESENTATION		
By Robert Fiume	29 -	32
By Richard Farr	32 -	41
QUESTIONS	41 -	55
PRESENTATION		
By Eileen Chapman	56 -	66
QUESTIONS	66 -	67
PRESENTATION		
By Chrissy Valania	67 -	68
By Natalie Patterson	68 -	77
By Bryne Lewis	78 -	83
By Bette Grey	83 -	96
CONCLUDING REMARKS		
By Representative Millard	97 -	98
CONCLUDING REMARKS		
By Chairman Keller	99 -	100
CONCLUDING REMARKS		
By Chairman	100 -	102
DISCUSSION AMONG PARTIES	102 -	103

P R O C E E D I N G S

1 -----
2 CHAIRMAN TAYLOR: Ladies and gentleman,
3 I'm Representative John Taylor. I'm from Philadelphia.
4 I'm Chairman of the House Transportation Committee.
5 I'm joined by my colleague, Representative Bill Keller,
6 also from Philadelphia, who's the Minority Chairman.
7 And fortunately for Bill, he came from Harrisburg. But
8 I came from Philly, and it's a little bit strange for
9 the Transportation Committee - or for the Chairman to
10 be totally stopped in traffic due to an accident on the
11 Turnpike for about almost an hour, where I had to be
12 reversed and go south in the northbound lanes to get
13 off. So I'm glad I made it. But thanks to
14 Representative Millard's office for arranging -
15 arranging all this, and we're glad to be in Bloomsburg
16 and glad that the folks here are hosting us.

17 I'd like to just start by having our
18 members introduce themselves, starting from my far
19 left. Perry?

20 REPRESENTATIVE WARREN: Hi. I'm Perry
21 Warren, District 31, Bucks County.

22 REPRESENTATIVE KORTZ: Good afternoon,
23 everyone. My name is Bill Kortz. I'm from Allegheny
24 County, 38th District.

25 REPRESENTATIVE CULVER: Linda Culver,

1 from the 108th District, which is a next-door neighbor
2 to you.

3 CHAIRMAN KELLER: As the Chairman said,
4 I'm Bill Keller from the 184th District, which is in
5 south Philadelphia. And I came up Route 11. It was a
6 beautiful ride.

7 MR. BUGAILE: And I'm Eric Bugaile. I'm
8 the Executive Director of the Transportation Committee
9 for the House Republicans.

10 CHAIRMAN TAYLOR: Ladies and gentlemen,
11 we're going to try to ask everyone, including our
12 members, to keep their - their voice levels up, because
13 we don't have a system, but it sounds like it's
14 carrying pretty well.

15 Do the people in the back agree with
16 that? Can you hear me okay? Sir, can you hear me?

17 So - but our testifiers will be facing
18 us, so we'll try to keep the volume up so the folks in
19 the audience can hear.

20 Today we're talking about transportation
21 in rural areas, particularly gaps therein. This has
22 been something that Representative Millard has - has
23 talked to us about often. It's something that we also
24 have an interest in. And I think, you know, we're
25 looking for a solution. I don't think this is an easy

1 fix, but I think there's a way to do it. We have some
2 ideas in mind, but we're going to hear from a variety
3 of people to talk about that.

4 And we're going to start by asking
5 Representative Millard to be on both sides of the table
6 there. We're going to ask him to speak to us as a
7 committee and then join us the rest of the testimony.
8 And Dave, thank you for your hospitality here.

9 As the audience may know, we were
10 supposed to be here about a month ago. A little
11 snowstorm. You know us city-slickers, we get all upset
12 about that, so - he didn't want us to cancel, though.
13 He's like, no, no, I think you should come anyway. We
14 get upset about snow.

15 So with that, anything else I didn't do?

16 I'm going to ask Representative Millard
17 to kick us off.

18 REPRESENTATIVE MILLARD: Thank you,
19 Chairman Taylor, Chairman Keller, and members of the
20 committee. Welcome to Bloomsburg.

21 I'd like to thank my staff and the
22 Chairmen's staff, both Chairmen's staff, for working
23 very diligently to bring this meeting to fruition.

24 As was mentioned by the chairman, we had
25 this scheduled previously. And eight inches of snow

1 later, the decision was made that we would cancel that
2 meeting. But we're delighted that the weather was very
3 cooperative today and we're able to proceed forward
4 with it.

5 I'd also like to thank the Bloomsburg
6 University staff. Dan Knorr is here. He arranged for
7 the use of this facility, which is owned by the
8 university and a very appropriate place that we meet
9 downtown Bloomsburg to have this hearing.

10 And I'd like to thank our testifiers in
11 advance. And a gentleman who joined us today who won't
12 be testifying but can offer some comments at the
13 conclusion is Mr. Don Drum, who is in the very back of
14 the room here. He and I had a conversation
15 approximately two years ago because he is a former cab
16 driver and transit driver in this area and implanted a
17 lot of ideas and a thought process in my mind that
18 miraculously a couple months later I was invited to my
19 first local community meeting concerning
20 transportation, lack of, need for, for various purposes
21 in the rural community.

22 We know that rural communities face many
23 challenges with regard to transportation for a variety
24 of reasons, whether it be health or employment or
25 simply shopping.

1 Today's hearing has actually been two
2 years in the making, as many of the local community
3 stakeholders, their support groups and I have had
4 discussions about servicing the needs of our rural
5 community with regards to today's topic. And I'm sure
6 they're well prepared to paint the visual picture for
7 this community about the challenges that are faced by
8 our constituents each and every day. And I look
9 forward to their testimony along with you.

10 And again, thank you both Chairmen for
11 scheduling this hearing. And with that, Chairman
12 Taylor, Chairman Keller, I'll join you up there and
13 turn it over to the people who will provide some
14 substance in their testimony. Thank you.

15 CHAIRMAN TAYLOR: Thanks, Dave.

16 There's a lot of Eagle fans in the
17 audience today, do you think?

18 AUDIENCE MEMBER: Do we get more money
19 if we are?

20 CHAIRMAN TAYLOR: Well, we're used to
21 being, you know, disparaged in Harrisburg all the time
22 by our Steelers brethren, but not this year.

23 Okay. We're going to start out with
24 Danielle Spila. Where's - oh, there she is.

25 MS. SPILA: I'm here.

1 CHAIRMAN TAYLOR: How are you doing?

2 MS. SPILA: I'm good.

3 CHAIRMAN TAYLOR: Thanks for being with
4 us.

5 Danielle is the Director of the Bureau
6 of Public Transportation from PennDOT.

7 MS. SPILA: So you all have written -
8 well, first of all, thanks for inviting us. Thank you
9 for - you know, this is something we live and breathe
10 every day, transportation. And we have to do
11 transportation throughout the Commonwealth. And so
12 every area faces its own unique challenges. And we are
13 well aware of that and we do deal with that on a daily
14 basis, from answering customer complaints, customer
15 concerns and once in a while taking a customer kudo,
16 dealing with all kinds of issues related to public
17 transportation. So I have written testimony that we
18 provided ahead of time. And I thought I'd just
19 summarize a couple of key points from that and then be
20 available for questions.

21 So in Pennsylvania we have basically two
22 types of transportation that we fund with public
23 dollars. One is fixed-route transportation. And fixed
24 route is regularly-scheduled transportation that has
25 designated stops and has a public scheduling - or

1 there's a published schedule so people know when -
2 generally when it's going to come.

3 We provide this service in both urban
4 and rural areas. We have 34 transit systems currently.
5 We've had a couple of consolidations over the past five
6 or six years, so that's why the number keeps going down
7 a little bit. So there's 22 of them in what we
8 consider urban areas and 12 in rural areas. And what
9 we provide in Pennsylvania is over a billion dollars in
10 subsidies for those public transportation systems. So
11 both the urban and rural areas have access, but we
12 provide that subsidy. And basically what that does is
13 it helps to reduce the charge that - the fares that are
14 charged to transit agencies.

15 As a result of Act 44, that - a lot of
16 that changed, and there is a responsibility on the part
17 of the transit agencies to make sure that there is a
18 fair policy in place so that people are still
19 contributing fares and that those fares are staying at
20 pace with inflation.

21 We also provide shared ride demand
22 response transportation across the Commonwealth.

23 Pennsylvania is unique. I think it's
24 probably one of the only states where you can get
25 access to public transportation no matter where you

1 live in the state. We do limit it because there's
2 limited dollars, but every community gets served.

3 The shared ride transportation is
4 defined as that door-to-door transportation. You'll
5 see a lot of times smaller para-transit vehicles are
6 all - many of them are handicap accessible so that they
7 - folks in wheelchairs and people with disabilities
8 have the ability to use them.

9 We provide a subsidy for individuals who
10 are over the age of 65 to the tune of 85 percent of the
11 cost - of the fare that's charged on that trip. Senior
12 citizens or sometimes there are sponsoring agencies,
13 like a AAA who will pay the other 15 percent of that
14 fare.

15 We also have a program in Pennsylvania
16 we started in the 2000s - early 2000s called the
17 Persons With Disabilities Program. That uses the same
18 network of transportation - or vehicles. And that
19 program is funded at 85 percent as well. So an
20 individual with a disability can have access to that
21 network of transportation.

22 Some specifics about the Shared Ride
23 Program that are important are that it's available in
24 every county. The - it requires a prior day
25 reservation because we need to be able to schedule

1 those trips. It's shared ride. It's not taxi service.
2 So you - the premise of that is to be efficient and to
3 share a ride with someone else because it's public
4 transportation.

5 The local transit agencies set those
6 service parameters, so they determine where they go,
7 when they go. And we recognize that it's a last resort
8 service. It's probably not something that someone
9 would choose to use, but it can provide a lifetime -
10 lifeline to individuals in a variety of areas that they
11 don't have any other access to transportation.

12 We are concerned with the long-term
13 sustainability of the shared ride system. We've been
14 looking at this for the last decade or so, I think,
15 probably longer than that, but there is definitely a
16 concern relative to the fares going up. And as the
17 fares go up, people can't afford to ride. And the
18 premise of the shared ride system is that those fares
19 cover all the costs of the service. So it's really
20 important that we have fares that are able to be paid
21 by individuals, so when they pay that 15 percent, they
22 can afford to take that trip. Because if they don't,
23 then they - the passengers go down. If there are fewer
24 people riding the bus, the cost of providing that
25 service goes up, and it becomes this spiral that we

1 can't afford to have that.

2 We recognize that virtually no service
3 that's public - publicly sponsored is going to meet all
4 the needs of all the people all the time. It's just
5 not possible. So we try to provide a very
6 cost-effective service. And so there are some
7 statistics in here about the difference between - you
8 know, obviously it's a lot easier to provide a
9 fixed-route service in an urban area where there's more
10 people, so you have more - or more people on the - on
11 the bus. There's more people to spread the cost
12 around, so - for instance, in SEPTA - in the SEPTA area
13 in Philadelphia the subsidy for trips, of what we pay
14 for a trip, for the subsidy, is about \$2 or 54 percent
15 of the cost of the trip. In rural areas that subsidy
16 can range anywhere from \$8 to \$10 per trip.

17 On average, the statewide urban cost per
18 trip is about \$4 - or almost - \$4.56 and the subsidy is
19 about \$3. And in rural areas the cost per trip is
20 about \$11 and the subsidy is about \$9. So every time
21 somebody takes a trip is \$8 to the tune of about \$9
22 going into that trip.

23 Trip purposes vary greatly from
24 community to community. In rural areas we see that
25 those trip purposes, a lot of it's spread out. They're

1 using it to go to medical facilities. They're using it
2 to go to work, shopping, you know, life-sustaining
3 services. In urban areas it's typically used for work.

4 And let's see. There's some more data
5 in here, but I think you all can read this.

6 And we typically get a lot of requests
7 to expand service. You know, why can't you go later
8 into the evening? Why can't you have service on
9 Saturdays? Why can't you have service on Sundays?

10 We've - there's been some studies done
11 recently - or not recently, but there have been some
12 studies done that - you know, when you offer that
13 24-hour service, you know, later in the evening,
14 there's less of a demand, and so it costs a lot of
15 money to provide that service because you've got fixed
16 costs. And it talks about personnel costs and there's
17 just fewer riders that are riding then.

18 So in STEP - STEP's case - STEP is in -
19 is a human service agency in Clinton and Lycoming
20 County - they offer 24-hour service. And they called
21 us on the verge of bankruptcy, saying that they were
22 losing about a million dollars about five or six years
23 ago. And we sent a consultant up and they determined
24 that about two percent of the service trips occurred
25 during the evening and nights while seven percent of

1 the service was on weekends. But that service was
2 costing one-and-a-half to two times the amount that it
3 does during the day - like during their regular
4 operating hours. So there are definitely cost/benefits
5 associated with decisions that we make and have to
6 make.

7 The Legislative Budget and Finance
8 Committee about ten years ago did a study and found
9 that it would cost about \$27 million annually to
10 provide service - extended service across the state
11 until nine o'clock on weekdays and offer four hours of
12 service on Saturday. So there's always a cost
13 associated with those decisions that we make.

14 We have tried to use technology to the
15 best of our efforts to be able to make the service as
16 cost effective as possible. So one of the things that
17 we've done is we've been provided a state-wide
18 scheduling software for our para-transit system.
19 That's the last system to be implemented last week. So
20 everywhere except Philadelphia and Allegheny Counties
21 have that scheduling software deployed within their -
22 within their system.

