Report on the
TRANSPORTATION HEALTH CARE ROUNDTABLE MEETINGS

March 31, 2023

ACKNOWLEDGEMENTS

The Roundtable meetings and this report could not be completed without support and input from the following people and organizations.

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Bold – Participant attended two or more meetings.

✓ **Bold**- Participant attended all three meetings.

March 31, 2023

The Honorable Bill Ferguson
President of the Senate
State House, H-107
100 State Circle
Annapolis, Maryland

The Honorable Adrienne Jones
House Speaker
House Office Building
6 Bladen Street
Annapolis, Maryland

RE: Report on Non-emergency Healthcare Transportation Roundtables

Dear Mr. President and Madam Speaker:

For the past year, the Rural Maryland Council and the Tri-County Council for Southern Maryland planned for and conducted a series of Roundtable meetings to identify existing gaps in non-emergency healthcare transportation. Today, we are pleased to provide the enclosed report and the legislative recommendations for your consideration.

The lack of non-emergency healthcare transportation is both an equity as well as a financial issue. One out of five missed healthcare appointments are caused by transportation problems. Studies show that patients who are not able to complete follow up or preventative care will suffer from higher co-morbidity rates, chronic health issues and earlier deaths. Further, missed appointments congest vital healthcare facilities and delay other treatment services as well. This situation ultimately increases healthcare costs for both the individual and the healthcare community. For example, by using current State Patient Health information, one healthcare transportation program demonstrated hospital savings of more than 50% by simply providing healthcare transportation.

This report is based on broad input by Maryland transportation and healthcare industry experts. Our process began this past summer with a survey that targeted transportation and healthcare providers and resulted in a total of 340 responses. Our survey findings demonstrate that, among industry experts, there is a basic lack of knowledge regarding eligibility and resources. For example, when asked, what transportation services are currently available, about one-third of the respondents stated they did not know. Further, when asked who is eligible for transportation assistance, one third of the respondents also stated they did not know.

The purpose of the Roundtable meetings was to facilitate a dialogue between Maryland transportation and healthcare industries and to develop healthcare transportation expansion

strategies. Cumulatively, we held three Roundtable events across the State – Cambridge, Dorchester County; Flintstone, Allegany County; and Annapolis, Anne Arundel County. With a total of 158 individuals, a strong majority of participants attended all three meetings and provided robust conversations. At the first meeting, participants discussed current locally operated transit and health department programs as well as identified several service gaps. At the second meeting, participants further explored program limitations and the resulting consequences on current Statewide/inter-regional coordination efforts. At the third meeting, several policy statements were presented, discussed, and prioritized by voice vote. At each of the meetings, the same recurring themes focused on coordination, industry characteristics and patient characteristics and this foundation remains the bedrock of our recommendations.

We recommend addressing these concerns by codifying the current State Coordinating Commission on Human Transportation to include representation from regional and non-profit organizations. This committee was originally created by Executive Order in 1997 and was re-affirmed by Executive Order in 2010. In addition, we further recommend the General Assembly remove existing codified fiscal limits on the Maryland Senior Rides and Job Access and Reverse Commute programs. If properly funded, we believe these programs support healthcare transportation by expanding volunteer service and employment access. Further, removal of these caps would support the Coordinating Commission's inter-regional efforts by expanding transportation options in our rural and urban centers. These initiatives incorporate the recurring themes heard at the Roundtable meetings that rural Maryland needs flexible programs to bring transportation and healthcare together. Specific components of these programs include, but may not be limited to, a rural transportation system that includes 1) better coordination, 2) provides inter-regional transportation, 3) offers less fixed route options, and 4) utilizes smaller vehicles.

A study in Lansing Michigan Tri-County region estimated that for every dollar spent for health care transportation, there is a return of more than $6.00 per each dollar invested. The money invested today in Maryland programs can have a similar effect and, more importantly, reduce future health care costs. As we move forward, our organizations believe the General Assembly can help with these initiatives by considering the enclosed Report and recommendations during the Fiscal Year 2024 legislative agenda. We are prepared to assist and if we can be of any additional help, please contact either of us.

Sincerely,

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Table of Contents-

EXECUTIVE SUMMARY

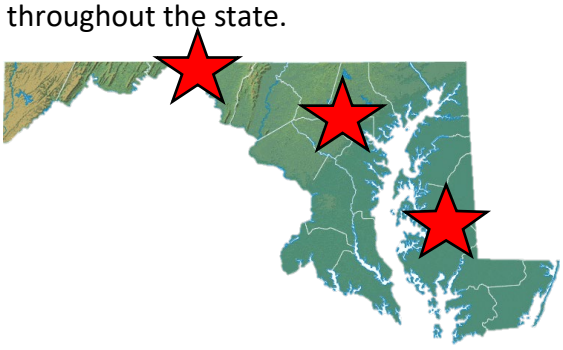
In 2022, the Rural Maryland Council and the Tri-County Council for Southern Maryland proposed a series of Roundtable discussions between healthcare and transportation providers to determine how health and human services transportation can be improved in the State. The purpose was to create a dialogue between the industries and the goal was to identify strategies that could be applied to Maryland communities.

BACKGROUND:

Current healthcare research indicates that one out of five healthcare appointments are missed due to lack of reliable transportation. Research indicates there are as many as 73,000 to 82,000 adult Marylanders who miss at least one, or more medical appointments each year.[i] Compared to the rest of the United States population, the transportation disadvantaged, the target population, is poorer, more female, includes more minority population groups and suffer more disease co-morbidity.[ii]

The cost of neglected healthcare is significant. The Affordable Care Act requires the Secretary of the United States Department of Health & Human Services to establish the Hospital Readmissions Reductions Program (HRRP). Each year, the Maryland Hospital Cost Review Commission evaluates the rate of readmissions and provides penalties as well as rewards to hospitals that meet the State goals related to reducing preventable hospital readmissions. By maintaining a preventive and chronic care management regimen, patients are less likely to need hospital care and to be readmitted to the hospital. Without universal access to reliable transportation, there will be a continued cost related to missed healthcare opportunities.

To begin a conversation about the state of health and human services transportation and potential improvements that could be made in Maryland, a total of three meetings, or roundtables, were held throughout Maryland and were attended by more than 150 representatives from the healthcare, public health, and transportation fields. The purpose of the meetings was to develop a dialogue between the transportation and healthcare communities. The goal was to identify strategies that could expand healthcare transportation throughout the state.



ROUNDTABLE MEETINGS:

Dates and Locations

September 29, 2022	**Cambridge**
October 25, 2022	**Rocky Gap State Park**
November 17, 2022	**Annapolis**

FIGURE 1: Location and dates of the three Roundtable meetings

THE STATE OF TRANSPORTATION

On January 1, 2014, the State of Maryland established the Hospital Readmissions Reduction Program (HRRP) as obligated in Section 3025 of the Patient Protection and Affordable Care Act. Under this agreement, the State is required to reduce the statewide Medicare readmission rates to the national Medicare readmission rate level over the five-year contract term and make yearly progress towards reducing this gap. Each year, the Maryland Hospital Cost Review Commission (HSCRC) evaluates the rate of readmissions and provides penalties as well as reward to hospital that meet the State goals.

Non-emergency medical transportation (NEMT) remains one of the obstacles that many patients face to maintain their prescribed health regime. The United States Department of Health and Human Services produces two annual studies that documents the percentage of patients who miss medical appointments due to transportation. Based on these studies, approximately 1.2 - 1.33% of the population will miss at least one or more medical appointments due to transportation issues. Further, the studies showed that transportation disadvantaged populations suffer a higher prevalence of single or multiple health conditions when compared to the general population. Of particular note, while diabetes affects only 13% of the non-target population, this disease affects 26% of the population or twice the population size. While cancer affects only 12% of the non-target population, the condition affects 23% of the target population.

Nationwide and in Maryland, there are examples that addresses NEMT provides a positive return on investment. In the Tri-County region of Lansing Michigan, a project team estimated that for every dollar spent for healthcare transportation, there is a return on investment of more than $6 per dollar invested. However, these programs are usually not coordinated outside of a county or region and the service may not necessarily address medical transportation. Many times, funding fluctuates since the programs operate under grants or donations.

The first Roundtable meeting identified three primary areas which include Coordination, Industry Characteristics and Community Member characteristics. Further discussions at the second meeting identified possible conceptual solutions to these areas. At the end of third and final Roundtable meeting, the attendees reviewed Proposed Policy Statements that were developed to support the previous findings. Based on these comments, the Tri-County Council for Southern Maryland (TCCSMD) and the Rural Maryland Council (RMC) recommend methods to implement the following implementation plan as was approved by an informal voice vote.

RECOMMENDED IMPLEMENTATION PLAN:

The Rural Maryland Council (RMC) and the Tri-County Council for Southern Maryland (TCCSMD) reviewed and analyzed transcripts from the Roundtable meetings, information received from the survey and evaluated work within Maryland and in other States. Based on these

comments, they offer the following recommended actions for implementation. Detailed description can be found on the following pages:

POLICY STATEMENT	ACTION	RESPONSIBLE AGENCY	TIMEFRAME
Re-establish and codify the State Coordinating Committee for Human Services Transportation (Coordinating Committee) to provide guidance to Regional Coordinating Bodies/Metropolitan Planning Organizations (MPOs) and program funding. The priorities the State Coordinating Committee could include are the following: • Identify and inventory all Statewide non-profit, for profit/ Transportation Network Companies (TNC), public transit programs available for health transportation. • Develop flexible, regional partnerships with TNC/Non-profits supported with adequate funding. • Evaluate the true costs and benefits of providing healthcare transportation.	Consider new legislation or, issue new Executive Order (EO) to direct current committee to review its mission for codification and to consider including non-profit and regional representatives	Executive Branch/ Legislation	2023 - EO 2024- Legislation Session (next year)
	Budget revisions	Administration Branch- Maryland Department of Transportation (MDOT)/ Coordinating Committee	2024- Budget
Codify a new health and human services and human transportation program within a Maryland state entity, such as the Maryland Department of Transportation (MDOT) or Maryland Department of Health (MDH) that supports inter-regional, inter-county and interstate transportation program coordination and provides technical assistance to transportation programming.	Proposed legislation	Legislative Branch/MDH	2023- Legislation for HB 1243[1] (https://legiscan.com/MD/bill/HB1243/2023)
Advocate for additional needed resources	Proposed Legislation and budget revision	MTA/MDOT	2024 Budget

FIGURE 2: Summary chart of Final Recommendations

[1] **HB 1243 Public Health**- Rural Nonemergency Medical Transportation Program 2022 Session MD https://mgaleg.maryland.gov/2022RS/bills/hb/hb1243f.pdf

ROUNDTABLE RECOMMENDATION I

Codify the State Coordinating Committee for Health and Human Services Transportation to provide guidance to Regional Coordinating Bodies/ Metropolitan Planning Organizations (MPOs) and program funding. The State Coordinating Committee should inventory non-profit, for profit/ Transportation Network Companies (TNC), and public transit programs available across the state for health and human services transportation and develop flexible, regional partnerships supported with adequate funding.

RECOMMENDED ACTION: Codify the current State Coordinating Committee for Human Services or issue an Executive Order to direct the current committee to review its mission for codification and to consider including non-profit and regional representatives.

BACKGROUND:

The State Coordinating Committee for Human Services Transportation (Coordinating Committee) was established by Executive Order in 1997. In 2010, the Executive Order was reissued with an expanded membership and required Maryland Department of Transportation (MDOT) to provide to the Governor an annual report of the Committee's progress. The current recommendation is to codify the Committee and re-establish it to provide guidance for program funding and regional coordination.

As described in the comments from the Roundtable meetings, the committee should support regional, inter-regional, interstate, and inter-county transportation. The re-established committee would also inventory existing programs throughout the state and identify ways to expand community access to the inventory. It is expected that the re-established committee will focus on combining services or “braiding” services and funding sources to limit silos related to transportation programming and funding that are specific to medical conditions or patient characteristics, such as age. Committee membership should be expanded beyond its current representation to include vital stakeholders, such as non-profits and regional and local level partners.

ISSUE:

Although the Coordinating Committee has been in existence since 2007 and has been administered through an Executive Order, the Committee has never been codified and is currently not actively engaged.

DISCUSSION:

As part of Coordinating Committee review and update, the Coordinating Committee will be supported with adequate funding and tasked to develop flexible, regional partnerships to

develop a transportation services inventory and remain engaged to support health and human services transportation improvements across the state.

ROUNDTABLE RECOMMENDATION II:

Codify a new health and human services transportation program within a state level governmental agency to support and provide technical assistance to regional and local transportation programs.

RECOMMENDED ACTION: Amend as needed and codify House Bill 1243 Public Health – Rural Nonemergency Medical Transportation Program. [2]

BACKGROUND:

Social variants such as reliable transportation affect the health of a community. Since 2014, in response to the Affordable Care Act, Maryland hospitals are penalized if they maintain higher than expected readmission rates. Further, there are large areas of the State that lack basic healthcare such as dentistry or mental health. These areas rely on other regions and even different States for care.

There is equally a wide variety of transportation funding sources as there are limitations due to a passenger condition or geographic location. As a result, there is a need for better coordination between patients who need care and drivers and there is a need to braid these sources together. Despite the clear cost savings from providing healthcare transportation, there is no single funding source to help non-Medicaid medical transportation, both local and inter-regional. Even if eligible, Medicaid, or Veteran patients must wait 45 to 60 days for the approving paperwork to be processed.

ISSUE:

To provide equity to healthcare, Maryland should consider establishing a transportation program throughout the State and connected by regions. The purpose of the program is to coordinate human service transportation services at the local, inter-regional regional levels.

DISCUSSION:

Throughout all three meetings, participants repeated the need for inter-regional transportation. To be successful, the program must be highly coordinated throughout the State and could be a pilot project of the newly revised Coordinating Committee. The proposed medical transportation program would help connect patients in rural areas with specialized medical centers located in more urban areas.

[2] This legislation can be found here: (https://legiscan.com/MD/bill/HB1243/2023)

ROUNDTABLE RECOMMENDATION III:

Develop flexible, regional partnerships with Transportation Network Companies (TNC)/Non-profits supported with adequate funding.

RECOMMENDED ACTION: Codify work force development as one of the primary purposes of the newly codified State Coordinating Committee on Health and Human Service Transportation.

BACKGROUND:

At each roundtable meeting, healthcare and transportation representatives identified work force development and employee shortages as a major issue and impact services at State, regional and local levels. For example, transportation providers compete with local Amazon facilities to find drivers. As a result, local transit operators must reduce services by eliminating routes. Although there is a large demand shortage in rural areas, there is not enough competition to establish an on-demand transportation Uber type service. Healthcare providers frequently cited work by social workers who are in high demand. Further, healthcare providers noted severe shortages in both the rural and urban areas. For example, the Health Resources and Services Administration (HRSA) is an agency of the US Department of Health and Human Services and are responsible for designating healthcare professional shortages areas (HPSA)[3]. The higher scoring ranges indicate a higher priority. In 2015, HRSA identified several areas in Maryland with high shortages, greater than 18, particularly in the rural and Baltimore areas.

Further, many healthcare and transportation programs are currently structured to limit flexibility. For example, the Senior Rides program is limited only to seniors but allows service throughout a jurisdiction while paratransit or ADA services are usually limited only to riders who medically qualify and who live within a certain distance from an existing route. These programs can not permit service outside of the parameters which limits their responsiveness.