23 That scheduling software has been
24 revolutionary for some of the systems because they were
25 literally using paper and pencil to schedule trips.

1 Now everything is in the database and they've got
2 access to analytics. They can see what the costs are,
3 how things are being billed.

4 We've started to talk to some of our
5 transit agencies. And we had one from Montgomery
6 County in the other day, and they were saying that they
7 have seen reduced trip times because they're able to
8 schedule those trips because it's the realtime
9 scheduling. And they've seen their on-time performance
10 has been able to be maintained at 90 percent. And that
11 they've seen a 37-percent drop in founded complaints.
12 So I think that there's - you know, it's definitely not
13 been without its hurdles. It's very hard to implement
14 something like that in particularly areas that are not
15 - agencies that aren't used to using technology, but we
16 believe that that investment will - will pay off in the
17 end and make the service more efficient.

18 We - we have - as part of that we're
19 launching an interactive call-ahead voice system called
20 IVR. And basically what that does is it allows transit
21 systems to send out a call ahead of time. So if you
22 schedule a trip and your trip is in three days, you
23 might have forgotten you scheduled it, so the night
24 before the transit agency can have this interactive -
25 this automatic call go out to say, Mrs. Jones, you've

1 scheduled a trip. Your bus will be there at ten
2 o'clock tomorrow morning. Be prepared. And then some
3 of them also have the option of - I think they can set
4 this, to have that call come in a half-hour - 15
5 minutes before to say your arrival is imminent, get
6 your shoes on or whatever, you know, so that you're
7 prepared. And we - the transit agencies like that
8 because it allows them to be - people to be prepared
9 and ready for that trip when it's coming. So we're
10 getting ready to launch that. I think we have about
11 eight systems that have that. We're going to launch
12 that as we can on a state-wide basis. But the hurdle
13 isn't the funding or anything, it's just literally just
14 trying to get it - get it moving and get it
15 implemented.

16 So I think that's kind of all I have
17 right now. I'm happy to take questions or whatever you
18 all -.

19 CHAIRMAN TAYLOR: Danielle, some of the
20 innovations that we're - we are waiting for, does any
21 of that require legislation?

22 MS. SPILA: Not that I'm aware of.

23 CHAIRMAN TAYLOR: Do you think that - I
24 mean -.

25 MS. SPILA: And Act 44 -.

1 CHAIRMAN TAYLOR: And right as you said
2 scheduling software, I was thinking about that, about
3 why they have to go through the call ahead thing and
4 sort of, you know, transportation network type of
5 software, why - and we don't have it in Philadelphia or
6 Pittsburgh?

7 MS. SPILA: Well, we don't have it in
8 Philadelphia and Pittsburgh, the scheduling software,
9 because they've already made a huge investment in a
10 scheduling software in those two states - or those two
11 cities.

12 One of the reasons that we went with
13 Ecolane is that each individual system was going out
14 and doing an RFP, procuring of software. They weren't
15 - they didn't really have the buying power to be able
16 to have any kind of influence with the company. And
17 we, as the State, made that decision a couple years
18 ago, five years ago, to actually go out and procure
19 that as a state. And we're probably - I think we're
20 the only state that's done it on a state-wide basis.
21 So we did it so that we could get better buying power
22 and have - help the systems to do that, because they
23 have a hard time doing that themselves. Like, some of
24 these - some of the systems might have three or four
25 staff people and like procuring of software and getting

1 that to work is really challenging.

2 CHAIRMAN TAYLOR: And I'm sure we're
3 going to hear about the gaps when we get into our
4 advocates, so I don't want to speculate about what
5 they're going to say. So I'm going to ask
6 Representative Culver if she has a question.

7 REPRESENTATIVE CULVER: I have multiple
8 questions, just because I grew up in a rural area, I'm
9 still here, and I'm representing it. Some of our
10 biggest challenges are getting veterans to the veterans
11 hospitals, people who want to further their education,
12 getting them to our community colleges or any of our
13 colleges because the transportation's not there,
14 doctor's appointments, our seniors to wherever they
15 need to be, whether it be groceries or just, you know,
16 daily living things.

17 So just kind of researching this, some
18 of them have said they're getting this Act 5311 funding
19 that comes down from the federal government and funnels
20 through PennDOT.

21 Is that correct?

22 MS. SPILA: Section 5311 is federal
23 funding and it's for rural areas, yes.

24 REPRESENTATIVE CULVER: So just a couple
25 things. Like how much money do we normally receive in

1 that funding?

2 MS. SPILA: There was a letter that went
3 to the Transportation Committee last year I think, and
4 I think we did about 27 million a year in that - in
5 that funding source.

6 REPRESENTATIVE CULVER: Is that pretty
7 stable? Does that change?

8 MS. SPILA: Well, I mean, it's stable to
9 the extent that the federal government doesn't decide
10 to change how they're going to fund things. We never
11 know that.

12 REPRESENTATIVE CULVER: So about the
13 same every year?

14 MS. SPILA: Yeah, it's about the same
15 every year. And so there are certain things that can
16 be - that can be spent on. And so I would say, you
17 know, when you take out all the stuff that's kind of -
18 you know, it has to be spent on this or that, there's
19 about 18 million left. And basically what - what we
20 can do is we can spend that in rural areas on
21 fixed-route systems.

22 The federal government allows us to
23 spend up to 50 percent of that on deficits. So that's
24 what we do. The rural system is going to use up to 50
25 percent of that. You know, with the - with the Act 44

1 and Act 89 funding, the rural systems are getting a lot
2 more state money that they can use to operate. So we -
3 we've come to an agreement with those systems that
4 they'll keep a certain amount in reserve and then -
5 because we want them to spend their state money first
6 before we give them that federal money.

7 And the rest of that federal money we
8 use for capital, and so we can use it to buy buses. We
9 use it to buy buses. We use it to build facilities.
10 We use it to, you know, buy other capital kinds of
11 things across the state.

12 REPRESENTATIVE CULVER: So are - are
13 those conditions that we have? I'm sorry. I don't
14 recall seeing them. The conditions that come down from
15 the feds, is that something we can look at - like we
16 know like when they send the money down we can use it
17 for these particular things in rural transportation,
18 because one of the other issues is people that have
19 addiction to, specifically here, opioids and heroin
20 cannot get to counseling or treatment. So I know we're
21 trying to look at some pretty creative ways to get them
22 there right now, -

23 MS. SPILA: Yeah.

24 REPRESENTATIVE CULVER: - but I didn't
25 know if this was something I could take to the people

1 trying to provide the transportation, like these are
2 the conditions that need to be met -.

3 MS. SPILA: Well, we can certainly draft
4 something up. I don't have that with me now. I don't
5 know that I - I would have to look at the federal
6 requirements and put something in that people would be
7 able to understand.

8 REPRESENTATIVE CULVER: Right. And is
9 there also a list of who receives that funding so maybe
10 they can network amongst each other?

11 MS. SPILA: The agencies that - it's
12 only the fixed-route agencies that receive that
13 funding, so just our established fixed-route agencies
14 or the agencies that have fixed-route service.

15 REPRESENTATIVE CULVER: So again,
16 somebody that wanted to come into service, how do they
17 do that?

18 MS. SPILA: Well, they have to go
19 through - you have to go through, you know,
20 establishing a transit agency or, you know, having
21 routes that are established through an existing transit
22 agency and kind of going through that whole process.

23 REPRESENTATIVE CULVER: Can we get a
24 list so they can see who's doing it and maybe they can
25 confirm?

1 MS. SPILA: Yeah, we - I mean, yep,
2 absolutely. That's not a problem.

3 REPRESENTATIVE CULVER: Okay.

4 Thank you.

5 MS. SPILA: Yeah, any agency that's a
6 rural agency - and some of our urban agencies, they
7 might have rural routes, like Shippensburg and CAT, we
8 used to get some of that 5311 funds or - there's like
9 one or two routes that go in Erie that are really
10 rural, they get some of that funding for those routes.

11 REPRESENTATIVE CULVER: And does it have
12 to be a bus or can it be a van?

13 MS. SPILA: Well, it's fixed-route
14 service is what we're -.

15 REPRESENTATIVE CULVER: When you say
16 fixed route, does it have to be a certain type of
17 vehicle?

18 MS. SPILA: I mean, we typically use
19 buses.

20 REPRESENTATIVE CULVER: All right.
21 Because the answers we're getting is could they use a
22 van for people going for drug counseling.

23 MS. SPILA: Yeah. We'll have to work
24 with you on -.

25 REPRESENTATIVE CULVER: Because the

1 argument is when they get on the bus, sometimes not
2 good things happen and they'd rather have it in a more
3 controlled environment. So I was just trying to figure
4 that out.

5 MS. SPILA: We'll have to work with you
6 to -

7 REPRESENTATIVE CULVER: All right.
8 Thank you.

9 MS. SPILA: - figure that out.

10 CHAIRMAN TAYLOR: Representative Kortz?

11 REPRESENTATIVE KORTZ: Thank you, Mr.
12 Chairman. Thank you, Danielle, for your testimony.

13 If I could dovetail with Representative
14 Culver's talking about the cost, that's \$27 million
15 from the federal. So do I understand it right that the
16 rural gets about \$13-and-a-half million of that?

17 MS. SPILA: All of it - \$18 million.

18 REPRESENTATIVE KORTZ: They get \$18
19 million?

20 MS. SPILA: Yeah.

21 REPRESENTATIVE KORTZ: Okay.

22 Of that \$18 million, is some of that for
23 the buses and like smaller cars?

24 Like in Bedford, they have what they
25 call the cart system. It's a smaller, van-type thing.

1 MS. SPILA: Oh, those - we use - we use
2 a different part of federal money to fund some of
3 those.

4 REPRESENTATIVE KORTZ: That's my
5 question.

6 MS. SPILA: We have 5310 dollars.

7 REPRESENTATIVE KORTZ: So different
8 federal money comes in for that?

9 MS. SPILA: Yes.

10 So what we try to do is we try to fund
11 as much as we can with federal funds and then use our
12 state funds.

13 REPRESENTATIVE KORTZ: Okay.

14 So how much do you get from the feds to
15 buy the buses themselves?

16 MS. SPILA: So we get about \$10 to \$12
17 million a year in 5310 money. And we can use that in a
18 variety of ways. We choose to use that to fund for
19 those para-transit vehicles.

20 REPRESENTATIVE KORTZ: Okay.

21 MS. SPILA: And then the other money we
22 can use - the 5311 money can only be used to fund buses
23 and fund facilities and fund some operating.

24 REPRESENTATIVE KORTZ: Okay.

25 If I can follow up, Mr. Chairman? Do I

1 understand your hours of operation is practically
2 nothing on the weekends, nothing in the evenings, so
3 it's Monday through Friday -

4 MS. SPILA: It depends on the area.

5 REPRESENTATIVE KORTZ: - 8:00 to 4:00 or
6 8:00 to 5:00?

7 MS. SPILA: It depends on the area,
8 so -.

9 REPRESENTATIVE KORTZ: It's all
10 different?

11 MS. SPILA: It's all different across
12 the state and it depends on what has been established
13 locally, because transit systems are run locally. We
14 don't make service decisions at the state. So probably
15 Rich and Bob can talk to you more about how they make
16 those local decisions, but it's done locally. So my
17 guess is they take - you know, we have this much in
18 available funding, this is what - you know, this is
19 what it costs me to operate per hour, and this is how I
20 - how much I can - how much I can afford to operate.

21 REPRESENTATIVE KORTZ: One last
22 question.

23 How much money do you get from lottery
24 system to help do this?

25 MS. SPILA: So the Shared Ride Program

1 is about \$75 to \$80 million a year that we spend on
2 that.

3 REPRESENTATIVE KORTZ: Consistently?

4 MS. SPILA: Yep. And that's the -
5 that's what funds the 85 percent of the Shared Ride for
6 the seniors.

7 And then about \$90 million or so goes
8 into the free transit for seniors. That comes from the
9 lottery as well. That goes into our -.

10 REPRESENTATIVE KORTZ: Another \$90
11 million?

12 MS. SPILA: Uh-huh (yes). And that goes
13 into our Act 1513 fund and that's what we use to fund
14 operating. So I talked about a billion dollars.
15 That's part of the funding source for that billion
16 dollars. And that allows seniors to ride free any time
17 on a fixed route.

18 REPRESENTATIVE KORTZ: Thank you. Thank
19 you, Mr. Chairman.

20 CHAIRMAN TAYLOR: And Danielle, if I
21 bring up our next two testifiers, can you hang in, and
22 that way we can ask questions -?

23 MS. SPILA: Absolutely.

24 CHAIRMAN TAYLOR: And as they're
25 approaching, if Rich and Robert want to come up, Dave,

1 do you want to - Representative Millard, do you have a
2 question for Danielle or do you want to wait until - I
3 just think some of these other testifiers could have a
4 little more depth, but go ahead.

5 REPRESENTATIVE MILLARD: Thank you, Mr.
6 Chairman.

7 Danielle, you testified correctly that
8 transit systems are operated locally, and there are a
9 variety of them. But in your forensic analysis where
10 you achieved your analytical data, did you uncover
11 anything in that discovery phase that would indicate a
12 successful program in one rural area as opposed to
13 another that could possibly be replicated in total or
14 in part?

15 MS. SPILA: What kind of program?

16 REPRESENTATIVE MILLARD: Well, with
17 regard to the providing transportation for - as
18 Representative Culver mentioned, for veterans and
19 shopping and hospital trips and everything else.

20 I know that our next testifiers are
21 going to -.

22 MS. SPILA: Yeah. And I'm going to look
23 at Rich because he's our superstar.

24 REPRESENTATIVE MILLARD: But I'm
25 interested if you uncovered any success stories in your

1 analysis of other transit systems in rural areas,
2 anything that can be shared with this committee.

3 MS. SPILA: So you know, we have - you
4 know, Rich has really been innovative in terms of how
5 he uses his funding, how he goes out and collects
6 funding from - from other entities, foundations,
7 private companies, to be able to help to fund some of
8 those hospitals. So I think I'll let him talk about
9 that. That's probably the only - the example that I
10 would put forth immediately without really thinking
11 about it a lot more.

12 REPRESENTATIVE MILLARD: Thank you.
13 Thank you, Mr. Chairman.

14 CHAIRMAN TAYLOR: Okay.

15 And for Rich Farr and Robert Fiume, if
16 you could identify yourself for our stenographer. And
17 then whoever would like to start first can. But thank
18 you to both of you gentlemen for being here. And
19 Danielle, thank you for hanging in here.

20 MS. SPILA: You're welcome.

21 CHAIRMAN TAYLOR: And thank the three of
22 you for answering some questions in a little more
23 detail.

24 MR. Fiume: Thank you. Thank you for
25 having us here today. Good afternoon, Chairman and

1 members of the committee.

2 I'm Bob Fiume. I'm presently the
3 Executive Director of the County of Lackawanna Transit
4 System. However, today I'm here in my capacity as
5 Chairman of the Pennsylvania Public Transportation
6 Association, PPTA.

7 So PPTA is a statewide association
8 comprised of more than 150 members in the
9 transportation industry, of which 50 members are
10 directly - are direct transit providers. These members
11 cover a broad spectrum of services across the
12 Commonwealth, from a large urban system, such as SEPTA
13 in Philadelphia, to a small or rural system such as
14 Forest County Transportation. However, together
15 millions of rides are given per year. And we connect
16 communities across the Commonwealth both to work, to
17 recreation, to activities, school and medical care.

18 Every county in Pennsylvania provides
19 various modes of transportation. In rural communities
20 public transportation is often referred to as lifeline
21 service. In these areas we have higher populations of
22 transit dependent riders who need access to medical
23 facilities and services, which help them to maintain
24 their independence and their quality of life.

25 Wherever around the state trips are

1 provided, whether it be Crawford County, Elk County,
2 Indiana County, all these rural trips are of vital
3 importance.

4 Rural public transportation covers a
5 considerable distance, which means creating long trip
6 times. So you may have frail, aging passengers that
7 this creates challenges for.

8 And as Danielle said before, we talked
9 about same-day reservations, so lack of a same-day
10 service also creates barriers for hospital discharges
11 or episodes of acute illnesses that are not classified
12 as urgent care.

13 Also, challenges are faced by those who
14 are looking for gainful employment in areas where
15 people cannot - or lack the basic transportation or may
16 not qualify for the available assistance or resources
17 needed for this transportation.

18 And senior citizens. Finally, seniors
19 across the Commonwealth are - attempt to age in places,
20 in their homes where, they love, communities that they
21 have prospered in and find hardships to access the food
22 now, access the continued care and even sometimes
23 veterans services can be out of their reach. So there
24 are many challenges here we're saying in rural public
25 transportation.

1 However, on the bright side,
2 Pennsylvania is considered on a national platform as
3 being a very dynamic leader in the human services
4 transportation, a very robust, dynamic leader, and
5 we're proud of that.

6 So we feel at PPTA, while the challenges
7 are great, we look forward to continue working with you
8 so we can connect these communities across the
9 Commonwealth.

10 We thank USPPTA for your support of Act
11 89 and we welcome an opportunity to engage in dialogue,
12 which is very important to enhance the transportation
13 service in rural areas and have innovative solutions
14 for the future.

15 Thank you.

16 Richard?

17 MR. FARR: Sure.

18 Good afternoon and thank you for having
19 us. This is an exciting topic for us. A lot of work
20 has been going on, and I'll talk about some of that.

21 We did reschedule and I thought, well,
22 this will be very easy. My testimony is written and
23 everything's good to go. And then I sit down here and
24 it says good morning. So clearly, I maybe will have a
25 little oversight.

1 So again, my name is Richard Farr. I'm
 2 the Executive Director of Rabbittransit, the central -
 3 legally known as the Central Pennsylvania
 4 Transportation Authority. We serve a ten-county
 5 region, about 5,000 - 5,062 square miles, home to about
 6 1.2 million residents, and we offer about 2.2 million
 7 trips a year through fixed route, express and shared
 8 ride services.

9 I've worked as a leader in public
 10 transportation for over 20 years. I began my transit
 11 journey at the Endless Mountains Transportation
 12 Authority, in the counties of Tioga, Sullivan and my
 13 native home county of Bradford.

14 Having been born and raised in Bradford
 15 County and working in public transportation in that
 16 part of the state, I have some working knowledge of the
 17 challenges that face rural Pennsylvania.

18 I'd like everyone here today to pause
 19 for just a moment. And when I say everyone, I mean
 20 everyone. Pause for just a moment and imagine when you
 21 woke up this morning that you were unable to drive
 22 yourself here to this location. Imagine, if we can, we
 23 are now medically prohibited from driving or we are
 24 completely dependent on others for all of our mobility
 25 needs. Let's add a layer of economic stress. Your

1 annual income is less than \$23,000, as it is in
2 Northumberland County, and keeping that 1996 Chevrolet
3 Cavalier operational is simply financially out of
4 reach.

5 Researchers at the PEW Charitable Trust
6 tell us that 40 percent of a household budget goes into
7 basic needs, housing, transportation and food. While
8 this is true, that leaves Northumberland - this
9 Northumberland County family with about \$29 per day. I
10 have to say that's probably what most of us would
11 provide a nice meal out.

12 Right?

13 They have to survive on that, to cover
14 all other expenses, healthcare, childcare, clothing.

15 So you may ask why is this transit guy
16 talking about household income. The road to any level
17 of prosperity begins with basic mobility. We want
18 individuals and families to be non-dependent on
19 government safety nets. We talk about that all the
20 time. But to do that, they not only have to get a job,
21 they have to get to a job.

22 Solving this puzzle is a conversation
23 I've had with my team, social service providers,
24 elected officials and many others for years.

25 Many say people need to live where they

1 work. That's true, unless, of course, your free or
2 discounted childcare isn't near where you work or the
3 affordable housing isn't where you work or your medical
4 services that your sick spouse needs isn't where you
5 work and so on.

6 Rabbittransit recently started to work
7 more closely with our community health providers, which
8 resulted in an effort we call Access to Care. Access
9 to Care is an effort to educate providers on the
10 services currently available to them and for the
11 providers to educate us on their barriers, such as
12 increased emergency room visits, increased hospital
13 readmission rates and no-shows due to primary care
14 missed appointments.

15 My journey on our health - with our
16 healthcare providers has also taught me about social
17 determinants of health, which are the structural
18 determinants and conditions in which people are born,
19 grow, live, work and age. In addition to the access to
20 healthcare, they include factors like socioeconomic,
21 education, physical environment, employment, social
22 support networks.

23 Mobility plays a specific - a
24 significant role in many of the factors with these
25 determinants of care. Without mobility, our residents

1 find themselves unemployed, socially isolated, lacking
2 the ability to access quality foods and without access
3 to medical appointments.

4 There's a movement called - calling for
5 a Health in All Policies approach where we address
6 these social determinants, improve the population's
7 health and ensure that decision-makers from different
8 sectors are informed about the health, equity and
9 sustainable consequences of policy decisions in
10 non-health sectors.

11 I think that's kind of important here
12 today. You know, we're talking about transportation.
13 But how does transportation apply to health? And it's
14 very important that we connect all those together.

15 Rabbittransit, which is a municipal
16 body, has formed a non-profit called 3P Ride. 3P Ride
17 is an effort to focus on connecting more people to more
18 places, offering more possibilities. In a state where
19 we're fortunate to have a lottery program for senior
20 citizens, persons with disabilities program for
21 individuals with disabilities, MH-IDD, Medical
22 Assistance Transportation Program, just to name the
23 larger ones, the need for transportation is still
24 prevalent. We are working with community stakeholders
25 to identify non-traditional transit funds. We have

1 applied for and received several grants from private
2 and public organizations in an effort to expand
3 mobility services.

4 And I'd pause from my written comments
5 to kind of address your question, Representative. We
6 have raised about \$300,000 at Rabbittransit for
7 non-traditional transportation, focusing on three
8 areas, access to care, access to food and veterans
9 transportation. We are transporting about 1,200
10 veterans from York, Adams and Cumberland County each
11 month to the Lebanon VA Hospital.

12 We have applied for a grant through the
13 State for \$50,000, where we'd like to expand our
14 veterans transportation program into Dauphin County and
15 Columbia County next because both of those are in close
16 proximity to those healthcare facilities, which makes
17 sense as the next roll-out.

18 My father-in-law is a veteran, and I
19 boarded a veteran van one day just to see what it's all
20 about. And my father-in-law is a pretty well to do
21 guy, and so when I got on this bus this is who I
22 thought was going to be sitting on this bus, riding
23 with me to Lebanon VA. That's not the case at all.
24 These veterans live under the bridge in the City of
25 York. They're homeless. They are multiple amputees.

1 I'd say their issues have issues. They're very
2 complicated individuals. But they're still veterans
3 who served our nation and deserve our attention.

4 Now, we do have, I guess for lack of a
5 better term, more mainstream veterans using it as well
6 that - it was very eye opening on that experience on
7 how desperate these individuals are to get to their
8 basic medical needs. So we're excited about the
9 opportunity. It is a grant through the Pennsylvania
10 Veterans Administration, so many of you or your offices
11 have provided letters of support, and so we thank you
12 for that.

13 I'll go back to my printed comments, if
14 that's okay.

15 So as Chairman - PPTA Chairman Bob Fiume
16 mentioned earlier, I think it's important to note that
17 Pennsylvania has one of the nation's most robust human
18 service transportation programs. It's far more
19 effective than any of the other remaining states due to
20 the fact that we operate a fully coordinated service.
21 Each Pennsylvania shared-ride provider has vehicles
22 that at any given time can carry multiple people with
23 multiple funding sources.

24 Through coordination comes great
25 economies of scale. Matter of fact, Pennsylvania has

1 the second lowest cost for non-emergency medical
2 transportation, the MATP program as it's known in
3 Pennsylvania, only second to Alabama. I mean, that's
4 something to be very proud of. When the rest of the
5 country's looking at us, they're looking at how do you
6 do that? We do that through coordination. A single
7 vehicle can transport a bunch of different people
8 throughout the region. I think that's a very smart
9 model and we're looked on favorably for that.

10 In rural areas this is especially
11 important. As vehicles move through the county, we're
12 not only constrained by silo-minded thinking in
13 relationship to funding sources. Our focus should be
14 on efficiency, how we schedule, how we group
15 individuals from common areas and move them to another
16 common area. This has allowed us to provide more
17 transportation at lower costs than most of our
18 counterparts nationally.

19 I share this information with you today
20 because there have been conversations with the
21 Department of Human Services about brokering Medical
22 Assistance transportation. My fear is that when the
23 state begins creating policies that causes silo-minded
24 thinking, we will ultimately see a reduction in the
25 availability of services and increased costs,

1 especially in rural areas.

2 In a time where budgets are constrained
3 and services are needed more than ever, making such
4 changes to high-performing coordinated transportation
5 systems would be detrimental, I think, to everybody.
6 So I think that's something we need to watch closely as
7 this moves forward.

8 In my opinion, Pennsylvania does have
9 one of the most comprehensive human service
10 transportation systems in the country. We should be
11 proud of what the State has accomplished. At the same
12 time we can never forget our neighbors who the current
13 system doesn't work for. Individuals seeking early
14 mornings, late evenings, weekends, nights, for those
15 who don't qualify for our existing funding programs,
16 are all left behind. We recognize that individual
17 financial resources will be needed - additional
18 financial resources will be needed. However, this is
19 an area where we need to continue to see opportunities
20 to enhance transportation services.

21 There are some things that we're
22 piloting in the Rabbittransit system, trying to figure
23 out how to connect the dots on these areas, things
24 called microtransit, which is, as I described,
25 somewhere between fixed route and shared ride. So you

1 have to find the areas where vehicles move more to
2 shared ride passengers, more efficient, more direct,
3 probably a little more higher cost. But I think that
4 we have to continue exploring these opportunities.

5 You mentioned I think opioid
6 transportation. And I get only ten calls a day.
7 That's probably not - I mean, the phone keeps ringing.
8 These folks have lost everything. They're trying to
9 regain their position in life. Getting transportation
10 to work, it's just - those resources aren't here right
11 now.

12 PennDOT offers a lot of great programs.
13 If you're a senior there's plenty. If you're a person
14 with a disability there's plenty. Everything else,
15 there really isn't. So if you're a person who falls
16 through the crack, like a veteran, who doesn't qualify
17 for Medical Assistance because they have veterans
18 benefits, they fall through the cracks. If you are a
19 working mom with two children and you're struggling to
20 get to work, there's no transportation for you unless
21 you're disabled. So while we're proud of those
22 programs, we have some hurdles that we have to continue
23 to talk about.