ISSUE:

Many healthcare and transportation programs are controlled to a specific condition or rider group. Although the designation may target a specific need, the program cannot creatively respond to address other conditions or situations. This lack of flexibility limits agency response.

DISCUSSION:

Since the Coordinating Company will be responsible for guiding program development, the members will be able to also provide guidance on employment impacts.

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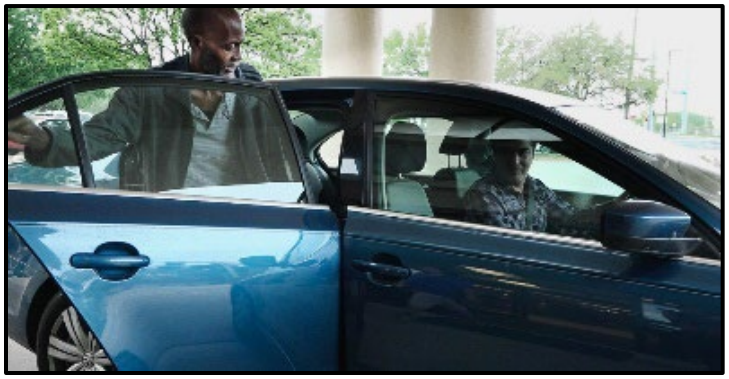
[3] For a map for Maryland see: https://health.maryland.gov/phpa/Documents/Primary%20Care,%20Health%20Professiona-l%20Shortage%20Area%20Designation%20Maps.pdf For a description of HRSA review of shortage designations see: https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation/reviewing-applications



THE CHALLENGES WITH HEALTH AND HUMAN SERVICES TRANSPORTATION

There are 193,772 households, or 8.2%, in Maryland with no vehicles leaving many State residents to struggle with transportation.[iii] Health outcomes, including life expectancy, are connected to transportation and other social determinants of health. The lack of reliable transportation also burdens the healthcare system by increasing readmission hospital rates, missed appointments, and missed healthcare or disease symptoms.

In 2022, the Rural Maryland Council and the Tri-County Council for Southern Maryland proposed a Roundtable discussion between healthcare and transportation providers to determine how Health and human service transportation can be improved in the State. The purpose was to create a dialogue between the healthcare, public health, and transportation industries and the goal was to identify strategies that could be applied to Maryland communities.

TARGET POPULATION SIZE:

The target population are defined as transportation disadvantaged persons who miss health and human services-related appointments due to a lack of physical access. This population lies somewhere at the intersection of two groups: those who do not have reliable transportation and those who have higher health risks due to missed regularly scheduled care. Any household that does not own a vehicle could be defined as "transportation disadvantaged". As noted, there are, in Maryland, approximately 193,772 households with no vehicle, representing 8.2% of the Maryland homes.[iv] However, not everyone without a vehicle is transportation disadvantaged and this population does not always miss medical appointments or have a chronic health condition. Fortunately, there are several other sources for information specific to non-emergency medical services for both preventive services and treatment of chronic health conditions.

National Health Interview Survey (NHIS): One source to identify the size of the target population size is the NHIS which is produced by the United States Department of Health and Human Services, Center for Disease Control and Prevention, and the National Center for Health Statistics. The NHIS is considered the most comprehensive and nationally representative attempt to understand the state of the nation's health. Each year, the survey has a sample size of more than 90,000 people and covers a wide array of health-related issues through surveys, including transportation. The survey specifically asks about missed appointments and calls out a lack of transportation as one of the options to select. In response, the weighted result to this question for the adult sample showed that 1.33% of the adults responded affirmatively.[4]

Given the NHIS weighted results of 1.33%, we could conclude that as many as 81,996 adults in Maryland delayed their medical care at least one or, more likely, more times in a twelve-month period specifically due to transportation issues.

Medical Expenditure Panel Survey (MEPS): Another source that may help identify the target population is the Medical Expenditure Panel Survey. The MEPS is produced by the U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality) is another comprehensive source which contains healthcare utilization and expenditure information at the individual level for more than 30,000 individuals, is nationally representative and can be linked with the NHIS data.[5]

Based on the survey results, the MEPS produced a weighted estimate of 1.2% of patients who cited a transportation related reason to explain why they had difficulty obtaining care within last year.[v] Given the MEPS weighted results, it could be concluded that as many as 73,982 adults in Maryland experience medical care delay due to transportation issues. As noted earlier, identifying transportation gaps does not define poorer healthcare standards; identifying transportation disadvantaged populations that miss necessary doctor appointments result is more accurate.

SEVERITY OF TARGET POPULATION MEDICAL CONDITIONS

Both the NHIS and MEPS sample data indicate the target population maintains certain characteristics that differ from more transportation independent cohorts. The NHIS sample showed, that compared to the rest of the U. S. population, the target population:

- Has relatively low income (54.6% have household incomes below 20,000 per year compared with only 17.7% for the remainder of the U.S. population)

[4] In the 2002 data source, the NHIS contained the following question: "There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS…. because you didn't have transportation? Another analysis demonstrated a similar consistency over the previous 5-year period.

[5] According to the authors of the Cost Benefit Analysis of Providing Non-Emergency Medical Transportation, there were revisions to the 2002 data which made this source less relevant to their research. However, prior to this date, the MEPS investigated barriers to care, including transportation. For example, the survey asked "Anyone have difficulty obtaining care? Which was followed by a list of 14 items from which they were asked to select the main reason. Of the reasons provided three are germane to transportation access and applied to the research.

- Is disproportionately female (62.8% female versus 51.9%) and non-white (19.1% non-white versus 17.7%)
- Has a higher minority representation (13.5% African American versus 12.6%; 16.7% Hispanic versus 13.2%)
- Is roughly one-half as likely to possess a four-year college degree.
- Is older (16.3% are 70 or older compared with 11.5%)
- Is distributed across urban and rural America much the same as the U.S.
- Population as a whole, although children are slightly more concentrated in urban areas[vi]

Health Conditions and Outcomes: Most alarming, several life-threatening diseases, which require chronic disease management with regular appointments with providers, such as asthma, diabetes, and heart disease, occur at least twice the rate within the target population when compared with the total population. For example, while only 10.5% of the non-target population have asthma, 22.1% of the target population suffer this disease. While only 6.4% of the non-target population has diabetes, 16.0% of the target population have a diabetes diagnosis. While only 15.5% of the non-target population suffers from heart disease, 29.5% of the target population have been diagnosed with heart disease[6].

In one study, the authors merged three years of NHIS data and focused on nine conditions for which the specific survey questions aligned over the three-year period. [7] In each of the categories evaluated, the data clearly show that the target population not only had a higher prevalence of any single health condition, but also are more likely to have multiple, co-morbidities or health conditions when compared to the general population.[8] Of note, while diabetes affected only 13% of the non-target population, this disease affects 26% of the population or twice the population size. While cancer affected only 12% of the non-target population, the condition affected 23% of the target population.

COST BENEFITS OF NON-EMERGENCY MEDICAL TRANSPORTATION:

By enabling better access for health-related appointments, a transportation program can remove one of the biggest barriers to preventive care, which in turn leads to significant benefits for people's quality of life and cost savings in medical care. In the Lansing Michigan Tri-County region, a project team estimated that for every $1 spent for non-emergency medical transportation leads to more than $6 in savings in more effective preventive medical care and

[6] Transit Cooperative Research Program B-27 "Cost Benefit Analysis of Providing Non-Emergency Medical Transportation", 2005.
[7] (Transit Cooperative Reasearch Program B-27 Altarum Institute, 2005)
[8] Ibid.

extended quality of life.[vii] As part of their pilot project review, the Tri-County Council for Southern Maryland used the regional excel sheet analysis found in the Cost Benefits Analysis of Providing Non-Emergency Medical Transportation and discovered a Return of Investment savings of approximately $6.30 for each dollar spent.[viii]

EXISTING MEDICAL TRANSPORTATION PROGRAMS IN MARYLAND:

Most State programs supporting public non-emergency medical transportation programs are administered through either the Maryland Department of Health programs, Maryland Medicaid Services, or the Maryland Transit Administration Office of Local Transit. Local County or municipal agencies may also support programs that assist seniors.

Maryland Transit Administration Office of Local Transit Support Programs:

The Maryland Department of Transportation (MDOT) includes the Maryland Transit Services agency (MTA). MTA is Maryland's designated recipient for Federal Transit Administration (FTA) funding statewide as well as for the Baltimore Urbanized Area. In this capacity, MTA administers funding for small and urban areas, rural areas, and specialized programs statewide. In addition, MTA also administers several state funding programs for the Locally Operated Transit Systems (LOTS). The LOTS operate throughout Maryland in all 23 counties, as well as Baltimore City, the City of Annapolis, and Ocean City. While most of the systems are operated through the local county government, there are several that operate through the local regional board or through the Community Action Commission. Because the LOTS operate public transit services for any purpose, the extent of LOTS services addressing health and human services needs is not tracked.

As part of its management of the statewide program, MTA requires local LOTS to adopt a five-year Transit Development Plan. The MTA Office of Local Transit Support (OLTS) administers Federal and State grants to the LOTS. This includes management of the Annual Transportation Plan (ATP) grant application process, monitoring quarterly reporting and performance assessment, compliance and monitoring, assistance with vehicle procurement, funding, and participation in local Transit Development Plans.

MTA funding programs that support LOTS operations include:

Large Urban Program - Discretional funding under this State program. The State will provide up to 75% share for operations and up to 90% for capital expenses. Current eligibility under the Large Urban Program is limited to Anne Arundel County, Cecil County, City of Annapolis, Howard County, Montgomery County, Prince George's County and Queen Annes's County.

Section 5307 Urbanized Area Formula Program - MTA awards the FTA (Federal Transit Administration) Section 5307 program grants to LOTS operating in Maryland's small, urbanized areas as defined by FTA (population size of 50,000 - 200,000). Funding is apportioned to each

urbanized area on a formula basis and is completed at the Federal level. For capital expenditures, the Federal funding share is up to 80% with a State and Local share of 10% each. For operations, the Federal share is up to 50% of the net operating deficit leaving a 25% State and Local match.

Eligible counties include Allegany County (Cumberland), Calvert County, Carroll County (Westminster), Charles County (St. Charles), Frederick County (City of Frederick), St Mary's County, Washington County (Hagerstown), Tri-County of Lower Eastern Shore, and Queen Anne's County.

Section 5311 Formula Grants for Rural Areas Program - MTA awards the FTA Section 5311 Formula Grants for Rural Areas Program to LOTS operating in Maryland's rural (nonurbanized) areas, as defined by the federal government. Section 5311 funding also supports capital spending with up to an 80% Federal Share. The program also allows a State and Local Share match of up to 10% each for a total of 20%.

Americans with Disabilities Act (ADA) Funding Program - In accordance with the American with Disabilities Act, all LOTS must provide complimentary transportation services for disabled riders within ¾ miles of a fixed bus route. The State provides discretionary funding and eligibility is limited to the LOTS that operate an ADA complementary paratransit service. Only one application per County is permitted and is limited to operations only. The State will pay up to 90%, leaving a local share match of only 10%.

Statewide Special Transportation Assistance Program (SSTAP) - A Stated funded program apportioned annually to each County in Maryland and the City of Baltimore. These funds provide specialized transportation services for seniors and citizens with disabilities. Funding is granted after the LOTS submit one comprehensive Annual Transportation Plan to MTA. The State share is up to 75% of the net operating deficit, leaving a 25% Local match.

Other MTA programs

Many localities or non-profits receive funding for smaller programs that also support health and human services transportation.

Senior Rides - The primary focus of this program is to encourage and facilitate the development of volunteer transportation services for low to moderate income seniors. To be eligible for a Maryland Senior Rides Program grant, a program applicant must be a governmental non-profit, or a tax-exempt faith-based entity that provides transportation services.

Medicaid Transportation Program -The Medicaid program provides medical assistance for qualified low-income individuals and families, and people with disabilities. Federal guidelines require that states must assure transportation for Medicaid recipients and a portion of the state's funding must be provided to qualified and eligible participants who have no other means of transportation. The Maryland State Code incorporated these requirements in COMAR 10.09.19 - Transportation Grants.[ix]

Currently, four LOTS provide Medicaid funded NEMT: Delmarva Community Transit, Frederick County, Garret County Community Action, and Montgomery County. Except for Montgomery County, Medicaid services are administered through the County Health Departments who certify eligibility and who hold contracts with transportation providers.

Job Access and Reverse Commute Program - The Maryland Jobs Access Reverse Commute (JARC) grant program is modeled after the Federal Transit Administration (FTA) grant program, JARC. By using transportation services, this program is designed to connect targeted populations with employment areas that have experienced significant growth.

Conclusion: There are many programs that range from non-profit, profit, religious or governmental. Because the number, coordination and communication between services may be limited.

THE ROUNDTABLE PROCESS:

Originally, the TCCSMD proposed a best practice manual of a small pilot project focused on health and human services transportation (HHST). However, it became apparent to both the TCCSMD and RMC organizations that healthcare transportation is usually treated as one of the benefits to many other programs such as paratransit, Senior Rides, or even Medicaid.

Instead of developing a best practice manual of one program, the organizations decided that developing a better dialogue between the transportation and healthcare industries in Maryland may be a more appropriate approach to find long term solutions. By April 2022, the two organizations developed a proposal and task list that would support a total of three roundtable meetings and would conclude with a report to be finalized by the end of the year.

The planning and development of the Roundtable meetings began with a small group who agreed to meet every other week. The "Roundtable Working Group" (RWG) included representatives from the RMC, TCCSMD, MTA, Maryland Department of Health (MDH), CalvertHealth, Maryland Rural Health Association (MRHA) and Transportation Association of Maryland, Inc. (TAM).

Each Roundtable meeting built on the previous findings and should not be considered separately. Prior to the first meeting, the RWG developed a survey. The purpose of the survey was to obtain input from respondents working in healthcare, public health, and transportation on current perceptions, opinions or assessments on the current programs including what is non-emergency medical transportation, who is eligible and what are the existing programs. Respondents were also asked general information about their demographics, their region, and the industry they represent. Information was distributed to industry representatives and professional groups by flyer or by email. The survey could be reached by an internet link or by QR Code. As a result, the survey was easily distributed.

The first Roundtable meeting occurred on September 29, 2022 in Cambridge Maryland. At this meeting, three focus areas developed. These areas include Coordination, Industry

Characteristics and Patient Characteristics. The second Roundtable meeting occurred approximately one month later, on October 26, 2022, at the Rocky Gap Casino Resort in Flintstone, MD. This meeting was scheduled to follow the Rural Maryland Health Association Annual Conference and occurred shortly after their Annual Conference conclusion. The Maryland Rural Health Association (MRHA) educates and advocates for the optimal health and wellness of rural Marylanders at the federal, state, and local levels. The second meeting will focus on identifying several possible concept strategies that could be considered. Information from the first meeting as well as the responses from the survey takers will be evaluated to determine if any new initiatives or updating existing procedures could be considered. Remote viewers will be asked to respond to questions which will be used for discussion. The group may also consider using focus groups to evaluate certain issues.

The third Roundtable meeting occurred on November 17, 2022, at the Maryland Department of Agriculture Building located in Annapolis Maryland. November 17, 2022 is designated as National Rural Health Day. At this meeting, the stakeholders identified several strategies that could become potential implementation strategies. The TCCSMD and the RMC expect completion of the first draft to be finalized by December 30, 2022.

Prior to developing the first meeting, the Roundtable working group determined they needed to assess current opinions, perceptions, and ideas from Marylanders predominantly in the transportation and healthcare industries. Further, the group was curious if responses were more prevalent in a region (North, South, East or West), or industry (healthcare vs transportation) or land growth pattern (rural, urban, or suburban). As a result, approximately two months prior to the first Roundtable meeting, the group released a survey that was distributed to numerous Maryland boards, agencies, and groups.

COMMUNITY SURVEY

THE SURVEY:

Prior to the first meeting, the Roundtable working group determined they needed to assess current opinions, perceptions, and ideas from Marylanders predominantly in the transportation and healthcare industries. Further, the group were curious if certain responses were more prevalent in a region (North, South, East or West), or industry (healthcare vs transportation) or land growth pattern (rural, urban, or suburban). As a result, approximately two months prior to the first Roundtable meeting, in early July, the group released a survey that was distributed to numerous Maryland boards, agencies and groups. A Survey check review of the findings were documented on September 23, 2022, one week prior to the Cambridge presentations. By the end of the survey, there was a total of 340 responses to the survey.

SURVEY RESULTS:

In early July 2022, the Roundtable working group released a short survey about health and human services transportation. The purpose of the survey was to provide baseline data about current perceptions of health and human services transportation, collect perceived assessments of community needs and provide a baseline of community knowledge about existing programs. The survey also asks for some general demographics and details such as geography (what region are you from?), growth patterns and types (rural, urban, and suburban) Industry based (transportation, healthcare, policymaker). There was a total of 350 respondents who consented to participate.

DEMOGRAPHICS AND STATISTICS:

Regional and growth pattern survey trends: In the 1970s, National Geographic dubbed Maryland, “America in Miniature,” due to the fact that nearly every kind of terrain can be found here – from the sandy shores of the Atlantic Ocean and the expansive marshes of the Chesapeake Bay, to vast acres of farmland and the rocky Appalachian Mountains. These different landscapes create their own transportation challenges. For example, rising sea levels threaten the Chesapeake Bay coastline and may require alternative arrangements. The mountainous terrain may be more challenging particularly in winter months. In addition, western areas may rely more on out of state providers since they may be closer to Pittsburg, Pennsylvania or Morgantown, West Virginia.

As part of the survey, respondents were asked which region they represented based on the September 2022 MTA OLTS Regional Planning map. Most survey respondents represented the Eastern and Southern regions. This resulted in a higher percentage of rural respondents. However, the third largest region represented was Central which includes more urban and suburban regions. Each county in the State was represented in a poll.

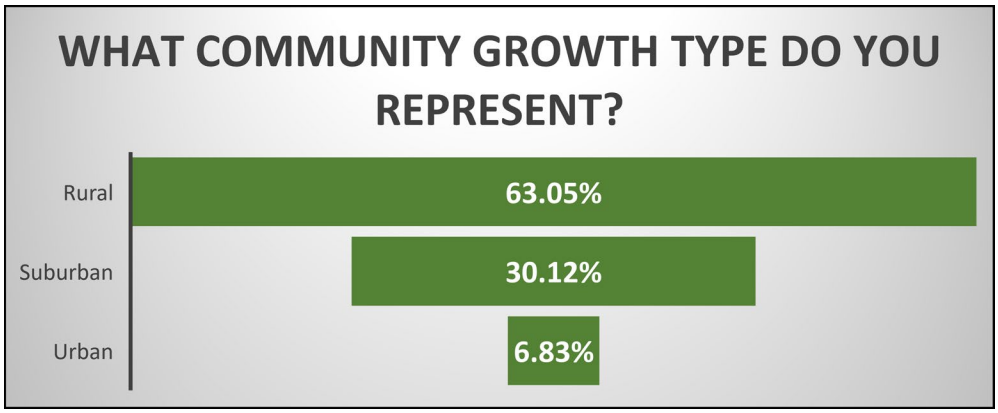


FIGURE 3: Survey question identifying community growth patterns of survey participants.

Growth patterns:
In addition to regions, growth patterns will also affect transportation issues. In urban areas, patients may have access to alternative transportation sources such as Uber or Lyft while rural areas may not have anything available outside of a local operated transit service (LOTS). Further, urban growth areas will have a higher population concentration allowing for systems that can easily service many people, however, for a rural area, which is less concentrated, this approach may be less effective but is the only option.

Suburban areas may be areas that include characteristics of both rural and urban. Many times, these areas are under higher growth pressures.

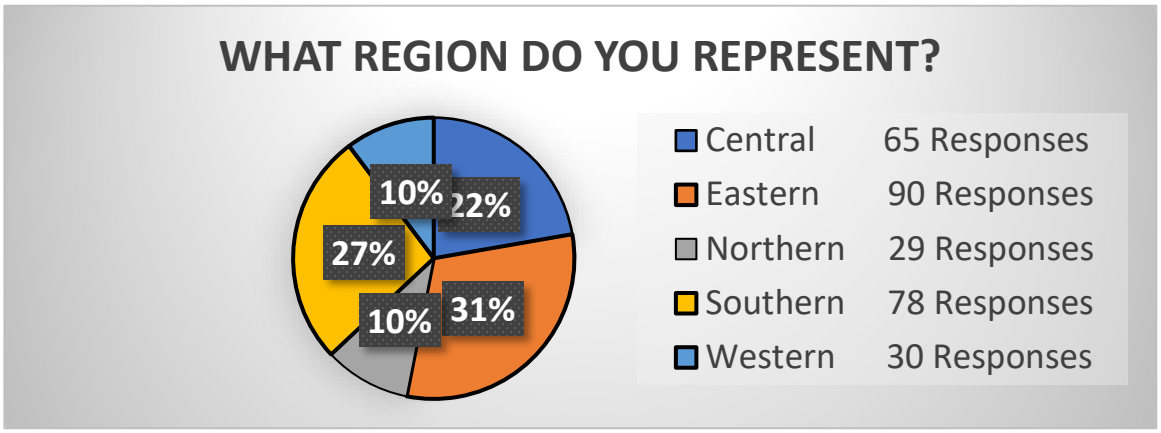


FIGURE 4: Survey question identifying regional representation of survey participants.

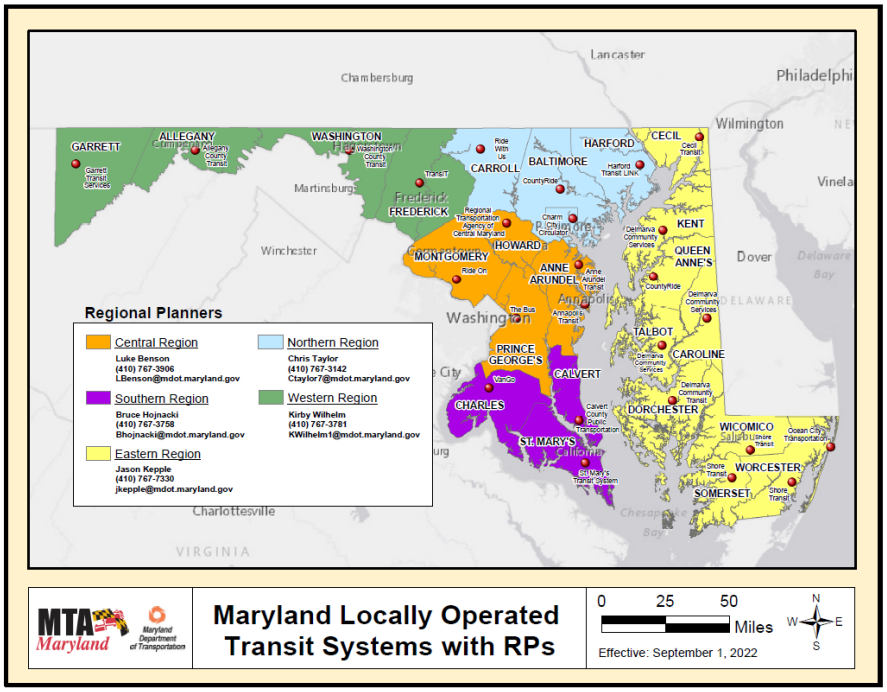


FIGURE 5: Survey question to determine regional representation of participants and a copy of the regional map that was displayed with question.

Both southern and eastern regions were represented, and both are more rural. These two districts represent 58% of the survey results. The central region is more urban and represented 22% of the survey results.

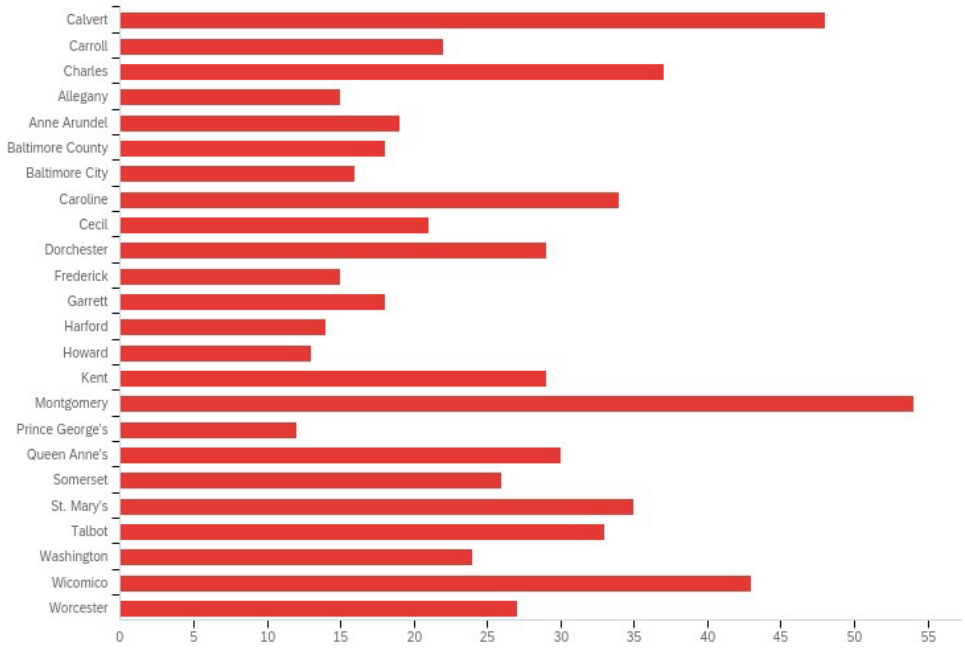


FIGURE 6: Shows the county representation of Survey participants.

The County with the greatest representation was Montgomery County (Central Region) with 54 respondents followed by Calvert County (Southern Region) with 48 respondents. Wicomico

County (Eastern Shore) was the third most represented county with 43 respondents and Charles County (Southern) was fourth most represented county with 37 responses.

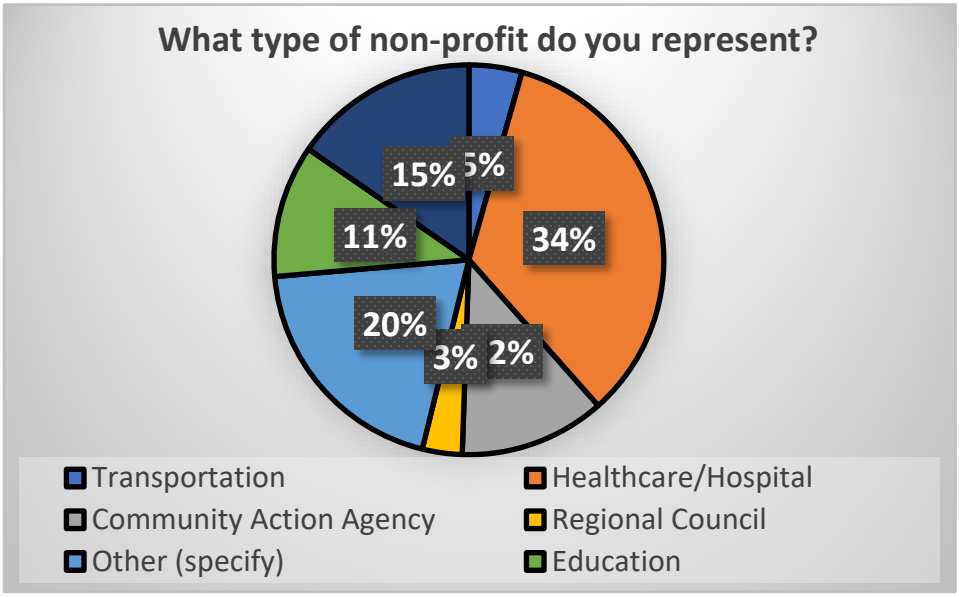


FIGURE 7: Survey question to determine the breakdown of the types of represented non-profit organizations of the survey participants.

WORKFORCE INDUSTRY:

The Survey targeted people who currently participate in healthcare or transportation. For example, members of the working group included TAM, Inc members. In addition, the second Roundtable meeting occurred at the end of the Rural Maryland Health Association conference. In addition, the survey was sent to several Maryland transportation and healthcare professional associations and coalitions.

Most respondents represented either Government (46%) or Nonprofit (45%). The private sector was represented least by 9%.

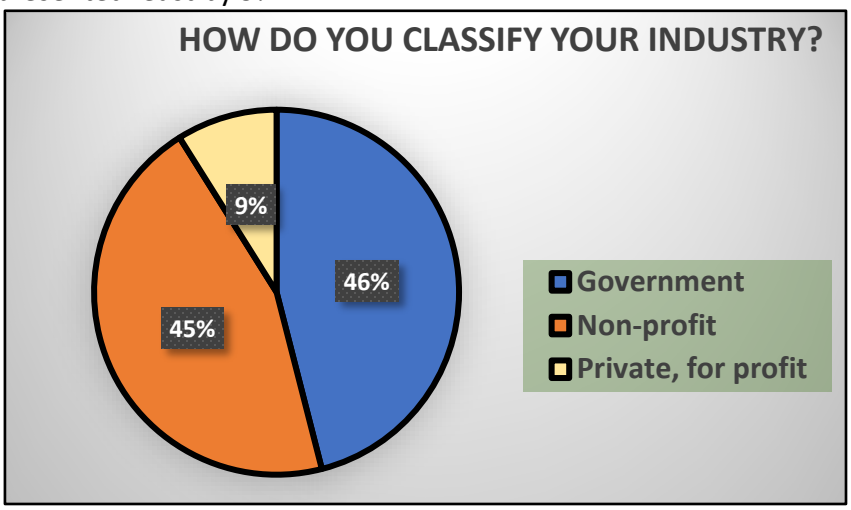


FIGURE 8: Survey question to determine industry representation (public, private and nonprofit) of survey participants.

FIGURE 7: Survey question to determine industry representation (public, private and non-profit) of survey participants.