24 CHAIRMAN TAYLOR: Well, thank you.

25 Just let me ask you a broad question.

1 And it's something Representative Millard has talked to
2 me about. I mean, we're basically here about the gaps.

3 Right?

4 So - and your last set of comments were
5 interesting because you sort of were more innovative in
6 your approach. So do we have a structure to expand
7 upon or do we - or are we looking at an entirely
8 different approach to this that we have yet to utilize?

9 MR. FARR: I think the backbone -.

10 CHAIRMAN TAYLOR: I think we are
11 interested in either, but if it takes something brand
12 new - and we're, you know, used to trying to keep up
13 now because everything's brand new.

14 Right?

15 I mean, Uber's in its infancy. We have
16 automated vehicles. We're - the government's trying to
17 keep up with technology and innovation. So you know, I
18 think that a senior citizen in this county has just as
19 much right to be able to get to the doctor or to their
20 nephew's house or to the Senior Center as someone in my
21 community. You know, we're more condensed, but we have
22 more routes. So even if it's more expensive, even if
23 it takes federal waivers, state law, whatever, you
24 know, we're looking to see what we can do to figure
25 that out. You know, it could be some short-term stuff

1 and maybe it's stuff, you know, that's going to take a
2 few years. But I think it's worth looking into.

3 MR. FARR: Absolutely.

4 I don't think there's a
5 one-size-fits-all solution. I think as many tools as
6 we can bring to the table to solve the problem I think
7 makes sense. We have a contract with Uber and Lyft
8 where we use them for portions of our service. It's
9 ideal if you are a very mainstream individual. If
10 you're a senior or someone with a disability, the case
11 of water that you bought at the grocery store doesn't
12 carry itself to the door. The transit Shared-Ride
13 driver does that. The Uber driver will not. We've had
14 situations where Lyft has canceled our trips when they
15 found out that it's our trips, because our passengers
16 don't tip. So they won't - they won't take them. So
17 we - now, they've worked through those issues and - but
18 there are challenges to that.

19 I think, you know, looking at the
20 non-profit model, bringing in non-traditional funds, I
21 worry about sustainability. We're going after - you
22 know, JCPenney supports veterans. Kellogg's has food
23 access. And so we're going after those national
24 grants. I don't know if we'll be successful or not,
25 but we want to bring those dollars back if we can,

1 maybe use them in a different way. But I think - you
2 know, I think if there's a single - there's a lot of -
3 getting individuals to work all that, I really - you
4 know, our focus on access to food, access to care and
5 veterans transportation I think makes sense for us
6 right now. You can't be healthy if you can't get good
7 food and getting the access to - I think we can start -
8 and they're smaller populations with more centralized
9 destinations. I think if we can figure out how to
10 solve that, we can begin applying it to getting people
11 to work, getting - we have to start somewhere. I think
12 your comments - it's a bunch of different sources, some
13 new, some old. What does that mean? You know, like
14 the autonomous - like autonomous, I think that could be
15 a great application in a public setting until the
16 individual has a disability and can't like - like there
17 are challenges. It's not going to be the right size
18 for everyone.

19 We talked about, you know, in large
20 urban areas wouldn't it be great that the driver is no
21 longer the driver, they're the attendant. So the bus
22 pulls up, the driver helps mom with the wheel - with
23 the stroller and her bags and helps - like, there could
24 be a different way of approaching this, but you'd have
25 to figure that out.

1 CHAIRMAN TAYLOR: That's closer than we
2 think.

3 MR. FARR: I think it's closer than we
4 think, too.

5 CHAIRMAN TAYLOR: Chairman Keller?

6 CHAIRMAN KELLER: Yes. Thank you, Mr.
7 Chairman.

8 I'm very interested. And when we talked
9 about Uber and Lyft, is that a substitute for the
10 Shared-Ride and that's how you get the subsidy to them,
11 because you have a contract with Uber and Lyft.

12 MR. FARR: We can only use it because
13 Danielle mentioned that there's a 15-percent co-pay.

14 CHAIRMAN KELLER: Right.

15 MR. FARR: So in counties like - I'll
16 just use Cumberland County as one of our counties. The
17 AAA, Areas on Aging, pays the full co-pay for their
18 individuals. So there's no cost to the senior citizen.
19 In that county we can use Uber and Lyft. That's rare.
20 Most counties have some co-pay. It can be as low as 50
21 cents. You know, Montour and Columbia County is 75
22 cents. Uber and Lyft will not collect cash. We've run
23 over that barrier. These folks - we can't figure out
24 how to get over that hurdle. We've been working on it
25 for about a year. It's a challenge. We have - they

1 would have to - we would have to pay Uber and Lyft and
2 we'd have to somehow still collect the co-pay from the
3 individual to meet the lottery law. So there are some
4 challenges to that. But for those areas that the cost
5 is covered a hundred percent, we are being able to use
6 some Uber and Lyft. Again, it's maybe out of 3,000
7 trips a day we're doing maybe 25 by Uber. But it's one
8 more tool in the toolbox. Because again, we have to
9 assess that individual. You can't put a senior on
10 there who has cognitive disabilities. We have to make
11 sure that -.

12 CHAIRMAN KELLER: I'm not allowed to
13 ride then.

14 MR. FARR: I'm not in the business to do
15 diagnoses. But you know, there are those kind of
16 challenges. You really have to be a mainstream, for
17 lack of a better term, ability to function on -.

18 CHAIRMAN KELLER: I think the chairman
19 would be interested in looking at those problems and
20 see how to deal with that.

21 MR. FARR: That would be a great hurdle
22 to clear.

23 CHAIRMAN KELLER: Thank you.

24 MR. FARR: Absolutely.

25 CHAIRMAN TAYLOR: Representative Culver?

1 REPRESENTATIVE CULVER: It's so nice to
2 see you put in writing how you really understand rural
3 transportation. And I know we've been around and
4 around. You know, different newspaper editors have
5 just moved into the area and have - don't understand
6 why. Well, here's the issue.

7 The bus can't run through rural sections
8 of the area. It would take them all day to get
9 everybody. And if people are willing to find a ride to
10 the bus stations, it's just as easy to find a ride to
11 where they're going. So that seems to be an issue.
12 That's why we've had buses in rural communities that
13 can't make it because financially the traffic's not
14 there, because people find their rides.

15 Probably the biggest issue I think we
16 have locally is our veterans. We had a short
17 conversation here that, you know, our veterans are
18 about an hour-and-a-half to their closest facility.
19 When the van takes them there's a load of them, but
20 they all need to be seen that day. So we're looking at
21 a 13-hour day. And it's very hard on them, somebody
22 who has any kind of medical condition or physical
23 condition, to sit that long at any one place.

24 I know we're still working on that and
25 I'm glad to see you're saying you're going into

1 Columbia County. I would encourage you to hit Snyder,
2 Northumberland and Montour County as well, where we
3 have a very large population of seniors who don't go
4 after anything that they can get medically from
5 veterans because to them in the end it's not worth it.
6 And I think you're already talking about a population
7 that doesn't like - does not like to ask for anything.
8 I'm sometimes dragging them in by the hand to see their
9 veterans rep once a month. And after they do it,
10 they're like whoa, this is pretty painless. I can do
11 that. And they don't come asking for much. We're just
12 kind of alerting them to what is available to them.

13 So mine is more of a comment. I just
14 thank you for taking all of the calls from my office,
15 especially as you implement it into different counties
16 that I represent. I know it wasn't always easy and it
17 wasn't always smooth and I know people in the audience
18 probably can agree with this, we're still be shocked to
19 find there are major pockets where cell phones don't
20 work, where, you know, the directions don't work, it
21 just cuts out in the middle of your directions. So it
22 was a real challenge to put themselves into some of our
23 counties because there's no asking for help. You got
24 to figure it out. So we really appreciate what you've
25 been able to do and we look forward to extending that

1 kind of as needs are changing and increasing in areas.

2 MR. FARR: Just a comment on the
3 veteran. One thing that we discovered - because there
4 are veterans programs. Like you said, they have to be
5 seen before they can board the van to go to the
6 hospital, which is the - it's the federal program.

7 What we have found to be probably a
8 bigger barrier is that spouses can't drive.

9 REPRESENTATIVE CULVER: Correct. I
10 forgot that.

11 MR. FARR: That's a huge problem
12 because, you know, as folks age, they need - it takes a
13 village, all right, and so the spouse can't ride along
14 to see what the diagnosis is, what's the treatment.
15 And so that's a huge issue.

16 REPRESENTATIVE CULVER: Because fears
17 are always -.

18 MR. FARR: It is. And so our programs
19 that we're doing, we allow an attendant to ride along.
20 And that's really making a difference for many of these
21 veterans. It's nice to see that. And thank you for
22 your kind words.

23 CHAIRMAN TAYLOR: Representative
24 Millard?

25 REPRESENTATIVE MILLARD: Thank you, Mr.

1 Chairman.

2 Rich, you mentioned about the \$50,000
3 grant application that you have in. And earlier I
4 questioned Danielle on model programs or successful
5 programs. Two questions for you, one for you and one
6 for Danielle. First for you, the \$50,000, how much
7 time does that buy you in the program? And for
8 Danielle, maybe this is something that we would be
9 looking for your support on as well through the
10 Department.

11 MR. FARR: I'm going to guess - if the
12 programs in Dauphin and Columbia County wrapped up as
13 it had in York and Adams County, where we started that,
14 I'm going to guess that to do start-up, about 18 months
15 to two years. Because we do use - if it's a senior,
16 the lottery's paying 85 percent of the cost for that
17 individual. The 15 percent is coming from those funds,
18 so that's at no cost to the veteran. That's something
19 that's a goal of ours. But for others, you know, there
20 are gaps, and so it's the full cost of that trip.

21 So it does stretch the dollars. We have
22 partnered with PennDOT on that. We're fully aware of
23 how we're using those dollars to match those veterans
24 dollars. But yeah, it will last us 18 months to two
25 years.

1 REPRESENTATIVE MILLARD: I'm delighted
2 to hear that, that it would go for more than a couple
3 of months. And Danielle, I certainly think that it's
4 worthy of support from the Department to try it. And
5 certainly, if it works, it will be replicated. And we
6 know that there's really no one-size-fits-all. We know
7 that there's things that we, you know, have to try and
8 be creative and innovative.

9 And you know, Mr. Chairman, when I
10 served on the local committee here and in the
11 discussions with these individuals, I was impressed
12 with their passion in identifying what these individual
13 needs are. And certainly we're going to try and
14 provide all the support we can.

15 Thank you, Mr. Chairman.

16 CHAIRMAN TAYLOR: Rich, maybe we can
17 place on you the burden of communicating with us for,
18 as the Chairman mentioned, obstacles to, you know,
19 solving. I mean, I think it sounds to me like we're
20 going to solve this from almost anecdotally and look at
21 individual problems that people are having and then,
22 you know, spread out from there. So if there are
23 federal issues or state - whether it's a reg or it
24 involves PennDOT or it involves a bill for us to do,
25 please let us do that.

1 Representative Kortz?

2 REPRESENTATIVE KORTZ: Thank you, Mr.
3 Chairman. And thank you, gentlemen, for your
4 testimony.

5 I have a question as it deals with
6 emergency situations, plans, policies that may be in
7 place. Let me give you a little bit of background.

8 Five weeks ago at a group home back home
9 in my district with eight inches of snow on the ground
10 at a Senior Center we had 50 seniors. Water pipes
11 broke on the sixth floor, flooding the whole place,
12 went into the electrical box and blew that out. A lot
13 of these folks are disabled.

14 We had ten fire companies, five
15 ambulance companies, the police department. I get a
16 call, I was there shoveling snow, and immediately we
17 had two buses that got there, because we had to
18 evacuate these people, buses that had the lifts for the
19 wheelchairs. And it was a - I mean, it was a harrowing
20 night. This happened at eight o'clock at night. We
21 took those folks over to West Mifflin High School.
22 Everybody did a super job.

23 My question to you is do you have plans
24 in place if the local authorities or the State Police
25 would call you, hey, we need buses here, we've got an

1 emergency, it's in the dead of winter, that you can get
2 these people? Do you have those type of plans in
3 place?

4 MR. FARR: We have relationships with
5 the county emergency management organizations.

6 REPRESENTATIVE KORTZ: Okay.

7 MR. FARR: We - many like nurseries or
8 adult facilities are required to have emergency plans
9 filed with the State. We will not enter into any
10 agreement with any of those folks. Our agreement's
11 only with the county emergency management. So if you
12 need evacuation, we will respond to any call from 911.

13 REPRESENTATIVE KORTZ: And how quick can
14 you get there?

15 MR. FARR: It depends on the time of the
16 day.

17 I've had situations -.

18 REPRESENTATIVE KORTZ: Eight o'clock at
19 night? That's why I'm asking you, because we've talked
20 about the scheduling. And you know, seniors in the
21 dead of cold, it was very bad that night.

22 MR. FIUME: So through your emergency
23 management plan you usually have a list of contacts.
24 So if it's in the evening hours where there's no
25 service, 12:00, midnight, or whatever it is, 911 will -

1 I'm sure it's the same - contact list, will continue to
2 phone until they get drivers out and we open up the
3 facility and get -.