"Other" types of non-profit organizations represented:

- Health education/enrollment
- Library
- Consultant working with a number of public and partners across sectors
- EMS 911 service
- Homeless Shelter
- Land Trust
- Community Center
- Health system-owned Transport service
- Medicaid Plan
- Church Community Outreach

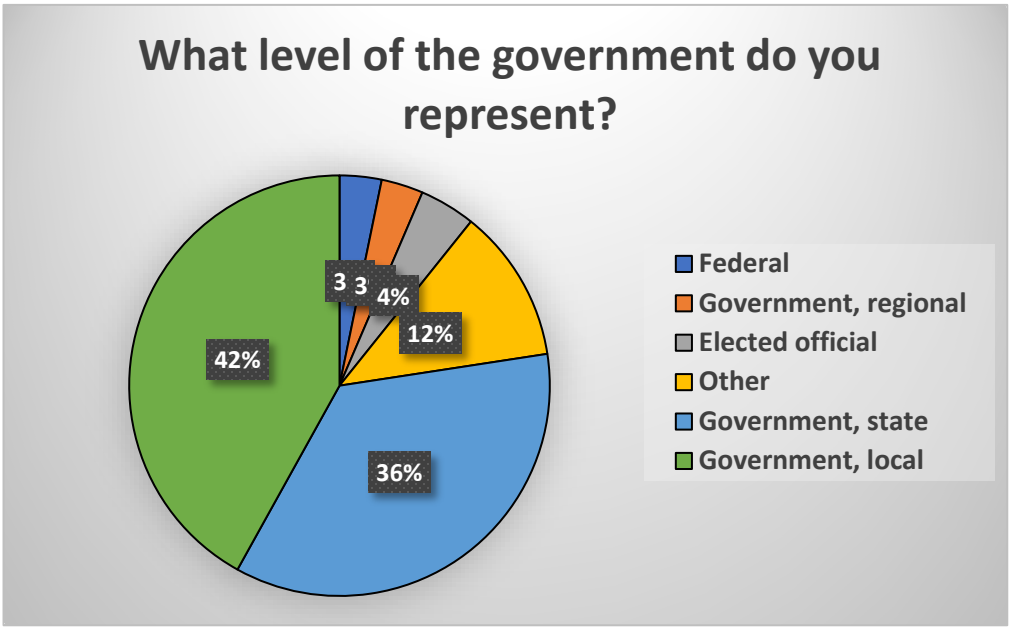


FIGURE 8: Survey question to determine the breakdown of the types of represented non-profit organizations of survey participants.

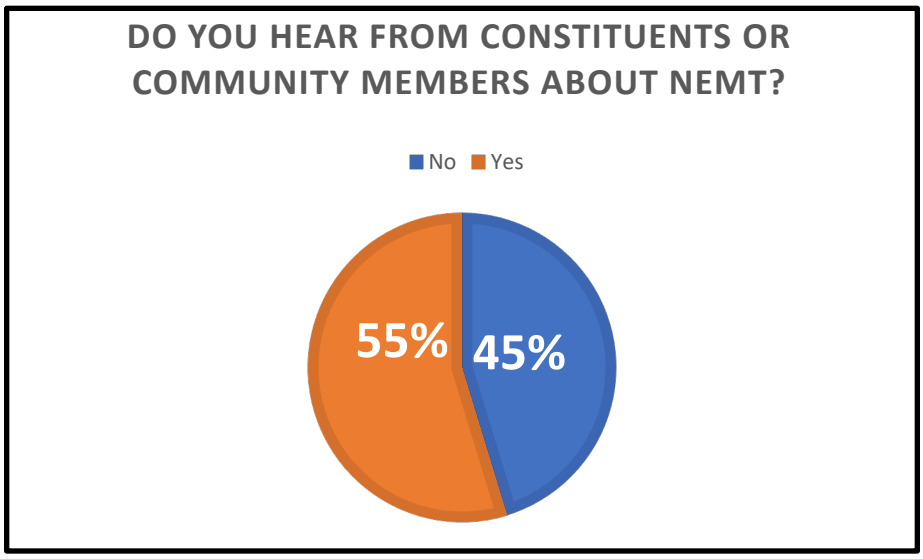


FIGURE 9: Survey question to determine the extent of community recognition of healthcare transportation heard from survey participants.

SURVEY COMMENTS FROM CONSTITUENTS:

- There's not a lot!
- Huge need
- Inadequate to meet their needs.
- There is a lack for availability for dialysis treatment on Saturday's.
- It's either too expensive or the alternative is not reliable.
- It's very limited.
- Some patients miss medical appointments because of transportation.
- It doesn't meet their needs and is not affordable.
- No options for clients outside the center of counties.
- lack of coordination, information, accessibility, and restrictions on who can access.
- It's a confusing fragmented system that the most vulnerable can't navigate and it's not well publicized for the average vulnerable adult or low-income person.
- They wish they had more resources to be able to attend doctor's appts, and rides to the pharmacy to get their meds. Some take taxis to get to appointments and spend $90 RT just to see the provider.
- They do not know what exists for them and how to reach out.
- There isn't any/enough available in our area.
- There is a need for this, there are many barriers to access this type of transportation. It's not always reliable and some programs are lacking volunteers to make the services possible.
- Difficult to obtain, often inconvenient or unreliable.
- Limited and difficult to access.
- In the current community health needs assessment survey, transportation was listed as a top barrier to access to care and social services.

- lack of transportation, unavailable unless you have Medicaid, long waits.
- No services or not enough services
- they have to wait too long.
- From community members and colleagues there are various barriers and issues with NEMT, but overall transportation is a huge issue for a variety of reasons. Besides the programmatic issues I noted in a previous response, there are also knowledge and access barriers, there are limited bus routes (basically main public transportation isolated and only well connected in Ocean City), geographical challenges due to being a large rural county as well as challenges due to some care needing to be accessed in other counties or states.
- Tedious process to get approved for a very limited # of resources.
- lack of resources, difficulties in coordination1) they should not have to make their own appts 2) late times 3) not enough options.
- Not enough availability - too many denied trips due to lack of resources and funding.
- More convenient i.e., on demand service + nights weekends
- not enough services, particularly limited in rural areas, coordination of services could be improved.
- What is available is not convenient or user friendly.
- More need for primary care
- Sometimes, it is not available due to the face that the service is run by volunteers.
- service is inadequate, often late.
- Non enough and random
- That it is something they are working to improve, however the improvements are not always beneficial to our rural area. For example, we have a local Call and Ride Service for southern Anne Arundel County, but the county does not supply enough drivers/shuttles so the service is often limited and patrons are turned away for the pickup times they need.
- Hospital leadership struggle with supporting patients in identifying quality transport.
- The report that we need to incorporate transportation for patients to/from their medical appointments for the uninsured and the insured.
- No help with transportation. Shore transit is not doable due to wait times.
- patients are unable to bring children or a support person on the bus with them.
- Hard for them to get things they need and get to appointments.
- No help with transportation. Shore transit is not doable due to wait times.
- patients are unable to bring children or a support person on the bus with them.
- No transportation, very expensive and we need more or better services.
- Most have difficulty accessing NEMT at the times needed or have long wait times associated with ridesharing like a shared van on a fixed route with fixed pick-up/drop-off times. There is little flexibility for free rides and not all can either afford the cost of even reduced fare or have access to reduced fare that can travel outside of a fixed geographic region (e.g., outside of the county)
- it is a necessary service which currently does not exist in our city.
- Board members, patients, community partners, ancillary organizations, staff, etc.

- It's not readily available to meet all the needs necessary.
- That it is not well coordinated or easy to access.
- The hours are not sufficient.
- Non - transport patients
- limited access, costly
- transportation is not available and what is available is inefficient.
- Because of the limited availability of vehicles and drivers the wait and travel time is long. You could easily spend a day for you appt.
- The current services are horrible, lack coordination, and provide limited services.
- its unaffordable, not the right hours, times, too time consuming, if you live in Finksburg and need a ride to an appointment in Westminster CTS only comes in once a day and goes back once a day. You spend your whole day for one appointment. It doesn't work. Same goes for other cities in the county.
- There is a lack of transportation throughout the area.
- That they wish we had more access
- High need for NEMT
- I have completed 5 community health needs assessments for Charles County over the last 18 years. Transportation comes up as a barrier to healthcare in every survey, key informant interview, and focus group that I have ever conducted. I hear from residents and key stakeholders that people do always have the transportation, especially those in the rural regions of the county, to get to needed health services in the appropriate settings. This leads to unnecessary use of emergency medical services and hospital ED utilization. We also talk about transportation in terms of food access. If you live in a region with no grocery stores, you are more likely to purchase processed foods for convenience stores that are near you.
- There is a lack of transportation throughout the area.
- More is needed in rural communities.
- Doesn't exist to help their needs.
- Homeless, seniors and low-income female head of household for children
- Not always reliable. Can't meet their needs. Can't get to some appointments.
- "MAC" program
- Need for timely transportation to medical appointments.
- NEMT is a barrier to access to care.
- limited routes, limited ability to have caregivers/children go with the patient.
- They need to get to their medical appointments.
- Needs to be more comprehensive routes and coordinated.
- Lack of public transport routes
- Not sufficient for their needs: Too many exclusions, including a car in the household, living "too close" to a bus route, and not allowing young children to accompany their parent.
- Older Individuals
- We need comprehensive NEMT.
- That it is hard to get to places for appt or even to go to the Market

- Lack thereof -- it is needed.
- underinsured/uninsured patients struggling to get to appointments or insured patients who are elderly and don't have family.
- They need more transportation options.
- Challenges with funding to support ride programs.
- Our office screen and approves residents for ADA, door to door transit services.
- Transportation is an essential element of access to care.
- mostly veterans

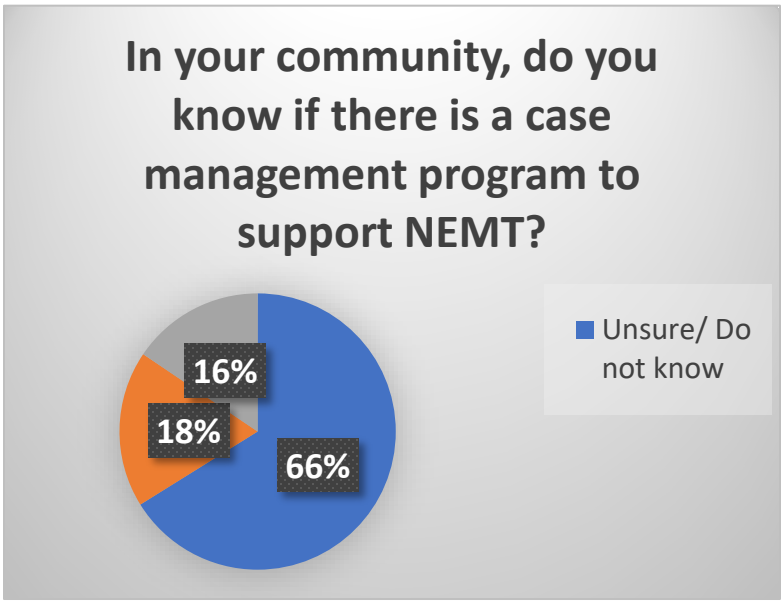
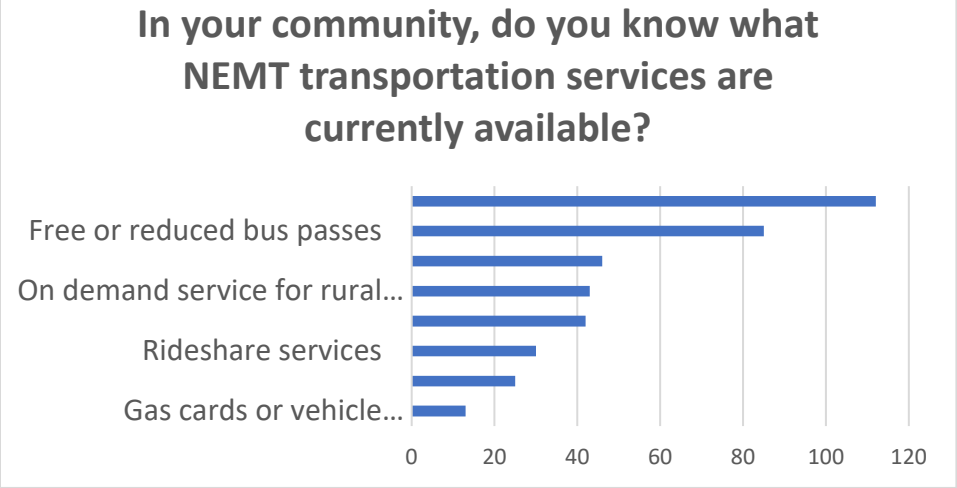


FIGURE 13: Survey question to calibrate the community knowledge of current, existing case management programs.

FIGURE 14: Survey question to calibrate community knowledge of existing services in their area.



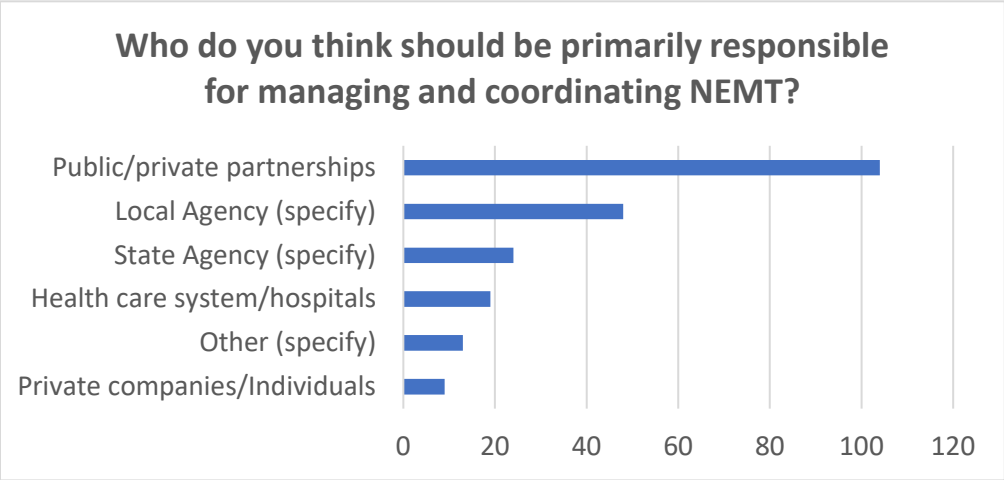


FIGURE 15: Survey question to calibrate community perceptions of who should be managing healthcare transportation.

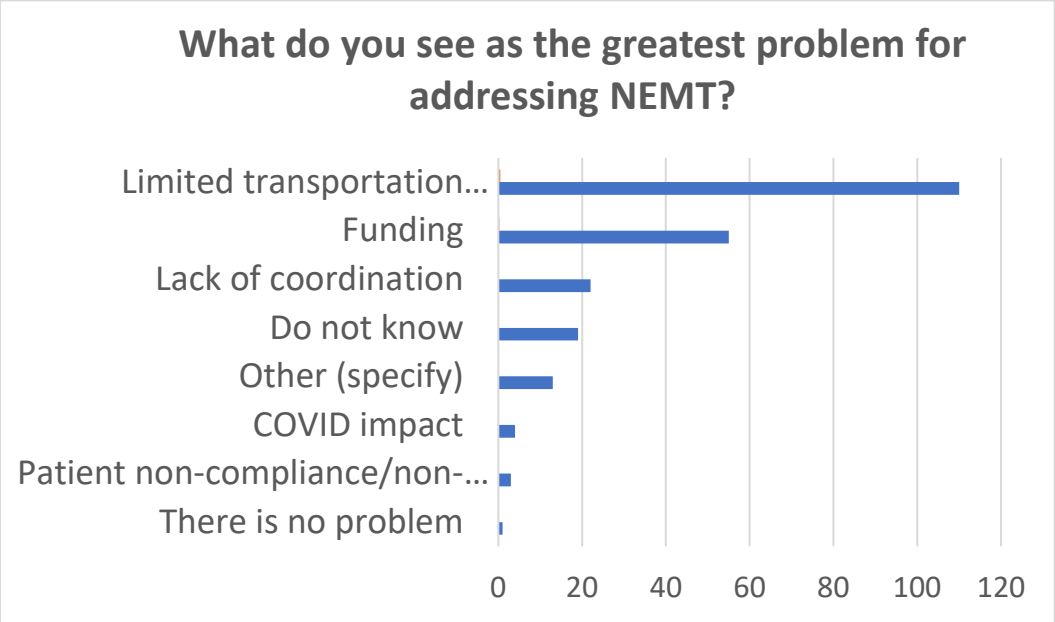
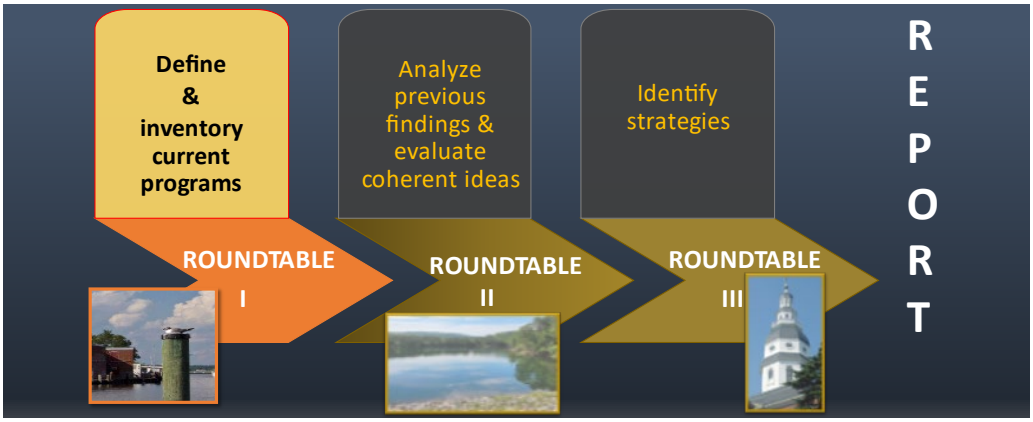


FIGURE 16: Survey question to calibrate community perceptions of problems/challenges facing healthcare transportation.



APPENDIX A: ROUNDTABLE I – CAMBRIDGE, MARYLAND

SEPTEMBER 29, 2022

BACKGROUND:

The primary focus of the first Roundtable meeting was to discuss current programs and assess community knowledge and perceptions of current programs. As part of the first meeting, the Roundtable Working Group presented the current funding and activity structure of the Maryland Department of Health and the Maryland Department of Health. In addition, the Roundtable Working Group discussed the Survey findings and presented several online, live polling questions.

Three emerging themes developed from the discussion and that focused on Coordination, Unique Industry Characteristics, and Unique Community Member characteristics.

Summary and Findings:
Several gaps were identified by the participants. Three primary focus areas or themes emerged:

- Coordination
- Unique Industry Characteristics
- Unique Client Characteristics.

Transportation Health Care Roundtable
September 29, 2022
Delmarva Community Services
The Harry & Jeanette Weinberg Intergenerational Center
9:30am to 2:30pm
Zoom Teleconference - https://theavcompany-net.zoom.us/j/89197193378?pwd=TkNadW5HWVFSRGg2NHBtNlplTHh3QT09

I. 9:30 – Registration

II. 10:00am – Welcome and Introductions
a. Keith Adkins, Delmarva Community Services Transit Manager
b. Group Introductions

III. 10:30am - Defining the Problem
c. Past Legislation and Current Challenges
d. Current Funding Efforts
e. Current Programs

IV. 11:30am - Lunch & Networking
f. Vignette – Erin Farley, Community Wellness Manager, Calvert Health

V. 12:30pm – Review Survey Results
g. Who We Are (Region, Industry, Land Growth Pattern)
h. Defining NEMT
i. Understanding of Current Programs

VI. 2:00pm – Next Steps: Review for Next Meeting, Comments, Feedback

VII. 2:30pm - Adjourn

Next Meeting: October 25, 2022 – Rocky Gap Resort, Flintstone, Maryland

FIGURE 17: The agenda for the first Roundtable meeting held on September 29, 2022.

FORMAT:

At the first Roundtable, the Roundtable Working Group presented the September 23, 2022, survey findings and based on the responses, several online polling questions were developed to expand these inquiries further. These questions focus on statistics of participants, Community perceptions of who is eligible for non-emergency medical transportation and what consists of non-emergency medical transportation.

Three primary Focus Areas developed from the review and discussions of the survey and polling questions. These areas include Coordination, Industry Characteristics and Community Member Characteristics. Based on the comments raised at the meeting, the Roundtable Working Group developed statements that generally describes the opinions of the meeting attendees.

VIGNETTE: A family's challenge and impact

At the first roundtable meeting, Erin Farley, MSN, RN, a Community Wellness Manager at CalvertHealth Medical Center, gave a brief discussion of the challenges she and her family faced during a recent family health crisis. She spoke about the need for other family members to take time off from work to transport her parents to their follow up appointments. She described how Wheels to Wellness, a small pilot project in Southern Maryland, helped her family and her parents. A copy of the vignette can be viewed here: https://www.youtube.com/watch?v=UG_fin5SV0k&t=9s

FIGURE 18: Pictured here, Erin Farley, MSN, RN gave a compelling testimony of the challenges she and her family faced to provide transportation for her family. Nurse Farley is an employee of CalvertHealth in Southern Maryland.

DESCRIPTION OF ROUNDTABLE I POLLING QUESTIONS

STATISTIC	COMMUNITY PROGRAM- WHO DEFINES NEMT	COMMUNITY PROGRAM -WHAT DEFINES NEMT
Slide 16 – Region **What Region do you represent?** • Central Region • Southern Region • Eastern Region • Northern Region • Western Region	*Slide 31*- Who is the leader? **Who do you think would be better to request the NEMT ride? (FOCUS AREA III)** • Always the Patient makes the request • Always the Medical care provider makes the request • Either the Patient or Medical Care provider can make the request	*Slide 28*- Current programming **Why do you think there is such a high number of "expert" responders who do not know current non-emergency medical transportation options despite the need? (FOCUS AREA I)** • This is not my area of expertise. Information is not easy to find. • There is no single group or agency who has a clear role. • This is an emerging industry brought about by social changes (Fewer stay at home caregivers, growth of 2 income households).
Slide 8-Industry **Poll Question: Statistic** • **What industry do you represent?** • Healthcare • Transportation • Policymaker • Other • (FOCUS AREA I)?	*Slide 30*- What is NEMT priority? **What do you think should be the first priority for defining good NEMT?: (FOCUS AREA II)** • Identify/address medical destinations first. • Identify/address geographic challenges first. • Identify/address medical population first.	**Slide 29**- Service Gaps in NEMT **What would be the greatest improvement that a public transit system could make to provide better non-emergency medical transportation? (FOCUS AREA III)** 1. Expand hours and structure of service 2. Expand Service Area (outside county or region) 3. Increase frequency of trips 4. Expand Population served 5. On-demand vs appointment 6. Expand healthcare destinations
Slide 17 - Funding Source (also Industry)- **Where does your organization receive most of its funding for client transportation services: select all that apply (FOCUS AREA I)**		

FIGURE 19: Based on information garnered from the Survey, the Roundtable working group had more questions related to the industry, the community members served and program interplay. As a result, at the first Roundtable meeting, the participants were asked to answer a few more questions through "Poll Everywhere", an on-line, real time survey option.

FOCUS AREA I: Coordination

INTER-REGIONAL TRANSPORTATION:

During the first Roundtable meeting, several attendees discussed the challenges of providing transportation from rural areas to the more urban areas. There are several independent programs that serve a particular county or region. For example, the Washington County Community Action Council (WCAC) is very successful, but the program is limited to certain areas and cannot extend to the major regional areas. Further, it was noted there are no programs in Washington County for healthcare transportation outside of the region. Two grant possibilities could be the Senior Rides program or the 5310 program. It was noted that most of the patients in the Western areas and other rural parts of the State have transportation issues but do not qualify for assistance.

Coordination across the State was particularly challenging but in the Western areas of the State, there are few to no local options for basic healthcare treatment such as dentistry. Coordination of required forms was also discussed. Providers must spend countless hours downloading forms. Coordination of transportation services was also discussed. As a result, many times, patients are left on the curb of very busy roads or must walk a long distance to their destination.

TECHNOLOGY:

Centralizing resources through technology was discussed as an opportunity to address jurisdiction and types of rides. Technological tools are available but communities need to keep up with one shared solution rather than county to county. This may help with coordinating diverse types of rides. However, there was a comment that HIPPA requirements complicate coordination efforts. For example, the W2W program needed to sign MOU's and Business Associate Agreement with each hospital. It is important to keep patient information separate from the transportation information so that we can know the patient's needs with the rides. As we move towards more urban areas, this may be very challenging if dealing with multiple hospitals.

SUPPORTING POLL AND SURVEY RESPONSES-

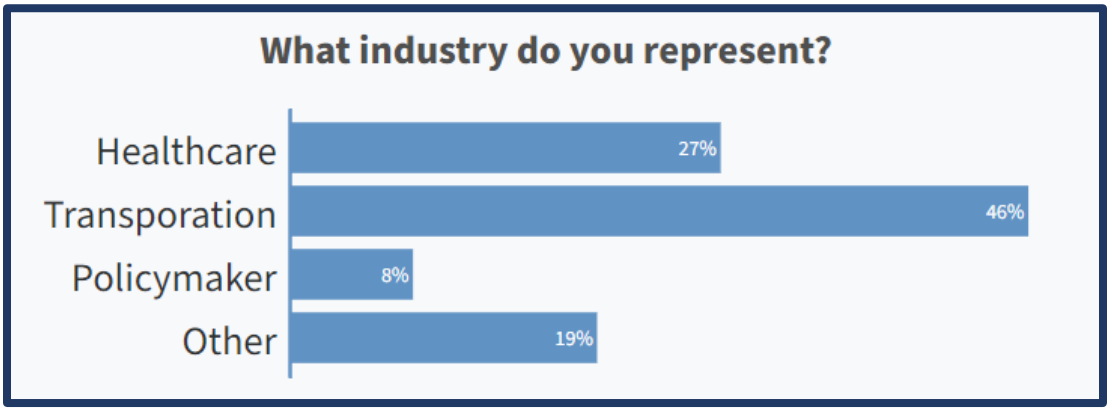


FIGURE 20: Polling question given at the September 29, 2022 Roundtable Meeting - What industry do you represent?

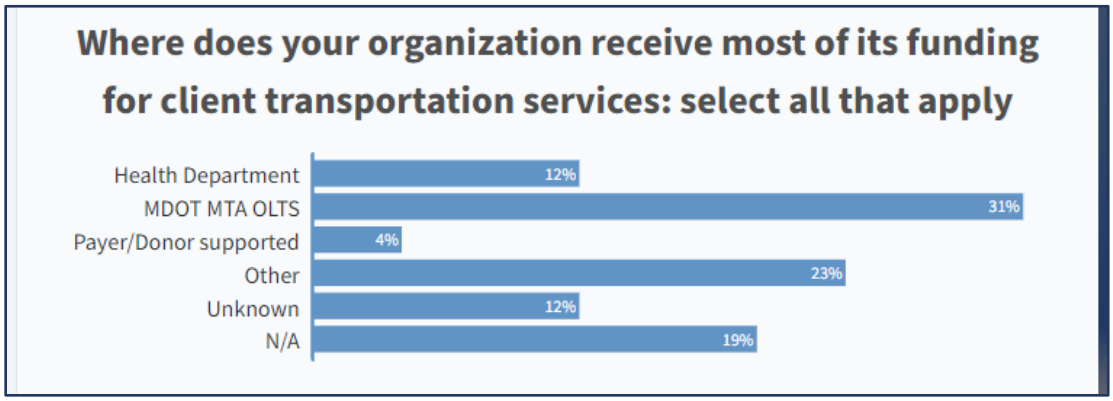


FIGURE 21: Polling question given at the September 29, 2022 Roundtable Meeting - What industry do you represent?

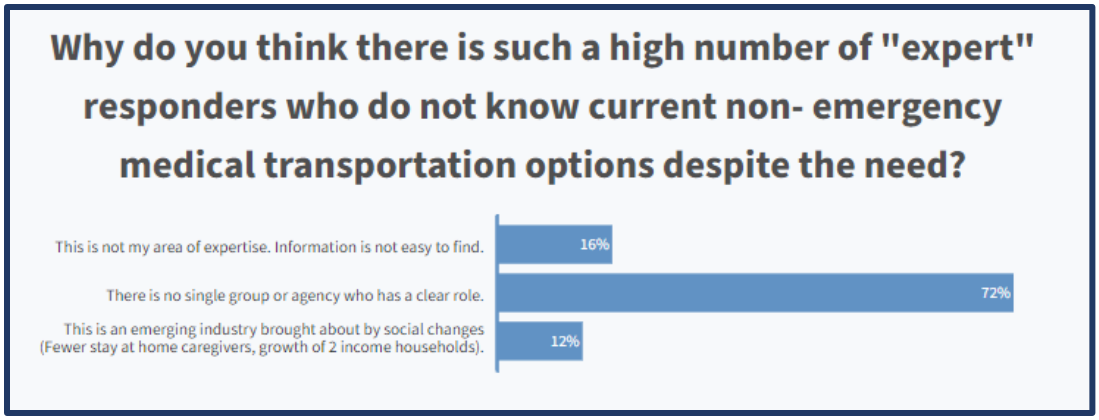


FIGURE 20: Polling question given at the September 29, 2022, Roundtable Meeting- Why do you think there is such a high number of "expert" responders who do not know current non-emergency medical transportation options despite the need?

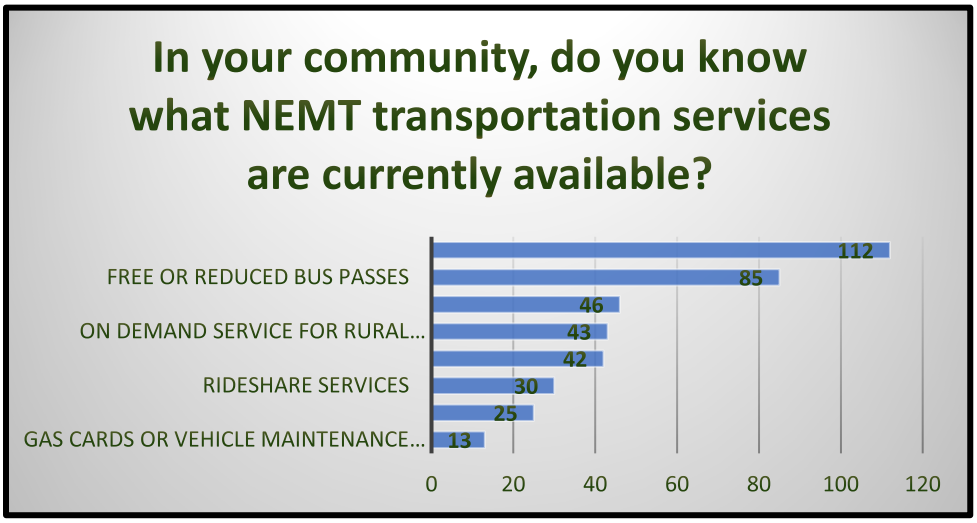


FIGURE 21: Survey question received prior to the September 29, 2022, Roundtable Meeting- Despite that most of the respondents were considered "Industry experts", most respondents indicated they did not know what non-emergency medical transportation services were available.