4 REPRESENTATIVE KORTZ: In other words,
5 you got people on call if it happens eight o'clock at
6 night on a Saturday?

7 MR. FARR: I wouldn't say on call.

8 MR. FIUME: They're not on call, but -.

9 MR. FARR: We have - we have our
10 employee roster.

11 MR. FIUME: Right.

12 MR. FARR: And we'll start calling you.
13 And you know, these drivers are passionate about what
14 they do. They want to help. So you call them. The
15 first one you get, they're like, yeah, yeah, I'll be
16 there.

17 REPRESENTATIVE KORTZ: I just went
18 through this, so that's why I'm asking you, because in
19 a rural setting, with very little people on the back
20 turns and on weekends, it could be a problem.

21 MR. FARR: We've had situations where we
22 have put buses on the streets just to keep the first
23 responders warm or cold, depending on the season.

24 MR. FIUME: Or firefighters.

25 MR. FARR: I'm sure Bob - we will pull -

1 life safety, that comes before service. We'll call
2 somebody and say you're going to have to wait a long -
3 or a little bit - we work - so during the day it's fast
4 because we have the drivers.

5 REPRESENTATIVE KORTZ: Thank you.

6 And thank you, Mr. Chairman.

7 CHAIRMAN TAYLOR: So Robert, Richard,
8 Danielle, thank you.

9 MR. FARR: Thank you for the
10 opportunity. We'll definitely take you up on your
11 offer of communicating.

12 CHAIRMAN TAYLOR: And then, you know, if
13 you have time to listen to our advocates, great. If
14 you have to get back to the office, we understand.

15 MR. FIUME: We're going to stay for a
16 little bit. The folks who are sitting in the back row
17 are some of our - I see her pointing at me. They're
18 strong partners in our healthcare process, so -.

19 CHAIRMAN TAYLOR: Why don't our
20 advocates come up, Eileen, Chrissy, Natalie, Bryne and
21 Bette?

22 Hello, everybody. Bette, thanks for
23 instigating this, along with Representative Millard.
24 That's how it works.

25 Right?

1 MS. GREY: That's how it works.

2 CHAIRMAN TAYLOR: People in the
3 community call their Representative and, you know,
4 eventually it gets rolling.

5 Let me ask - I'm just going to go in the
6 order that I have on my list. It's no particular
7 order, but it's just the way I have it written. I'm
8 going to ask Eileen to start. But for each of you Art
9 Snyder, I can't see your sign, so if you - but she'll
10 hear you. So when you start out, just identify
11 yourself and your organization and then let her rip.

12 MS. CHAPMAN:

13 Thank you, ladies and gentlemen, for
14 being here. Welcome to our community and this small
15 non-profit that I'm representing.

16 I'm Eileen Chapman. I'm the Executive
17 Director of AGAPE. We're about nine years old. We are
18 a non-profit, faith-based, non-denominational,
19 Christian ministry and human services. We try to fill
20 the gaps from the other social agencies that cannot
21 help otherwise.

22 We serve Columbia and Montour Counties
23 and we will help in special emergency circumstances,
24 those in our outlying vicinity.

25 But I want to begin by giving you my

1 perspective as I've seen our mission unfold for the
2 last nine years. We're young as far as a lot of
3 agencies around us.

4 The goal of our mission is to provide
5 help that will lead our clients to self-sufficiency.
6 The goal is also the goal of our clinical communities.
7 We failed.

8 I want to tell you why I think we've
9 failed, and it's not for lack of trying. I want to
10 tell you almost unashamedly that had I not worked in
11 AGAPE for the last nine years I would never have
12 imagined let alone understood how the majority of our
13 residents struggled daily to meet their basic needs.
14 Oh, how much I took for granted.

15 We live in a community whose residents
16 have lots of pride and only ask for help when they have
17 hit bottom. And sometimes they wait so long that,
18 unfortunately, we cannot help. When we do help, they
19 are very grateful.

20 I will also say we have abusers of the
21 system and we try to hold them responsible and
22 accountable if regulations don't work, don't permit the
23 vetting.

24 AGAPE, because it's not in any way
25 governmentally financed, we use discretion and

1 flexibility and don't have limited eligibility
2 requirements. Allow me to give you a couple of
3 statistics from our small organization. In Columbia
4 County, 48 to 52 percent of our school children are
5 eligible for reduced lunch or free lunch programs. For
6 2017, AGAPE served 1,261 clients, which I know is a
7 very small figure when you're coming from Philadelphia.

8 The average client net income -
9 everything in the government is based on gross, and
10 they don't have the use of gross income. They have the
11 use of net income - is \$15,343.10. And their average
12 expenses are \$15,297.81, for a total of \$45.29 a month
13 in flexible expenses.

14 The median income was \$13,512 and median
15 expenses were \$13,459.50, for a total of \$52.50 in
16 flexible income. Their average weekly net paycheck is
17 \$295.06. The median weekly net paycheck is \$259.85.
18 Now, on the first day of the month their average rent
19 of \$650 to \$700 is due. And if it's not paid within
20 the first five days, they add \$25 a day until you pay
21 it.

22 Some have HUD housing assistance, but
23 the waiting list varies on when it is available. And
24 therefore, until they get some HUD housing assistance,
25 the resident has to have two paychecks, a little over

1 two paychecks to pay their first month's rent.

2 I believe I'm safe in saying that you
3 joined me today by jumping in your car and transported
4 yourself wherever you needed to get in a time that was
5 convenient for you. You didn't think about the gas you
6 were having to use, the fact that your car is
7 registered, insured, well maintained and ready to use
8 whenever you need it and need, not want.

9 Many of our clients, about half, have
10 cars generally needing repairs. And the other half do
11 not have the luxury of even having a car. Without a
12 car or some kind of reliable, available transportation,
13 they struggle to provide for their basic needs, get to
14 work, get to medical appointments or provide
15 opportunities for their families. As I just explained,
16 they have too much pride to constantly ask others for
17 transportation except in times of emergency.
18 Transportation is one of, if not the largest barrier
19 our low-income residents have to overcome to become
20 self-sufficient.

21 A reliable car now costs about \$5,000
22 plus registration, maintenance and insurance. No
23 longer can you get a junker and go to the junkyard,
24 find the part you need and fix it up because repairs
25 have become so - I should say computerized rather than

1 technological, that even a client with auto repair
2 abilities can't do it. So now what does an unemployed
3 client do to get to and from work when that work is not
4 within the small town in which she lives? Even - I
5 didn't put in here, but I just thought about it. Even
6 the employment office, where you go to find a job, is
7 between Bloomsburg and Berwick, which is about six
8 miles in between. So how do you get there?

9 We are - I lost my train of thought. We
10 provide bicycles, but the distance every day in all
11 kinds of weather takes a toll and is dangerous,
12 particularly at night. We are also getting into a
13 program to help individuals who have the opportunity to
14 be hired but without a car cannot accept the purchase
15 of a car.

16 Out of the generosity of
17 Columbia-Montour United Way, the Central Susquehanna
18 Community Foundation and individual donors, an initial
19 fund of \$20,000 has ben established to help about four
20 to five individuals purchase a car. As wonderful as
21 that it, it's a drop in the bucket for solving the
22 problem. And what they're trying to do, and I think
23 Adrienne will go into more detail with that, but the
24 individual who's given the car will then pay for it
25 gradually, and that money goes back into the fund so we

1 can then help another individual.

2 We have Rabbittransit. But if you are
3 not disabled and not a senior citizen, you can't afford
4 it. We had a client who lives in Bloomsburg and had a
5 wife dying in Danville at Geisinger Medical Center.
6 The husband and son, who didn't have a car, wanted to
7 visit her daily. They had no car, so they took K-Kab,
8 which is the predecessor of Rabbittransit, and their
9 ride of ten miles one way was \$34 for a total roundtrip
10 of \$68. They couldn't afford that. And the one - the
11 trip down the first time they took it wiped them out of
12 their funds. They had no - the one - an AGAPE
13 volunteer picked them up when they wanted to come home.
14 The next day the father and son walked for four hours
15 in 95-degree heat to visit. They couldn't walk back
16 and they asked AGAPE for help, and we did. It's not
17 that AGAPE can't help, because our mission is to help
18 those in need, but this is just an example of what a
19 lot of residents face in rural areas lacking reasonable
20 public transportation.

21 In addition, Rabbittransit won't take
22 our veterans to Wilkes-Barre to the VA hospital because
23 they're out of our area - or it's out of our area.
24 Based on the above flexible income, how would you
25 maintain a reliable car or, for that matter, buy a car?

1 Our local communities are working the
2 best they can without the proper resources to solve our
3 transportation problem. Small communities like to take
4 care of their own and do a great job of trying to do
5 that, but they become frustrated and overwhelmed with
6 rules, regulations and the lack of understanding of our
7 issues because we don't have the population numbers.

8 We have had transportation task forces,
9 surveys completed, major concerns expressed about the
10 issue, including working with a Rabbittransit Task
11 Force. We have tried to negotiate a voucher system
12 without success. We've got churches to donate their
13 church vans to use for taking clients to work, but it
14 became a scheduling and dispatching problem with the
15 schedules for the various work shifts and getting
16 volunteer drivers, including the late shifts.

17 We tried the Ride-Share program. But
18 until you know who you are transporting or who is
19 transporting you, in this day and age it is impossible
20 to put your faith in the driver and the rider who don't
21 know each other.

22 We had an owner of three older buses but
23 usable for short-term bus trips who was willing to get
24 us - give us those buses because he was going out of
25 business. But there were so many PennDOT rules and

1 regulations and fees to overcome we couldn't do that.

2 The rural communities do not have the
3 large populations that the large and smaller cities
4 have. Our residents' taxes help pay for those larger
5 transportation systems. With transportation costs
6 increasing to the point that rural residents can't
7 afford the vehicles they once had, they too deserve
8 consideration in using their taxpayer dollars to
9 provide them public transportation service just like
10 the residents of those large and smaller cities.

11 I know it costs - from all the
12 testimony, we know that it costs money. We know that
13 money is short. Right now my only thing is can we get
14 something from Danville to Berwick, maybe even
15 Hazleton? That's where the jobs are, right on Route
16 11. They don't have to go - maybe can get people from
17 the outer - smaller communities, but Route 11, that's
18 where most of the industry is. We can't get them to
19 Hazleton, where a lot of jobs are, good-paying jobs.
20 It's one straight, in a sense a route.

21 We have been talking and talking and
22 surveying and surveying and studying and studying now
23 for the last ten years or so, and where are we today?
24 We're talking and talking and surveying and studying
25 and getting nowhere. It seems that way. That's -

1 that's our citizens here at work. We know that you're
2 working hard, but we don't seem to be getting anywhere.

3 In the meantime, people who have been
4 working, provided well for their families instead of
5 just skimping by, praying for no emergency, adding to
6 the economy and community, we talk and don't act.

7 What disturbs us greatly is seeing large
8 and small buses traveling our roads and streets
9 virtually empty every day and almost every hour. We've
10 tried to negotiate vouchered service and failed,
11 understandably due to liability issues and regulations.
12 But these transportation resources are being wasted and
13 clients in need are being denied valuable resources
14 that are being wasted.

15 We are in a constant recycling mode to
16 help with environmental issues as well as prevent waste
17 and abuse. Here we have a need that could be filled,
18 at least to a greater extent than now. Regulations and
19 liability issues that create the present major barriers
20 need to be overcome. Let us look at the resources we
21 have, figure out how to implement their use more
22 efficiently and effectively. This can only be done by
23 eliminating and modifying the barriers that prevent the
24 use of those resources. It is time to act and act
25 sooner, not ten years from now.

1 I also understand reality, I think. The
2 use of public transportation, were it to come to our
3 area, will not be significantly used overnight. It
4 will take time for our residents to use the system
5 because of unfamiliarity and lack of trust and change
6 of lifestyle. But a good public relations program and
7 marketing can help that. Also, it will not be just low
8 income. It will be our general public. It will also
9 result in more businesses and industry coming to our
10 area, producing jobs, and because of - because of the
11 availability of transportation.

12 It will also assist our town parking
13 problem because people who work in Bloomsburg but live
14 in Berwick and Bloomsburg or live in Danville and that
15 kind of thing won't drive cars. We've had some talking
16 to just a variety of people who said, you know, it
17 depends upon the cost we would do that because it saves
18 us insurance, it saves us gas, it saves us a variety of
19 things. It is a win/win for our entire community.

20 And I will say this in conclusion, I'm
21 now going to put my cynical and very bold voice out. I
22 suspect you will agree with me and want to help. I
23 also suspect when you leave this meeting, we will
24 continue to talk, survey and study, and our clients
25 will continue to need public transportation.

1 Thank you very much for your ear, and
2 I'm glad to answer any questions.

3 CHAIRMAN TAYLOR: We're going to try to
4 break down your cynicism.

5 MS. CHAPMAN: Please do.

6 CHAIRMAN TAYLOR: And you know, this is
7 a legislative body, so sometimes we get frustrated as
8 well because problems aren't in need of legislation.

9 MS. CHAPMAN: Right.

10 CHAIRMAN TAYLOR: But they're always in
11 need of money, we have something to do with that as
12 well.

13 MS. CHAPMAN: I think part of our
14 problem, and I understand Danielle - I can't remember
15 her last name - that the governments, when they give
16 out their money, designates certain things. But
17 sometimes those regulations are - make things worse
18 than they help. And I don't know whether - the
19 regulations seem to interfere with accomplishing
20 anything. And I know - I'm 30 years Marine Corps
21 retired. I know regulations. But there's no
22 flexibility. And that's frustrating.