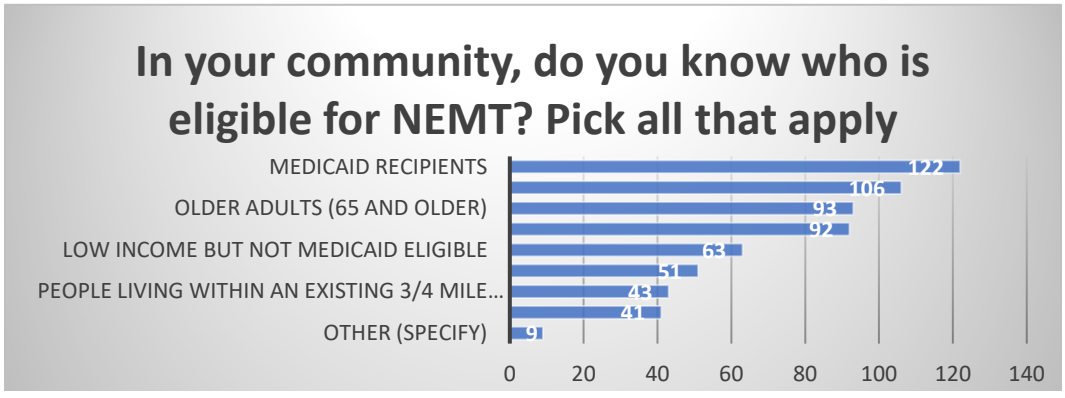


FIGURE 22: Survey question received prior to the September 29, 2022 Roundtable Meeting - In your community, do you know who is eligible for NEMT?

FOCUS AREA II: Unique Industry Characteristics

At Roundtable I, participants heard from Roundtable Working Group members who represented MTA OLTS and the Maryland Department of Health State Office of Rural Health about their department organizations. Santo Grande, who is the Executive Director of the hosting facility where the event took place provided a description of his non-profit organization. Several participants who represent established and successful non-profits also spoke.

NON-PROFITS:

Representatives from several non-profits, including the host, spoke about their operations and programs. Transportation is a high demand to the doctor, grocery store and hairstylist. Covid was a huge setback because many volunteers had to stop their work due to health concerns. Many offices stopped driving for at least 2-weeks and they also set up rules for safety (masks, keep windows down, etc.) However, their services are extremely important and often, the non-profits will receive a phone call saying this is their only opportunity for transportation. Because they have no close-knit family or anybody available to help them, they need assistance. Appointments and outpatient services require that someone needs to be there all the time for the care and drive them home. This can be extremely hard for someone. There was a question about pay. One non-profit offers gas reimbursement but many will turn it down. When the gas prices went up, they went to the county to get more funding. There are some programs that have paid drivers, but the bulk are voluntary. There is quite a bit for training, is the car in good shape, sexual harassment, etc. There was a question clarifying the number of senior ridership and drivers.

HEALTH DEPARTMENT:

There are 18 Health Department branch offices in Maryland. The Affordable Care Act (ACA) helped make healthcare available across the US. The Act influenced the state to adopt the Total Cost of Care (TCC) model program. This approach helped transition the industry from volume based to value-based healthcare. In this regard, both rural areas and Baltimore City are very similar. They see some funding for Medicare in SB295. Our “All payer model” is unique throughout the country. We have a hospital global rate system, and we focus on preventative care. This could include non-emergency. The Health Services Cost Review Commission (HSCRC) is focused on keeping people out of the hospital and allows for a higher quality of life. It is now growing in the primary care program. The more we treat people outside of the hospital, the better it is for the patient as well as the healthcare system. Some programs that support Total Cost of Care include the Maryland Heartcare program to help people with transportation. But there are gaps, still. We have a variety of ways to address gaps, including our local Health department transportation programs. There are many silos and we need to work on breaking them down.

GRANTS FOR ACCESSIBILITY: Department of Health

Medicaid Non-emergency Medical Transportation (NEMT): Another area for discussion is the NEMT Medicaid program. It was pointed out that many consider NEMT funding is for Medicaid only. There are only 4 transit systems in Maryland that use the Medicaid transportation funding in Maryland. The rest are not connected to Transit but operate under non-profits. It was pointed out that most NEMT is through these other programs not just Medicaid. In summary, NEMT is a combination that includes a public area, for profit area, nonprofit area and private (family) area.

MTA Office of Local Transits (OLTS):

The MTA OLTS are responsible for managing all the formula funds for the State. Section 5310 is administered by OLTS mostly to non-profits. Their primary purpose of the Office of Local Transit Support is to provide a variety of technical assistance services to the Local Operating Transit Systems (LOTS) operating in the State of Maryland. These include:

- Federal and State Regulatory Compliance
- Operations
- Management
- Planning
- Training

A county's LOTS services vary in relation to the jurisdiction's size and population density. Some jurisdictions have extensive fixed-route service, while others offer demand-response service that provides door-to-door transportation. MTA manages several funding programs available to transportation operators throughout the State. These programs support both public transportation and specialized transportation services.

Job Access and Reverse Commute Program: The Maryland Jobs Access Reverse Commute (JARC) grant program is modeled after the Federal Transit Administration (FTA) grant program, JARC. By using transportation services, this program is designed to connect targeted populations with employment areas that have experienced significant growth.

GRANTS FOR ACCESSIBILITY: Maryland Department of Transportation

Strengthening Mobility and Revolutionizing Transportation (SMART): The SMART program was established to provide grants to eligible public sector agencies to conduct demonstration projects focused on advanced smart community technologies and systems to improve transportation efficiency and safety. More information can be found here:

https://www.transportation.gov/grants/SMART

The following portions of the application can be used for increasing Equity and Access specifically to:

1. Get reduced-fare transit to people who need it by streamlining income-based transit fare programs by integrating back-end databases with other social service programs.
2. Improve infrastructure for all by using technology to assess infrastructure that supports mobility, including sidewalks, bus shelters, bike lanes and curb cuts.
3. Improve equity with the integration of climate, public health, and socioeconomic data into transportation operations.
4. Improve responsiveness, flexibility, and efficiency of paratransit services with booking, scheduling, and routing systems.
5. Enhance transportation for passengers in wheelchairs by integrating an automated wheelchair securement system into transit, paratransit, or local mobility vehicles.

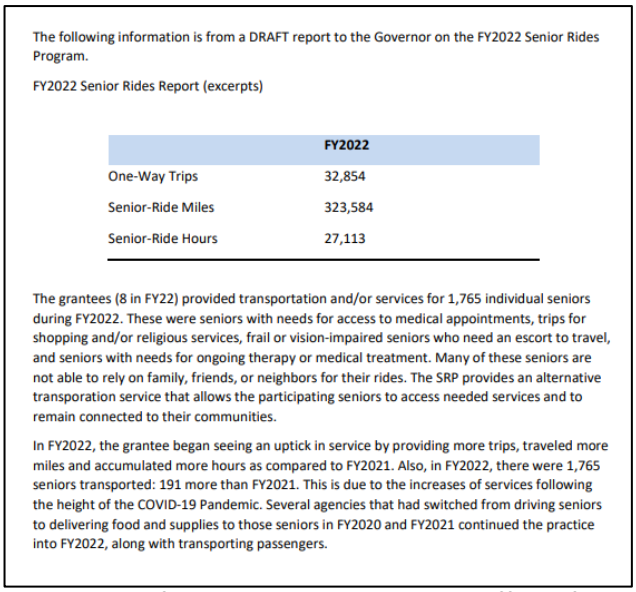
Many of these grants have no or little matches. This is a direct and efficient way to fund the LOTS.

Senior Rides: The Senior Rides program is annually funded by the State that is available to non-profits and throughout the state except for Montgomery and Prince George's counties. There was a meeting at the TAM conference on this grant. A recording of the meeting is available on the TAM website. This grant permits funding for both operating and capital funding. There is a 50% match and 20% for capital funding. The application can be found on the TAM site and is available for non-profits.

Senior Rides is available to fund rides for seniors and will include other services such as shopping, friends, as well as medical. Unlike Section 5310 grant formula funding, the Senior Rides grant is available statewide including Montgomery and Prince Georges. The next funding round will open in January. There was a discussion about the current low funding level and there is an effort to increase funding. John noted that the Senior Rides program increased funding is a TAM priority because it is such a very small amount, and it generally relies on volunteers and the program is very efficient.

Some questions were asked such as "How many miles have been used by Senior Rides do we have?" Each year, the MTA Office of Local Transit Services (OLTS) must develop a report each year to the Legislation. It was noted they are now transporting more than people. Many of the Senior Rides programs had to transition due to COVID to call people and deliver food.

There was a question about when the Senior Rides program had last seen an increase. This increase was in 2014 and it has not been raised for several years. The legislation allows up to 500,000 but the program remains funded only $187,000.



The following information is from a DRAFT report to the Governor on the FY2022 Senior Rides Program.

FY2022 Senior Rides Report (excerpts)

	FY2022
One-Way Trips	32,854
Senior-Ride Miles	323,584
Senior-Ride Hours	27,113

The grantees (8 in FY22) provided transportation and/or services for 1,765 individual seniors during FY2022. These were seniors with needs for access to medical appointments, trips for shopping and/or religious services, frail or vision-impaired seniors who need an escort to travel, and seniors with needs for ongoing therapy or medical treatment. Many of these seniors are not able to rely on family, friends, or neighbors for their rides. The SRP provides an alternative transporation service that allows the participating seniors to access needed services and to remain connected to their communities.

In FY2022, the grantee began seeing an uptick in service by providing more trips, traveled more miles and accumulated more hours as compared to FY2021. Also, in FY2022, there were 1,765 seniors transported: 191 more than FY2021. This is due to the increases of services following the height of the COVID-19 Pandemic. Several agencies that had switched from driving seniors to delivering food and supplies to those seniors in FY2020 and FY2021 continued the practice into FY2022, along with transporting passengers.

Figure 23: Information provided to the Office of Local Transit from the draft report to Governor Hogan for regarding the FY2022 Senior Rides Program.

LEGISLATION:

There was a discussion about House Bill 1243, which was introduced last year. One participant noted that he advocated for funding and met with a Delegate who later inquired about this topic. Working with the Delegate's office, the bill was submitted to benefit all 5 Regional Councils. The program proposed to:

- Establish a non-emergency medical transportation throughout the State.
- Directed the Governor to provide $1,000,000 towards the program.
- Funding would support inter-regional service by funding transportation from rural areas to urban areas.
- The purpose of the program was to provide a temporary relief for the patient who may then apply for paratransit service or other transportation. A patient would be eligible for up to 90 days.

The bill was not supported, and it failed in committee. The bill supported rural patients as well as serving urban partners became interested.

SUPPORTING POLLS-

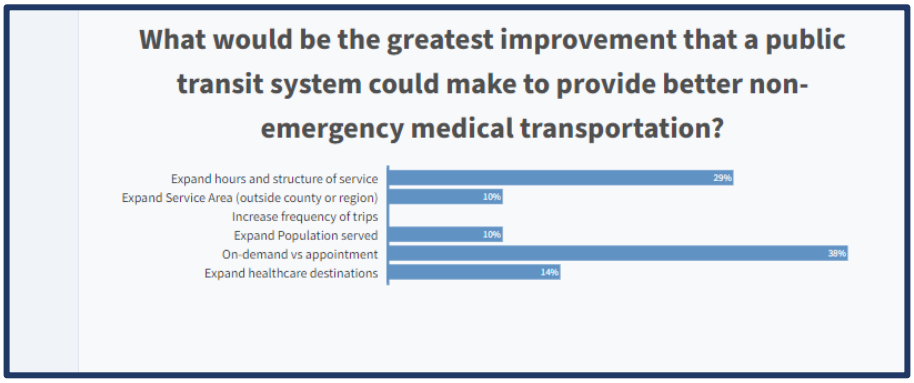


FIGURE 24: Polling question given at the September 29, 2022 Roundtable Meeting- What would be the greatest improvement that a public transit system could make to provide better non-emergency medical transportation?

SUPPORTING SURVEY-

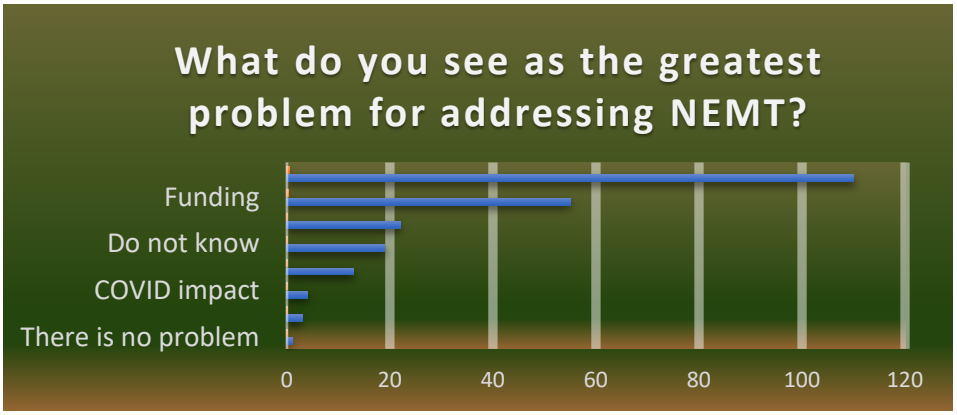


FIGURE 25: Survey question received prior to the September 29, 2022 Roundtable Meeting- What do you see as the greatest problem for addressing NEMT (Demand exceeds services, funding, lack coordination, DNK, Other, COVID, Patient non-compliances.