23 CHAIRMAN TAYLOR: Well, it's going to
24 be, you know, our job to see if we can break some of
25 that done. I have Chrissy Valania on my - there you

1 are, Chrissy. I see they're still here, though.

2 Right?

3 MS. VALANIA: I know.

4 CHAIRMAN TAYLOR: We're going to let you
5 go next.

6 MS. VALANIA: Thanks. I work in -.

7 CHAIRMAN TAYLOR: We're going to have
8 all five testify, then we'll ask you some questions.

9 MS. VALANIA: Great.

10 I work in collaboration with Natalie,
11 but my name is Chrissy Valania. I'm a Licensed
12 Clinical Social Worker at Geisinger, working in the
13 Cancer Institute. So the folks that I represent and
14 the anecdotal evidence you're talking about are - my
15 folks are all of what Eileen talked about plus they now
16 have cancer.

17 It's incredibly complex. It's
18 incredibly challenging. We are grateful for the
19 current system that we have that do work for a rather
20 large portion of the patients that we have, but there
21 are some large gaps within those systems that already
22 exist, like the Medical Assistance transportation
23 program, for example, that we'd like to talk about in
24 regards to how I think you can help make change today.

25 I think of myself as a change agent. I

1 think it's important that the folks that I work with
2 have a voice. I try to be that when I can. And there
3 are some very easy, simple things, it seems to me as a
4 social worker, that I think you all can help us with.

5 I never imagined, years and years after
6 my education, that I'd think of Maslow's Hierarchy of
7 Needs as something that was super important. But as it
8 turns out, if you don't meet a person's bottom level of
9 needs, they really can't go beyond that. And in a
10 rural community, transportation happens to be one of
11 those bottom level of needs. You can't get to the
12 doctor. You can't get to work. You can't pay your
13 bills. We've got folks who are requiring more access
14 to more services, costing more money.

15 So I'd ask you kindly to hear some of
16 the things that we have to say, and then we'll do a
17 quick wrap-up. But I'm very grateful for my team of
18 folks who understand the need to represent the people
19 whose voices frequently aren't heard.

20 MS. PATTERSON: My name is Natalie
21 Patterson. I work with Chrissy. I work for the
22 Geisinger Cancer Institute. I work in the Danville
23 office - well, Danville Hospital. And I mean, these
24 are just some basic needs that we have come across in
25 the last - well, I've only been there two years, she's

1 been there much longer, but some commonalities and
2 issues that we're coming across.

3 One of the big things, there are
4 different providers for MATP services, for Medical
5 Assistance transportation services. They all vary
6 greatly in how they - their processes, their
7 applications - I mean, Chrissy said Maslow's Hierarchy
8 of Basic Needs. Some of these people can't read. So
9 let me give you an example. Rabbittransit has been
10 gracious enough. They went from an 11-page application
11 to a four-page application. But even handing someone
12 an application, who they cannot read, a four-page
13 application and asking them to fill it out, that
14 creates a big hardship.

15 These people typically don't like to ask
16 for help, part of a very proud area and often, like
17 Eileen had said, when they do reach out for help, they
18 are at their rock bottom. Also add the complicating
19 chronic conditions like cancer or, let's say, maybe
20 dialysis.

21 I work in radiation oncology and it's
22 not a common area of knowledge that my patients have to
23 get five days of treatment per week. I have patients
24 that drive - some of them drive over two hours to get
25 there. Those are typically the well-to-do patients.

1 The patients that can't afford it, they
2 are the ones that are having the biggest issues. And
3 those are the people that we keep saying are, you know,
4 going - they're in the gaps. We need to fix these
5 gaps. We need to find a common ground to fill in the
6 gaps.

7 So I mean, I know that there were some
8 numbers thrown out at us today. And I do think that
9 the flexible income that Eileen is talking about, the
10 \$45.29 per month is maybe even an overestimate for some
11 of these people.

12 Also you have to look at there's the
13 working poor. They're the people that just miss the
14 criteria to get Medical Assistance. If they are not
15 disabled and they are not elderly, these people are
16 slipping through the cracks. They're not getting
17 access to medical care. They might not be able to get
18 a job because they're not getting access to medical
19 care. These things are - it's just so many layers and
20 they keep building up, and then it just prevents -
21 prevents them from getting where they need to be. It
22 prevents them from accessing healthcare and all these
23 other needs that they have.

24 So I mean the biggest thing that - one
25 of the really big things that we've come across is just

1 the different processes of what is going on. Some
2 counties are not willing to cross the state lines - or
3 I'm sorry, county lines, so - unless a patient has
4 Medicaid. So let's say I have a patient with a
5 disability and they need to come from Tioga County to
6 Columbia County or to Montour County, where I work, if
7 they do not have Medicaid, they cannot get there.
8 That's a big problem.

9 MS. VALANIA: May I just say this is a
10 huge issue that I think you can create change in. Each
11 agency that represents a county has a different process
12 for how a person enters that agency. So Rabbittransit
13 has an application. But if you move to Luzerne County,
14 you will have to do a new application for a new transit
15 agency, which can take time. You might have had access
16 when you lived in Columbia County with Rabbittransit.
17 But now you're in Luzerne County because you've gotten
18 a job, you've been able to move, but now you can't
19 access transportation because the process isn't the
20 same from county to county.

21 In Luzerne County, they will only bring
22 you to Geisinger on Thursdays. You're not - have you
23 ever tried to make an appointment on a Thursday with a
24 doctor you want to see? It's incredibly challenging.
25 So these are things that I think are very easy

1 solutions.

2 These agencies should be accountable for
3 the way that it's working from county to county. How
4 are these dollars being spent? How are patients able
5 to access them?

6 Another really important thing is that
7 some of these agencies don't have access for patients.
8 So I work in the Hazleton office. As many of you
9 probably know, there's a rather large Spanish-speaking
10 population there. The County of Luzerne does not offer
11 a Spanish application for Medical Assistance
12 transportation, nor do they offer an interpreter to do
13 so. So those folks have to come to the medical office
14 just to get help to get the application filled out.

15 MS. PATTERSON: So I'll move on, because
16 I did spend quite a bit of time on the differences
17 between the counties, but I do want to make one other
18 point.

19 I don't remember who mentioned it
20 earlier, but the ride schedules vary. I have some
21 patients who are getting chemotherapy and radiation.
22 So if a patient is getting chemotherapy later in the
23 day, sometimes this is a four or five-hour treatment.
24 And if Rabbittransit will only take - if the last
25 pickup is at 3:00 p.m., there's a slim chance they're

1 going to be able to get a ride. And this just creates
2 so many issues.

3 And the same thing with early
4 appointments. I have some patients that come in for
5 radiation therapy at 7:15 in the morning and they don't
6 see - they don't go over to get chemotherapy until
7 12:00, 1:00, 2:00 p.m. If they're getting a four-hour
8 treatment, that's creating a major hardship for them.
9 They have no way to get home, so - and it's just - it's
10 just so frustrating.

11 And also, one of the things that I've
12 noticed is that I'm glad that there are social workers
13 at Geisinger and other facilities that help with this
14 because there are processes, there are letters that can
15 be written. There are ways to get around it and get
16 through some of these issues and there are loopholes.
17 But if we don't have a change agent, like Chrissy had
18 mentioned, like one of us, and not everybody does,
19 they're being - they're falling through the cracks.
20 They're not getting the treatment they need. If they -
21 I've had patients say, oh, well, I can't come for
22 treatment this day because Rabbittransit will only take
23 me to a certain time. And I'm like, no, actually, I
24 can write a letter saying that, you know, this
25 appointment is medically necessary for you and I can do

1 this. And sometimes that will be the first time that
2 they've ever had someone even know that that option is
3 available. So I mean, it's also an education piece I
4 think we need to do a better job about.

5 CHAIRMAN TAYLOR: And just so I'm clear,
6 and then Richard might - so Rabbittransit you're saying
7 stops at 3:00. That's Share-Ride? It's under
8 Share-Ride?

9 MS. PATTERSON: We don't have
10 fixed-route around here at all. So all of those
11 dollars that are supposedly - well, I won't say
12 supposedly, that are being spent in rural areas, that
13 doesn't include here. So that - those dollars are not
14 going here. They're not trickling down to us at all.

15 CHAIRMAN TAYLOR: When you say here, can
16 you give me a town?

17 MS. PATTERSON: I mean Columbia County,
18 Montour County, Northumberland County, Snyder County,
19 Union County, a very large service area.

20 REPRESENTATIVE CULVER: If you see a
21 bus, it belongs to the university, Bloomsburg.

22 MS. PATTERSON: On fixed route.

23 CHAIRMAN TAYLOR: I'm sorry I
24 interrupted you.

25 MS. PATTERSON: Oh, no, that's okay.

1 CHAIRMAN TAYLOR: I wanted to make that
2 clear.

3 MS. PATTERSON: Rabbittransit does have
4 a ride reimbursement program, which is also helpful to
5 patients, but it provides minimal financial support. I
6 know that, like I said, the dollar figures have been
7 thrown out. I have some patients that can't afford a
8 75-cent co-pay. Could you imagine not being able to
9 afford a 75-cent co-pay because you're on a fixed
10 income? Seventy-five (75) cents, that's money that
11 some of us have on the floor of our car or in the
12 bottom of our purse. But there are patients that I
13 have had to take and give 75 cents or \$1.50 so they
14 could get both ways. I mean, this is a very, very -
15 it's a very poor area. I mean, a lot of these people
16 are living - you'd be surprised. I was very surprised
17 and I'm a social worker. So I mean, we really need to
18 do our best to try to get them equitable access to
19 healthcare and to fulfill these other needs.

20 I do want to touch base - I'm sorry, I
21 know I'm taking too much time. There's minimal
22 consideration for special needs. We mentioned before
23 about veterans having to ride 13 hours, having to sit
24 on a bus. There are some patients - some of my
25 patients are so sick and - sitting for that many hours

1 is - it's something they can't do, to the point where
2 they say, oh, Rabbittransit is going to pick me up an
3 hour-and-a-half before my appointment, but it hurts for
4 me to sit more than five minutes. I'm just going to
5 not go to treatment today. And then they have another
6 excuse for the next day and another excuse for the next
7 day.

8 I do want to say Rabbittransit has
9 improved their services greatly. They have expanded
10 their ride schedules, but I see so many acute needs of
11 patients. Patients need to be seen that day. And if
12 they don't meet the criteria for what is considered
13 urgent medical care, they can't be seen. It's - it's
14 very sad. I mean, these are - these are our
15 grandparents. These are our parents. These are
16 brothers, our sisters, that aren't able to get the care
17 they need.

18 Also, just the limited income of these
19 individuals. Some people don't have cell phones. Some
20 people don't have voicemails. A lot of the patients I
21 work with don't have access to internet or don't know
22 how to use it. How are they going to know when their
23 ride is coming to get them? How are they going to even
24 set up rides. It's just - there's just so much. And I
25 know there isn't a one-size-fits all approach, but I

1 think we need to do - try to do a better job of taking
2 the money that is available and spreading it and using
3 it more efficiently.

4 And you know, I would certainly agree
5 that having a fixed route from Danville to Berwick, I
6 think that would be great. Danville to Hazleton would
7 be even better. It would really -.

8 CHAIRMAN TAYLOR: Well, I'm confused
9 about another thing. Eileen said that those buses go
10 by all the time and nobody's on them. You said there
11 are no buses.

12 MS. CHAPMAN: Rabbittransit, every time
13 we see them, there may be one -.

14 CHAIRMAN TAYLOR: Oh, so that goes back
15 to Shared-Ride as well.

16 MS. PATTERSON: Yeah, I mean, I have a
17 lot of patients that - I mean, I've seen full buses for
18 Geisinger, but there are a lot of people that go to
19 Geisinger, okay.

20 MS. CHAPMAN: The big buses are for the
21 university. Just coming here there are buses empty.
22 And that's a liability issue, apparently.

23 MS. VALANIA: So we'll conclude the
24 medical piece with saying that there are some funds
25 that currently exist and we're grateful for them, but I

1 think there are better ways that we can be managing
2 them across county lines, most specifically. I think
3 these are easy things that any of you can take back and
4 speak with the folks who are representing these
5 agencies.

6 I've been grateful to be part of a group
7 of people who are trying to make change in the
8 community, including some of the folks behind me. We
9 are thinking of new, innovative ways of doing this and
10 doing the best that we can to make it happen. We're
11 recognizing that the things that are there are not
12 fixing the absolute problems and there are absolutely
13 folks who are falling in between them. And any help we
14 can get from all of you is incredibly useful.

15 Thank you.

16 CHAIRMAN TAYLOR: Bryne?

17 MS. LEWIS: It's Bryne (corrects
18 pronunciation).

19 CHAIRMAN TAYLOR: Oh, Bryne? Sorry.

20 MS. LEWIS: It's very common. It's very
21 common. It's okay. I got my undergrad up in Ithaca
22 and they had a Byrne Dairy and even if I spelled my
23 name, I was always Byrne.