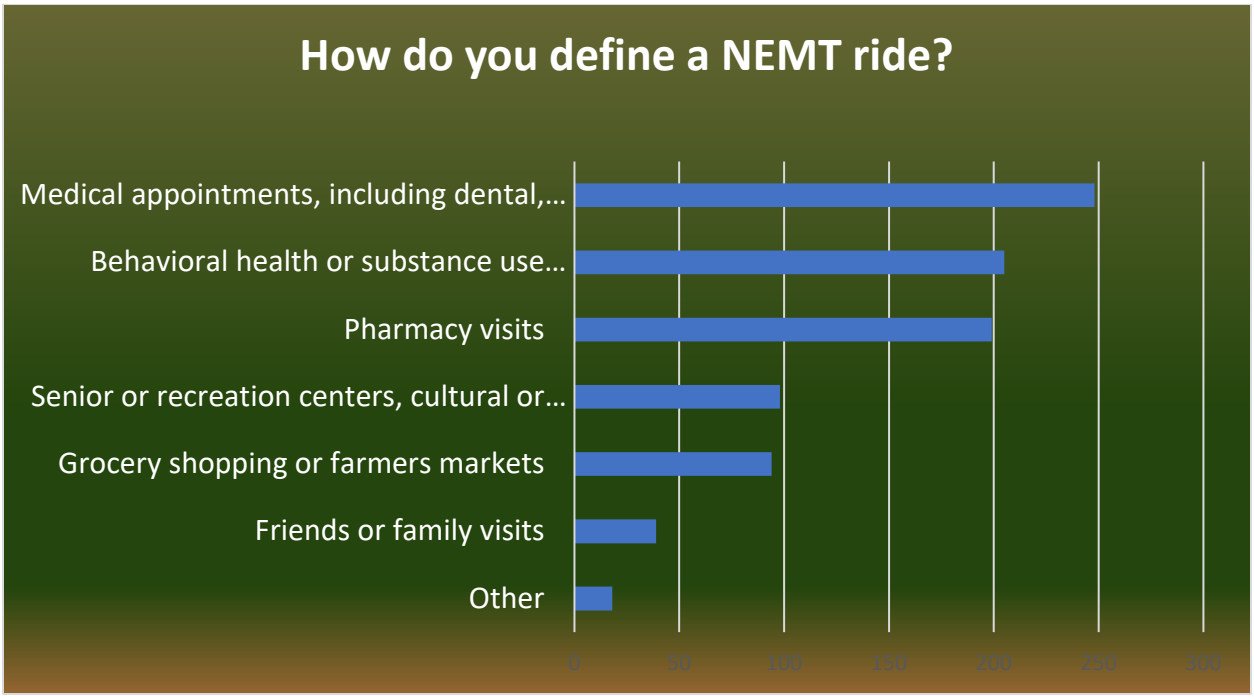


FIGURE 26: Survey question received prior to the September 29, 2022 Roundtable Meeting- How do you define a NEMT ride? (Medical, dental special behavioral health, pharmacy, recreation centers groceries, friends)

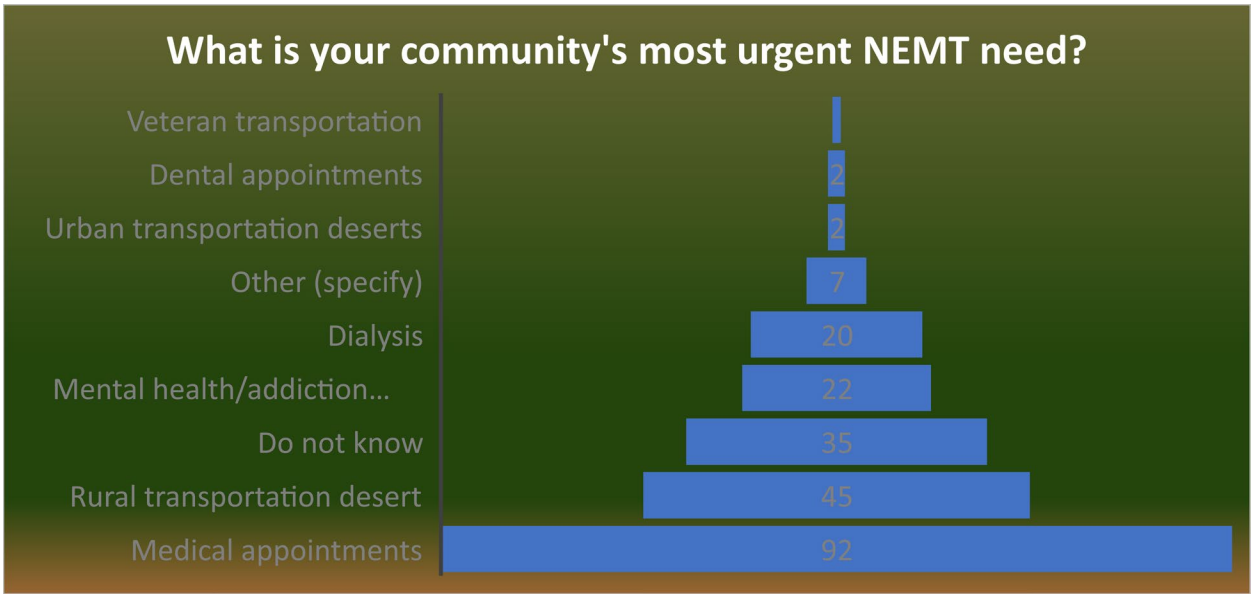


FIGURE 27: Survey question received prior to the September 29, 2022 Roundtable Meeting- What is your community's most urgent NEMT need?

FOCUS AREA III: Unique Patient Characteristics

Many times, the specific needs of the patient can define the type of care and travel. For example, the participants discussed how seniors tend to require more healthcare but are more likely not to be able to drive to medical appointments and more likely they are on a fixed income. Dialysis patients require regular visits to dialysis centers yet, they suffer significant health issues including blindness, amputation while maintaining low employment rates resulting in loss of insurance and ability to maintain a vehicle. Other patients include pregnant women who may have children who require car seats. Some of the areas that were discussed included:

DENTAL CARE:

Dentistry was discussed several times. Dentistry will be included in Medicaid beginning January 1, 2023. Usually, people with Medicaid have many services and options but dental services were not previously available. There was a discussion of the Western Maryland program about their Tooth Fairy program.

VETERAN TRANSPORTATION:

There was a discussion of Veteran transportation program regarding their capacity for inter-regional transportation, pick up/drop off practices and administrative timeliness. Participants reported that the Veteran Administration (VA) is concerned about health transportation and asked to support their transportation needs. One participant described how the VA would drop off passengers along busy, arterial highways such as Route 50 on the Eastern Shore. Another attendee described how he received a call from a veteran who had a brain operation scheduled at Walter Reed National Military Medical Center but he had no transportation. When the veteran originally completed their admittance forms, the patient was able to drive but, a few years later, he was not. When he requested the VA to provide transportation, they pointed out that he completed the form stating he did not need the transportation and if he needs to change that, he will have re-fill the forms and wait until they are approved (=/- 90-120 days). They have the money, but it takes a lot of time to qualify.

Another participant noted there is a particular insanity when an expensive medical procedure must be postponed because of the cost of transportation. The cost of the ride is usually only a fraction of the procedure postponement costs. It was pointed out that paratransit serves mostly dialysis, but it is supposed to help many others.

There was a discussion about this is connected to work force development.

DIALYSIS:

Several participants described how the dialysis system has exploded, especially in the last 7 years. With improved technology, dialysis patients are living longer which is creating a greater demand. Several dialysis center characteristics that impact the transportation industry. As more dialysis centers continue to crop up, the primary focus for TAM is providing the transit

systems assistance. The level of need can vary based on the number of centers located in a jurisdiction. One participant stated that at least 50% of their funding is focused on on-demand, curb to curb service. In 2021, TAM's effort focused on assisting this need by working with the centers. In 2021, there was budget language to study medical transportation programs. In summary, the study indicates there is a great need with little support. Last year, TAM supported SB 838/HB 1019 to increase SSTAP spending. This bill required the Secretary of Transportation to identify separately within the Department of Transportation's annual budget at least $4,305,908 of funding in fiscal year 2024 and a certain amount of funding in all subsequent fiscal years to be used for county elderly and handicapped transportation service; and requiring the Secretary to report annually by December 1 on the amount of funding distributed to each county and municipality pursuant to the Act for the prior fiscal year. This bill increased funding to the SSTAP fund which is described in Section 2-103.3 of the Transportation Articles of the Maryland Annotated Code to provide for a transportation program for elderly and persons with disabilities of Maryland that are not sufficiently close to public transportation routes. It was noted that the fund is available for across the state lines which is helpful for Border Counties. This funding has been flat for the past two decades however, beginning in 2025, the funding would increase.

DIALYSIS CENTER COORDINATION:

It was pointed out that dialysis centers are not encouraged to coordinate to support transportation for their patients. This is something that should be evaluated. There was a brief discussion that matching hospitals with patients is very helpful to coordinate transportation. Specifically, Wheels to Wellness in Southern Maryland works with local hospitals to match the patients. The case managers are interested in the program to help people.

One non-profit commented on the importance to reach out to dialysis centers about transportation to see if they would be interested in some type of financial arrangement to provide transportation. If there is a dialysis center, they should be included in strategy discussions. There needs to be buy in through technology and the State is working towards more social determinants of health and Crisp is getting pulled into this.

COST BENEFIT OF PREVENTATIVE CARE TRANSPORTATION ACCESS:

There is a cost benefit to maintaining preventative care transportation. Many times, there is a medical operation that is very expensive, but the operation must stop because of the cost of transportation for the patient. It was pointed out that paratransit serves mostly dialysis, but it is supposed to help many others. It was also mentioned that most of the emergency response transportation by ambulance is, in reality, non-emergency by people who do not have transportation. The Wheels to Wellness program relies on CRISP Reports to support cost savings claims of 50% and greater.

SUPPORTING POLLS AND SURVEYS-

Poll Results:

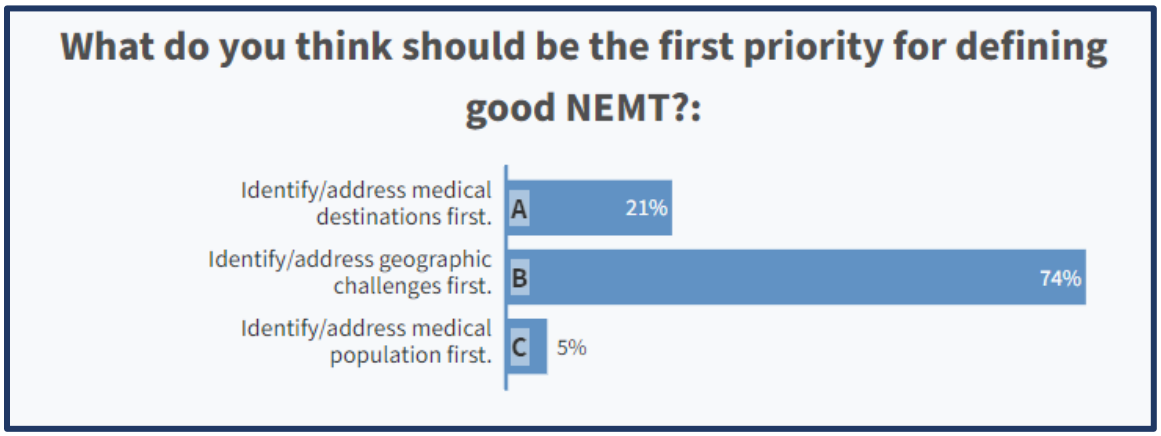


FIGURE 28: Polling question given at the September 29, 2022, Roundtable Meeting- What do you think should be the first priority for defining good NEMT?

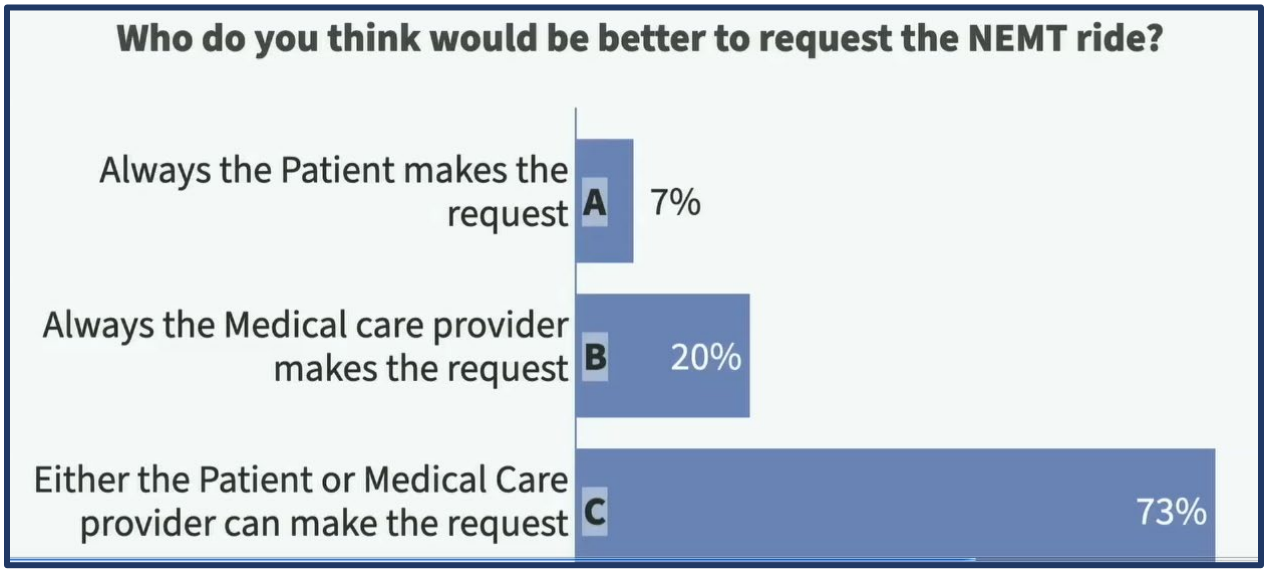


FIGURE 29: Polling question given at the September 29, 2022, Roundtable Meeting- Who do you think would be better to request the NEMT ride?

3. Survey Results -

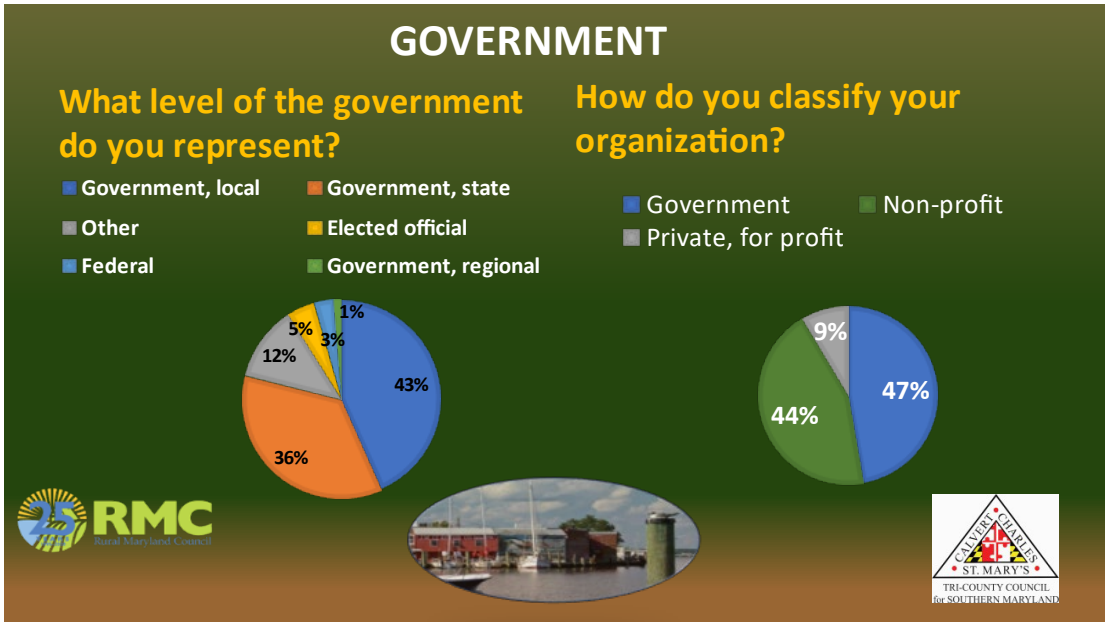


FIGURE 30: Survey question received prior to the September 29, 2022 Roundtable Meeting- What level of the government do you represent? How do you classify your organization?