24 CHAIRMAN TAYLOR: That's an eye problem
25 on my part. I'm sorry.

1 MS. LEWIS: It's a Welsh problem on my
2 part.

3 CHAIRMAN TAYLOR: I'm good for about ten
4 mistakes a day. I have nine left.

5 MS. LEWIS: So first I want to thank you
6 for your time and your attention today. I've read
7 somewhere that people can either read or listen, so I'm
8 going to choose to use your attention to listen to me
9 today and I'll do the reading, as far as I can.

10 I also want to offer the gratitude and
11 apologies of my Executive Director, Adrienne Mael,
12 today. We are a two-person office, and we often have
13 to switch hats in order to make sure we're everywhere
14 we need to be in the community. And it's pretty much
15 everywhere.

16 So I just want to give you an intro to
17 our context in the community. So we're a United Way.
18 And all United Ways are local and autonomous. The way
19 that the United Way of Columbia and Montour serves this
20 community is we, first of all, fundraise to support our
21 local agencies and local programs. We also hold them
22 accountable for our donors and for the community,
23 making sure that they have relevant emissions, that
24 they are fiscally accountable. We facilitate with the
25 provision of crucial community services, so our

1 programs, our organizations are providing these crucial
2 services to our residents. And we also form new
3 collaborations and finding solutions. All of the
4 partners that we're working with are really honed in on
5 their mission, and often we have issues that arise in
6 the community that are bigger than any one mission or
7 happened so quickly that an organization can't be
8 formed in response to that issue. So very often the
9 United Way ends up being kind of the glue between the
10 cracks or we end up being the table around which people
11 meet. So that puts us in a pretty good place to get an
12 overview of what the needs are as pertaining to a
13 particular issue. And transportation is something that
14 we definitely heard over and over again from our
15 clients, from our corporate partners and from our
16 partner agencies.

17 In particular, I wanted to address with
18 you, because it's been a place where we've focused our
19 response is not necessarily the holes for public
20 transportation, but more broadly, what happens if you
21 don't live in a household that doesn't have a
22 roadworthy vehicle, and think about all the things that
23 go into roadworthy vehicle, and a roadworthy driver to
24 drive that vehicle because you sometimes don't have
25 those two things in the same household at the same

1 time.

2 If you live in a household that - where
3 you do not have access to a roadworthy vehicle and a
4 roadworthy driver, you cannot take advantage of
5 employment opportunities that might better fit you
6 professionally or better suit you financially. You are
7 more likely to be absent from work or have high
8 absenteeism from work. You are less likely to access
9 regular healthcare, make regular doctor's appointments
10 and over rely on emergency health services because if
11 you call an ambulance you can get there.

12 You are also less likely to make repeat
13 appointments, significantly lowering the health impacts
14 for people who have chronic conditions. You are more
15 likely to make childcare and early childhood education
16 decisions based on convenience and location rather than
17 on quality and preference. You are also more liable -
18 you are also more liable to rely on convenience foods
19 than accessing fresh foods, because many of our fresh
20 food providers are out on highway places, on Route 11,
21 that are not accessible to pedestrians, are not easily
22 accessible.

23 So you can see these impacts - if you do
24 not have individualized transportation, these impacts
25 cover all kinds of areas, education, income supports,

1 health. So at the United Way of Columbia and Montour
2 we are working with a community strategies group. We
3 officially started the program this year. We have put
4 two people on the road so far. We have another one in
5 the pipeline, the revolving car loan.

6 It takes us about \$5,000 to match a
7 candidate with a car. We work with our partner
8 agencies to identify those candidates. They are put
9 through an application program. We also give them a
10 lot of financial counseling. They have to present a
11 budget. They have to have a job opportunity that
12 they're trying to take advantage of. And after we
13 complete that process, we match them with a - with a
14 car, an affordable car. We often also match them with
15 enough money to keep them with a tankful of gas and
16 their insurance for the first couple of months. And
17 then we - they work to repay that loan over time so
18 that it's a - you know, it's building back into the
19 system. So we're hoping that it's not just a revolving
20 car loan, but it's a catchall car loan.

21 Again, we realize that kind of meeting
22 the need of one person by one person by one person and
23 we are currently pursuing a grant to obtain enough
24 funds to probably get about eight, we're hoping,
25 people. But having an individual access to

1 transportation is the best way to navigate some of
2 these negative impacts for our community.

3 Thank you for being here. Thank you for
4 listening since, as you've already heard, this is a
5 really big need. Any community assessment that's done
6 by any stakeholder in the community, lack of access due
7 to lack of transportation goes right to the top every
8 single time.

9 And also I did want to add, because it's
10 been our experience - we work right downtown. Right
11 downtown in Bloomsburg, going for a cup of coffee we've
12 met people who are literally stranded on the curb, that
13 you know, either their ride has left or their car has
14 broken down or - and now they have to get to Shamokin
15 and they don't have any way to do that. And we are -
16 we are trained service providers. We know all of the -
17 all the resources that are in the community, and we
18 have to, you know, do somersaults to try and get them
19 to go where they're going. It's that difficult.

20 Thank you for your time.

21 CHAIRMAN TAYLOR: We're full circle now,
22 Bette.

23 MS. GREY: Okay.

24 Welcome to Bloomsburg, Columbia County.
25 I just want to take the opportunity to thank

1 Representative Millard for making the connections with
2 Representative Taylor for putting the public hearing
3 together today. And I would say thank you to
4 Representative Culver as well and all of the other
5 members of the committee.

6 So how does a respiratory therapist end
7 up here on February 21st, 2018? Either I'm crazy, I
8 don't know. I'm not quite sure yet, but we'll see.
9 Unfortunately or fortunately, it began with a patient
10 and his significant other who were desperately in need
11 of healthcare. They walked seven miles to get to the
12 free clinic I founded. Now, the free clinic sits
13 between Bloomsburg and Berwick.

14 So I can still see the couple standing
15 at the window as they registered for their appointment
16 on one of the warmest days in March of 2011. That's
17 how long I've been trying to champion for good
18 transportation. These same folks ended up in a
19 homeless shelter, where one of them had to walk to
20 Dunkin' Donuts only a few miles away to work, whereas
21 the other one had to walk at least four miles to their
22 job - to Weis Market, which is out on Route 54, again
23 in Danville.

24 I remember soliciting a bicycle from the
25 local community, buying a helmet and a light, since the

1 gentlemen had to ride at night, and delivering it,
2 along with my 17-year-old son, to the homeless shelter.

3 So then we go on to 2012. Bucknell
4 University inquired as to the need for an intern to
5 help understand social sciences in the clinic. Jenny
6 Rosen was accepted to participate in the clinics
7 happenings. She indicated she needed to find -
8 identify a particular problem among the rural,
9 uninsured folks. I assigned to her the task of
10 creating a survey regarding transportation. And you
11 have a copy of that in your packet. And this came on
12 the heels of a patient arriving at the clinic window
13 saying I just lost my job in tears, and the reason why
14 I lost it is I have no reliable transportation.

15 Now, around here some of the local
16 industries, they apply points to folks when they don't
17 show up. And if you get so many points you're done.
18 So Jenny composed a survey. She distributed it to all
19 of the clinic's patients. And through the grapevine of
20 the community, some senior citizen ladies came and
21 said, hey, I want to fill that out. And we said, no,
22 only for clinic patients. But they said, we want to
23 get to Walmart.

24 So those results were then forwarded to
25 the Columbia County Commissioners. And as I said,

1 there's a copy in your packet for you to review.

2 In 2013 I was asked by the National
3 patient Advocate Foundation to attend the PAC
4 stakeholder meeting in Harrisburg, who knew the state
5 had a state cancer plan. It was 2013 to 2018, the
6 years that that covers.

7 So I became a part of the Access to Care
8 Work Group. It went right along with what I had been
9 doing in the clinic. And we designated as one of the
10 primary problems transportation. This from folks from
11 across the Commonwealth. In conversations with folks
12 all dedicated to designing a five-year cancer plan,
13 which is part of the Centers for Disease Control
14 funding for the Department of Health, Cancer - Division
15 of Cancer Prevention and Control, we focused, whether
16 it was in the urban area or the rural area, on the
17 problems of not only cancer patients being able to
18 receive their cancer care, but also the effect it had
19 on patients being able to obtain much-needed preventive
20 services.

21 I had the opportunity as a stakeholder
22 and speaker to attend a conference in State College in
23 which I'm sure you're familiar with Toby Fauver of
24 PennDOT. He was described - was describing the
25 importance of PennDOT and the Department of Health

1 coming together to carve out a potential strategy for
2 transportation.

3 From that I was able to draft a pilot
4 project idea to the Commissioners and how to improve
5 getting folks to their medical care. The project filed
6 on behalf of the Commissioners, Columbia County
7 Commissions included, was not limited to developing a
8 model for a mobile medical unit, which now is back on
9 the table, in talks with Bloomsburg University,
10 Geisinger and other folks, to potentially get a bus on
11 the road. I know Evangelical just rolled out their bus
12 - and they're in, I believe, Union County.

13 And so what that would potentially
14 provide would be the ability to get preventive services
15 to the hinterlands. And I call the hinterlands of
16 Columbia County the upper north corner of our county
17 that borders Sullivan County. So there's not - there's
18 not a lot of people out there, but there is definitely
19 a need.

20 So as part of the Access to Care Work
21 Group, there was a transportation survey which was sent
22 to all 165 patient registrars across the state and 45
23 office managers by the Department of Health. There
24 were 75 responses returned, at a 36 percent response
25 rate.

1 I've attached only the response part and
2 the text part, which answered what are your
3 experiences, concerns, related to transportation and
4 your patients. And as you can look, there are five
5 pages of comments. And you can also get in touch with
6 the Department of Health, Division of Cancer Prevention
7 and Control. It's a very long survey, multiple Excel
8 spreadsheets.

9 So then as part of the funding by the
10 CDC, the DOH awarded funding to the Pennsylvania Public
11 Transportation Association, also known as PPTA, to hold
12 three roundtables around the state.

13 And as I never seem to shut up when it
14 comes to transportation and what we're doing, I asked
15 the PPTA to bring that to Columbia County, to
16 Bloomsburg University, where there were probably about
17 50 folks in the room, some cancer patients, some cancer
18 medical providers. Rabbit was there. AGAPE was there.
19 Geisinger was there. There were all kinds of folks in
20 the room. Educational. Here we are.

21 So then in 2016 I was instrumental in
22 bringing community folks back together again. And
23 Representative Millard and I had some conversations
24 over corn at a local produce stand, where I tend to
25 hang out at times. And what we did is we invited folks

1 from the three major healthcare systems in the area,
2 Commonwealth Health, which is the owner of Berwick
3 Hospital, Geisinger and Evangelical. So folks from all
4 three health systems came aboard.

5 We also had the United Ways. We had -
6 Chrissy I think was there. Rabbit was definitely
7 there. And through that we created what was called -
8 what is called Central Pennsylvania Access to Wellness
9 or C-Plus for short.

10 So when we were having this conversation
11 in the produce stand about how do we fix transportation
12 in Columbia County, one of the things that
13 Representative Millard had said was a hub and
14 scope-type thing. So if you put a bus or a van or
15 whatever kind of vehicle at, say, Geisinger Bloomsburg
16 Hospital, which is only up at the top of the hill, and
17 you make that so patients could potentially get to that
18 van or bus, then they could be transported to Geisinger
19 Medical Center, the main campus of Geisinger.

20 So during the course of my conversation
21 - and this is an interesting conversation that Danielle
22 and Toby Fauver had over the course of time. Is there
23 really a transportation problem? And I believe that
24 they're looking for absolute statistics that say X
25 amount of people can't get to point A from point B. I

1 don't think that there's anything comprehensive like
2 that in this area that's been done. The anecdotal
3 survey that we did from the Bucknell intern was just
4 that. And it's not as cut and dry.

5 So what came out of the C Plus
6 initiative was the following. Rabbittransit reduced
7 the number of pages on their Medical Assistance
8 Shared-Ride application, designed a generic video to
9 educate folks around how transportation works from not
10 only a point - a provider's point of view but also from
11 passengers as well.

12 Geisinger Health System decided to
13 insert information of the local transportation
14 providers in their appointment providers. Two grants
15 were obtained and they were given to Rabbit. One came
16 from Central Susquehanna Community Foundation in the
17 amount of \$8,000 - or \$4,000 and Geisinger Health
18 System ante'd up \$8,000. So there's \$12,000 out there
19 to help patients potentially get same-day rides to get
20 to their appointments.

21 Working on how that all works out, I'm
22 not sure that Rabbit is a hundred percent there yet.
23 So as to answer PennDOT, yes, there's a problem. But
24 to tweeze out where the problem really is, it is that
25 there are no wheels to get the folks where they need to

1 be or it's really an educational problem.

2 In one week, the folks in Berwick, I
3 actually filled out four Rabbittransit applications.
4 And what they - what that said was that the people that
5 I asked to fill them out, they were shocked. They were
6 like I don't think I can qualify.

7 So here's some anecdotal things. 2017,
8 I had a conversation at the Healthcare Symposium
9 sponsored by Geisinger with a pediatrician that we were
10 having some talks with. And I asked the pediatrician
11 if she knew about Rabbittransit. Well, kind of, sort
12 of. You know, her focus is the medical care. But she
13 did tell me that there was a mom that actually had come
14 to her office and walked to get to the appointment.
15 And I think maybe Rich can clarify this, but it was the
16 mom, the child, the patient and then the sibling. And
17 I don't think that you're allowed to take - make sure
18 I'm right, I don't think you're allowed to take an
19 additional passenger. I don't know if Rich is back
20 there still. So that's an issue. You know, you've got
21 a mom. What are you going to do with the other kids?
22 Are you going to let them behind?

23 So as I look around at the number of
24 Rabbittransit vehicles, like Eileen said, they are
25 empty on a regular basis. You can discern that there's

1 no - there isn't a transportation problem since there
2 are no riders, but I believe it is due to the
3 constraints of the Shared-Ride program that may not
4 allow general riders to hop on.

5 Understanding this, I asked to meet with
6 the Columbia County Commissioners in September 2017 to
7 approach the subject of a fixed route. Rich Farr of
8 Rabbit, Natalie Patterson of Geisinger attended. At
9 the end of the meeting we were trying to determine if
10 we could get a feasibility study going. And I will
11 echo what other folks said that it's a lot more
12 expensive when people lose their jobs, they lose their
13 healthcare, they don't have food, they don't have heat,
14 for the state to fund those type of programs rather
15 than coming up with a valid solution for
16 transportation.

17 So I said from day one on this journey
18 it's not about government-funded transportation. Not
19 for a moment. This is more about a collaboration of
20 government, community and passengers putting together a
21 sustainable plan.

22 Employers, you know, production,
23 production, production. If you don't have your
24 employees in the seat working, you know, that means
25 decreased revenues. And for those employees that are

1 making like eight bucks an hour, as it's been said
2 here, it's kind of a little difficult to keep up.

3 So back to those empty transit vehicles.
4 There's another possible reason other than the
5 Shared-Ride rules and regs. In 2017, as I was reading
6 The Press-Enterprise, our local newspaper, I came
7 across a classified ad. And you will see that it is
8 big and large, and I've included it in your packets.

9 So this ad was looking for someone to
10 get them to several Bloomsburg points of interest. So
11 I called up the phone number and I said who are you and
12 why - why are you advertising in the classifieds to get
13 a ride. It turns out the woman was 87 years old. Her
14 husband could no longer drive and her son was in
15 Geisinger Bloomsburg Hospital. She needed to get up to
16 see him. I asked about her taking Rabbittransit and
17 her reply to me was never.

18 I continued the conversation as to learn
19 what her issues were with Rabbittransit. She said
20 matter-of-factly they left me at the grocery store for
21 over two hours, and I ended up standing in the hot sun
22 until I could be picked up. And when I have
23 appointments I'm gone for the whole day just getting to
24 and from and I cannot leave my husband that long.

25 This sentiment is echoed around the

1 county on a regular basis. But to Rich Farr and
2 Rabbitt's credit, they've healed in some of the points
3 I've said to them and they've attempted to fix them.
4 But conversations like these are spoken at churches and
5 medical appointments, wherever, as word travels fast, a
6 lot of folks say I'm not getting on a Rabbit bus.

7 So at the end of the conversation I
8 reminded the woman about placing the ad, potentially
9 jeopardizing her safety, as if she were to have
10 potential prospects come to her house to be
11 interviewed. The next day the ad was taken out of the
12 paper. I've kept in touch with her since, and I would
13 invite any of you, if you want to have a conversation
14 with her, the phone number is there.

15 So today, that's how I've laid the
16 foundation of what I've been doing for the last many
17 years. I could offer additional stories all afternoon,
18 as everybody else here could. As I remind folks, I
19 don't need to meet and - I want to meet to have actual
20 plans with results. And I think David knows that from
21 the conversations that we've had at the C Plus.

22 So who knew that PennDOT didn't realize
23 there was a significant connection between getting
24 healthcare and a lack of transportation. Can budget
25 dollars be allocated and spent differently? Does that

1 mean a change in legislation? Is there a way for the
2 Commonwealth to find new innovative ideas in
3 conjunction with the private sector? How can we create
4 partnership? How do we educate folks effectively about
5 what their options are when their vehicles don't start?
6 What does it take to get a feasibility study done
7 locally to introduce a fixed route to the area? And
8 now that I understand that there's potentially some
9 dollars out there, you know, can we join forces with
10 the Federal Transportation Administration to provide
11 local projects?

12 I've included a website for you. It's
13 there. It's part of the rural health information hub.
14 If you go there, there's - it's a toolkit. I didn't
15 really research all - every word of it. But from - one
16 of the first things, it says one size does not fit all
17 for transportation around this area.

18 So as I close I would suggest to you
19 that we may be an active area with bike riders,
20 runners, walkers. But even with having said that,
21 watching folks ride bikes up and down Columbia
22 Boulevard, known as Route 11, in bone-chilling, snowy
23 weather, with backpacks on their bike, is certainly not
24 for exercise but really maintaining a living and being
25 able to survive. Or the grandmother who had to walk

1 from her home near Lime Ridge with a baby on oxygen and
2 a seven-year-old sick child in tow to buy diapers and
3 food about five or six miles away.

4 You can decide on your own. You're
5 obviously the legislators. And I think that, you know,
6 I'm here to offer any help, any assistance. I'm kind
7 of the facilitator in the area of bringing folks
8 together. And I'm happy to continue to do that. I
9 just think that we need to do - we need to do
10 something, and I think we need to continue this
11 conversation. I really believe that. Unlike Eileen,
12 let's not walk out and say, okay, you know, done, we've
13 said our piece. You know, you come back with your
14 piece.

15 I really truly would like to thank
16 Representative Taylor, we had a long conversation on
17 the phone talking about the gaps, and for David Millard
18 making those things happen and to everybody else for
19 showing up in Bloomsburg. Thank you so much.

20 CHAIRMAN TAYLOR: Well, Representative,
21 you certainly have a group of pretty passionate
22 advocates. And I think from all their respective
23 situations it's quite interesting.

24 So I'm going to turn it over to you for
25 a second.

1 REPRESENTATIVE MILLARD: Well, I agree
2 with you, Mr. Chairman. The individuals are passionate
3 about it. And we've had numerous meetings to identify,
4 you know, what some of the gaps are that exist in this
5 area.

6 And you know, I think that, you know,
7 when we identify rural Pennsylvania, that there are
8 different shades of rural Pennsylvania. And we're in
9 one of the darker shades here that we - we have a
10 populus and communities that, although they're not
11 contiguous, they're pretty close to each other, you
12 know, north and south on the Route 11 corridor.

13 And I think that if, at the very least,
14 there is an idea here to at least utilize that corridor
15 and try and do something to establish transportation
16 for - whether it's veterans or whomever it is in the
17 community, A, of course would be for medical care and,
18 you know, the others follow suit.

19 We have one of the greatest medical
20 facilities on the east coast ten miles south of here,
21 but it doesn't do any good if our clientele, if our
22 constituency can't get there for necessary treatments.
23 And I'm not degrading any of the other medical
24 facilities in the area, but let's face it, Geisinger is
25 very well known and they provide a lot of service, more

1 so than tertiary care.

2 So I believe that the door, however
3 slightly it's opened with this testimony today, would
4 certainly be the genesis for a pilot program that if we
5 could be supportive of it that could serve other areas
6 in any of our constituencies because I'm sure that some
7 of the gaps that have been identified today probably
8 exist all across the Commonwealth in greater need
9 numbers than others. But I think that this testimony
10 will serve as the footprint to establish something and
11 hopefully we can continue with this committee to be
12 supportive of a pilot program or expansion dollars
13 through PennDOT to facilitate at least over the next 18
14 months or 24 months expanding based upon what our needs
15 are.

16 And you know, the pot of gold at the end
17 of the rainbow is if what we do with this committee is
18 passionate about bears fruit at the end of the day. So
19 I would just ask - first of all, thank the committee
20 for being here and ask that once we get back in the
21 confines of the Capitol, that you know, the dialogue,
22 no offense, Eileen, will continue, but that maybe we
23 can try to make something happen and start that pilot
24 program.

25 Thank you, Mr. Chairman.

1 CHAIRMAN TAYLOR: As one of our former
2 speakers said recently, we're never done. So you never
3 get to the end because there's always something else,
4 no matter what it is.

5 I have comments, but I'm going to turn
6 it over to Chairman Keller for a second.

7 CHAIRMAN KELLER: Thank you, Mr.
8 Chairman. And as always, you always seem to be able to
9 identify the needs we have in transportation, always
10 hold a good public hearing. It's very informative.

11 I'd also like to thank Representative
12 Millard, who has always been a friend of
13 transportation.

14 But now I'd like to do my usual
15 commercial for Act 89 just to point out we wouldn't
16 even be here talking about that if we didn't have Act
17 89, which provided new money, additional \$500 million
18 for mass transit, dedicated funding that, as everybody
19 sees, we need in Pennsylvania. But we have to every
20 day, especially around budget time, we have to go back
21 and defend that all the time because they're trying to
22 do fund transfers and all kind of crazy stuff because
23 they see money sitting there. So I mean, our job is to
24 make sure it stays there so we can come out here and
25 find out your needs and then try to work with

1 Representative Millard and try fix your needs. But
2 remember, you have to support especially Dave Millard.
3 He's a friend of transportation. We have to - we have
4 to protect the funds that are there or else we won't
5 even be able to have this conversation.

6 Thank you, Mr. Chairman.

7 CHAIRMAN TAYLOR: Anyone else?

8 So you know, oftentimes we look for, you
9 know, to put something in a nice, neat package. And it
10 doesn't sound like this is that type of problem. It's
11 a set of problems. But I think just without having
12 taken too many notes, and what we do is review the
13 entire transcript and our staff really kind of digs
14 into the details, but we can solve this problem
15 tomorrow if we would have a fixed route on Route 11,
16 right, we would make some adjustments to our
17 Shared-Ride program that I'm sure we're going to be
18 talking to Richard about and if there's ways that we
19 can help facilitate some of those changes and some of
20 the things that - that all of you have said about, you
21 know, fixing that.

22 And then really what I think is the most
23 feasible item that could change everything is more of a
24 subsidized transportation network type of model. And I
25 do get the attendant and the disabled and just because

1 that car pulls up doesn't mean you get help to get in
2 and it doesn't get the packages out, but whatever
3 obstacles there are to that - one of the - one of the
4 comments that, say, Bill and I have to deal with is
5 Philadelphia, like all this money goes to mass transit
6 in Philly. I want that to continue, but I would like
7 to see additional moneys driven to this problem as well
8 so that they can't criticize us.

9 Now, having said that, and I'm a
10 Republican, but you know, that doesn't mean we want to
11 take money from here and put it over there. A lot of
12 my colleagues would say, well, there's a finite amount
13 of money. There's not a finite amount of money. And
14 we just proved that with Act 89. Sometimes we have to
15 go get more money. The residents don't like that. But
16 we're in a position of - you know, we're not always
17 able to make people happy. We're trying to solve
18 problems.

19 So you know, when we try to do that, you
20 know, you'll hear some howling on the other end. If we
21 don't make some people mad, we're not doing our jobs so
22 - but we will follow up. And Eileen, we will try to do
23 more than talk.

24 Representative Keller and I are
25 political lifespanners, a little shorter than some of

1 the members that are here, because we're not going to
2 continue on past this year, but we will do the best to
3 set the stage for the next Transportation chair people
4 and the members that serve here, but - and it's odd
5 because I wouldn't think that, coming from
6 Philadelphia, that Bloomsburg is certainly not the most
7 rural area, right. So whatever problems you may have
8 might be really accentuated when you get - you know,
9 I've spent time in Warren County and Forest County and,
10 you know - it's trouble. They have a hard time finding
11 people. So you know, we will work on that and - but we
12 appreciate you hanging in here for the duration of this
13 hearing and giving us that testimony. And for our
14 members that traveled here, we really appreciate it.

15 David, anything else?

16 REPRESENTATIVE MILLARD: No. Mr.
17 Chairman, thank you again.

18 MS. GREY:

19 So I just have one question.

20 CHAIRMAN TAYLOR:

21 Sure.

22 MS. GREY: So who is the contact person
23 to be in contact with? Is that Eric?

24 CHAIRMAN TAYLOR: Well, Eric is -

25 MS. GREY: Not to throw him under the

1 bus.

2 CHAIRMAN TAYLOR: - he's like the
3 institutional knowledge of transportation. You can
4 tell he's much more senior, but -.

5 MS. GREY: I mean, I really would like,
6 you know, to continue the conversation either in small
7 bits either through David or, you know, however we can
8 do this.

9 CHAIRMAN TAYLOR: I think you can get on
10 an e-mail chain with David and Meredith and Eric and -
11 or Bill and I, for that matter. It's just easy once
12 you establish -.

13 MS. GREY: All right.

14 CHAIRMAN TAYLOR: And we'll stay in
15 touch.

16 MS. GREY: Awesome. Thank you.

17 CHAIRMAN TAYLOR: All right.

18 Thanks, everyone.

19 * * * * *

20 MEETING CONCLUDED AT 3:10 P.M.

21 * * * * *

22

23


24

25

1
2
3
4
5
6
7
8
9
10
11
14
15
16
17
18
19
20
21
22
23
24
25

CERTIFICATE

I hereby certify, as the stenographic reporter,
that the foregoing proceedings were taken
stenographically by me, and thereafter reduced to
typewriting by me or under my direction; and that this
transcript is a true and accurate record to the best of
my ability.


Haley J. Neumeister,
Court Reporter