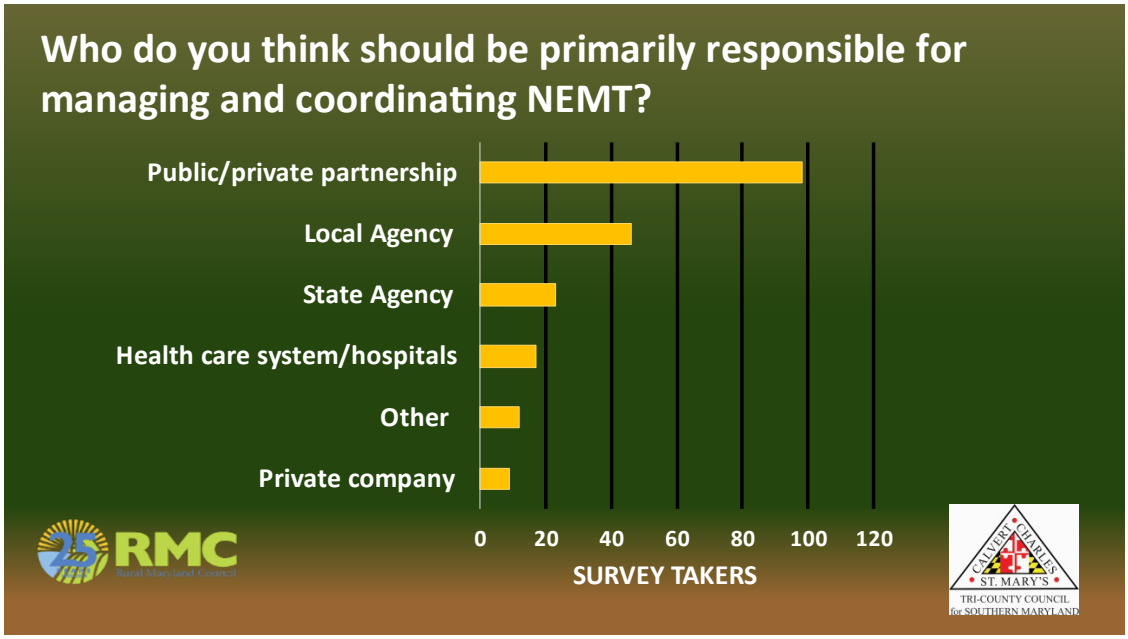
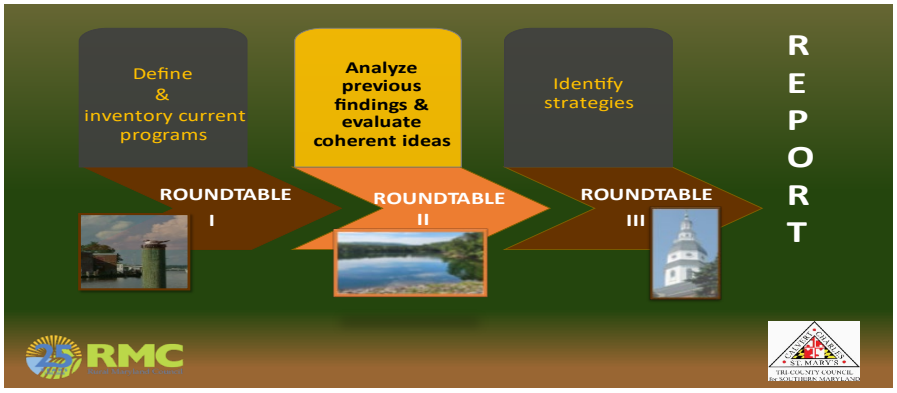


FIGURE 31: Survey question received prior to the September 29, 2022 Roundtable Meeting- Who do you think should be primarily responsible for managing and coordination NEMT?



APPENDIX B: ROUNDTABLE II- FLINTSTONE, MARYLAND

October 29, 2022

BACKGROUND:

At the first meeting, three primary themes, or "Focus Areas" surfaced that centered on Coordination, Unique Industry Characteristics and Unique Community Member Characteristics. After reviewing all meeting comments, the Roundtable Working Group found agreement on a supporting statement for each of the three Focus Areas. At the second meeting, these statements were presented which opened further discussion and refinement among the attendees.

> **Coordination**: There is a lack of coordination between healthcare and transportation providers.
>
> **Industry Characteristics**: Since socio-economic status is connected to health and since demand exceeds services provided by social welfare, transit and healthcare, characteristics for each industry should be evaluated.
>
> **Unique Community Member Challenges**: Non-emergency medical transportation provides unique challenges and coordination is critical for effective services.

As each area and statement were reviewed, the Roundtable II participants further refined them and identified more specific examples that supported the Focus Area.

AGENDA- October 25, 2022

Transportation Health Care Roundtable
Tuesday, October 25, 2022, 1:30pm to 4:00pm
Rocky Gap Resort
Flintstone, Maryland

Agenda

A. 1:30pm - Registration

B. 1:45pm – Welcome, Introductions & Review of Roundtable #1

1) Welcome & Introductions
2) Overview from Roundtable #1

C. 2:15pm – Presentations
1) Wendolyn McKenzie
2) Jackie Crabtree

D. 2:30pm – Focus Areas and Whiteboard Exercise
1) Coordination
2) Industry Characteristics
3) Unique Patient Characteristics

E. 3:45pm – Next Steps
Homework
1) Policy Development
2) Recommendations
3) Resource Identification
4) Sustainability

F. 4:00pm – Adjourn

Next Meeting: Thursday, November 17, 2022 – Maryland Department of Agriculture, 50 Harry S. Truman Parkway, Annapolis, MD

FIGURE 32: The agenda for the second Roundtable meeting held on October 25, 2022.

FORMAT

At the second Roundtable meeting, the Roundtable Working Group presented the three focus areas and three supporting statements that capture the general comments raised at the previous meeting. After each statement was presented, attendees participated in a "white board" exercise to further elaborate on identified issues and conceptually discuss possible scenarios that could address the focus area.

FOCUS AREA I: Coordination

There is a lack of coordination between healthcare and transportation providers.

Participants identified many siloes related to resources and eligibility due to shared leadership between agencies. One recurring theme was that most of the funding was divided between two state agencies. Although mostly subject matter experts, most survey respondents acknowledged they did not know many transportation resources for healthcare. When asked why there is such a large number of people who do not know, the poll respondents at Cambridge overwhelmingly stated there is no single group or agency who has a clear role. This pattern was repeated several times. Most of the survey takers were considered industry experts yet, many acknowledged they did not know who is eligible for transportation.

Issues Identified (Roundtable II):

- No single location or single phone number for information of resources.
- More coordination is needed at regional and State level. Five Regional Coordinating Bodies/MPOs (Metropolitan Planning Organization) were identified.
- Communication and coordination are needed between healthcare, public health, and transportation resources to support community members who don't have access to reliable transportation.

White board exercise I: Coordination

If you were King for the day, how would you expand coordination between various agencies and various levels of government?

Benefits and Challenges of Phone Technology:

- **One common Number:** Provide a common phone number, like 911 or 333, whatever, where people could call into, and that dispatcher would know the resources and be able to direct the caller to the best agency.
- **MD 211:** Maryland 211 should be contacted. They do a lot of this services for other areas. They would be a natural choice.

Benefits and Challenges of Software/internet Technology

- **Provider only Portal Page**: Suggest having a landing page for transit providers to go to and to allow them to know where the services are available – so it's just a google search to where the transportation.

- **Coordinated Software Platform benefits**: All this ties together which leads to a coordinated software system and a coordinated fleet or system. There was a pilot project in Frederick County which scheduled 75% of rides by a software program. The platform did a great job in scheduling about 3,000 rides in 7 months and the data collection was amazing as well. The program is called "Unite the Ride" based on local capacity.
- **Statewide Technology Challenges:** Only a handful of people from Garret use 211 but if it is a statewide, patients are suspicious of the system. It is also inflexible. If the portal is statewide, the program may become very cumbersome. One organization reviewed other statewide programs and it always seemed it broke down somewhere.
- **Trust Challenge:** A 211 program must be scaled to local levels. There was a concern that if a 211 type of program was instituted at the State level, patients would be suspicious of the technology.
- **Regional Coordinators:** One area that Regional Coordinators could help is vetting software that works well together and with ease of sharing information. Maybe at the highest levels, we found these three options works best and this may help with funding. We have all these independent entities is a nightmare getting them work together. This may help them fund.

Inter-regional Transportation Challenges

- **Recurring Appointments**: Inter-regional transportation for recurring appointments is very difficult to coordinate. Finding transportation for patients that need advanced care or specialized treatments in Baltimore is extremely challenging. The providers may be able to get them on the first visit but they may not be able to get them to the follow up care.
- **Regional Challenges:** The Western part of the State is situated between three states (Maryland, Pennsylvania, and West Virginia). Many Western Maryland patients go to Pennsylvania, WV, etc. and this is challenging to provide transportation for them. For them, it's not just one State issue.
- **Transfer Patients:** One of the greatest challenges is to transfer patients to UMD or Johns Hopkins. From the case management perspective, it is difficult for the follow up care, especially for surgery. Patients from the more rural parts of the State do not have services and they must rely on the more collegiate areas, even for follow up care. Although telehealth is helpful, there is a need to connect patients to the bigger hospitals. Follow up care with specialists is difficult and usually involves multiple visits. A statewide system, similar to a school system, would be ideal.
- **Regional Coordination needed:** More communication is needed. Some of the regional subcommittees are getting back together again and regularly meeting in a post COVID environment. In the past, the Regional Coordination Committees developed innovative project such as the Wheels to Wellness program and the Allegany County Human Service. Maybe the Regional Coordinators can meet regularly to expand this effort. The Regional Coordinating Groups are instrumental for implementing the Federally mandated Coordination Plans. For 5310 applications, 50% of the score is coordination.

There is no Senior Rides program in Western Maryland because no one applied. It would be great if this program could begin here.

- **Regional Transportation Coordinators**: The word is Coordination. If each of the Regional Coordinator bodies got together and developed one solo coordination body, they would be able to address the problem statewide. Each regional coordination body have a transportation plan which includes has a medical component. Maybe get them together to create a State Coordination Body to discuss the various programs. This will take a little work. This was noted by others that this is a great idea.

Process and Evaluation Development:

- **Needs Assessment Study:** Many MCO (Managed Care Organization)[x] are looking at their own social determinants of need platforms. One hospital group started with a needs assessment first. The purpose of the study was to determine who needs the rides and where and what kind of transport (Wheelchair vs ambulatory). The funding sources need to be pooled together, based on the platform. And we can build a lot if we come together and streamline operations. 211 an option but presents challenges for the hospitals due to tracking patients' outcomes.
- **Encourage Entrepreneurship:** Entrepreneurship and industry will have to play a role. Uber is not the only answer. Giving the entrepreneurial spirit in the rural areas is very good model to build a business. Workforce is another area. There has got to be a way this generates income because funding is not quite reliable.
- **Regional Healthcare Coordination:** Trying to find out who is a challenge. Having the Regional Coordination Bodies (RCB) get together is not enough. We also need to have the medical groups come together. For example, the division of funds in Maryland is challenging. Coordination is created by numerous divisions between industry and geography. Maryland is one of the few States where the Maryland Department of Health funding is divided by County. It was much easier when funding is sent directly to the MCO's and they could book the rides. They must call multiple counties to understand the different standards.
- **Hospital Coordination:** When using multiple transportation vendors, the contracts/MOUs can be challenging due to HIPPA rules and this created a difficult task. Cannot just give rides with the hospitals. The documents are incredibly challenging. Needed 8 signatures for the contracts for each hospital. Streamlining the contracts is important and should be completed. Why we have the care coordinator s to make the decision and it not as easy as it sounds.
- **Local Communication is needed:** In Anne Arundel, non-profits work with other agencies (transportation and office of aging) for coordination. They get a lot of calls from patients who are leaving the hospital and do not have a way to get home and maybe need wheelchair assistance. They try to coordinate with the social workers and dispatchers first by introducing themselves (e.g., meet at lunch, etc.) to help coordinate later with rides. It is also important to remember that folks do not feel like they are being shuttled around. There are trust issues, particularly with older patients.

FOCUS AREA II: Industry Characteristics

Since socio-economic status is connected to health and since demand exceeds services provided by social welfare, transit and healthcare, characteristics for each industry should be evaluated.

Issues Identified: Industry Characteristics (Roundtable II)

- Transportation Network Companies (TNC) companies could be expanded. This is a challenge in rural areas.
- Mobility technology could be integrated Statewide and regionally. There are literacy problems, internet access and trust issues.
- Public transportation challenged by electric vehicle conversion and electric grid.
- Statewide driver and community health worker shortages.
- Medicaid forms are challenging to complete.

WHITE BOARD EXERCISE II: Industry Characteristics

Compared to the medical community, what are some characteristics that make transportation or transit a needed component for a program? What holds them back?

Specialized Health Care challenges and opportunities:

- **Rural Dentist shortages:** There are serious shortages of dentists in the rural areas. For example, there are only a handful of dentists in Allegany County and only 2 oral surgeons. Most of them have left. Many members of the Medicaid population must go to Hagerstown or Baltimore for dentistry. If they do not receive regular dental care, they will end up in the hospital emergency room with periodontal disease, root canal or abscess which is more costly.
- **Rural Eye Care:** Eye care is a problem. There are very few eye doctors in the rural areas, similar to dental care. There may be coverage but the providers are non-existent.
- **Mental Health:** Mental health is a revolving door. Many times, patients who want to get care but can't, will be a problem in the future.

New Industry Technology Challenges and opportunities:

- **Electric Vehicles:** The Federal government is promoting that public transportation system to convert to electric fuel. This includes not only the buses but also the infrastructure that supports them. The demand created will be expensive and this will affect bus routing because this will not be cheap.

- **Spinoff effects:** Conversion to electric vehicles will have a massive impact to the transportation industry. These challenges could also be considered an opportunity to look at the routes and the frequency, excess inventory, and the use by the community. Don't know if there is a public system that meets all the needs. The solution cannot be all on the public systems but a combination of all.
- **Massive Impact to Transportation:** It's not just transit that will be impacted but is also the systems while we are attempting to change. We will be "building the airplane while we are flying". The routes will be re-examined in any rate, because doing it the way now with a different technology, will be the biggest change since the old private companies were purchased.
- **Current impacts**: They have not started talking about electric for Section 5310 buses. This will be a challenge in the mountainous areas. The Coordination bodies will be a good source.
- **Equity vs equality:** The definition of "equity "recognizes that each person has different circumstances and allocates the resources and opportunities needed to reach an equal outcome. The definition of "equality" is that each person is given the same resources or opportunities regardless of circumstances. These definitions crystallize the differences between healthcare transportation and transit. Transit tries to provide equality for all to have transportation while medical transportation is very much focused on the patient and strives to provide equity of services.
- **Equality with limited funding:** Transit services try to expand transportation options to all while Medicaid/healthcare tries to prioritize funding to the people most likely to benefit from it.
- **Equity with limited funding:** Medicaid has limited dollars and they need to manage the entire population. They have a set of patients to take care of and then you have the metrics that they are responsible for. They know they need to spend time on patients who want to make the changes, despite barriers, frustrations, and budget. It is a balance to define what they will need to focus on. Sometimes they must make some tough decisions. Their goal in case management is to create that trust and they follow up with each patient. They get to a point where they say we can't do anything more. They tend to focus on those patients who want to change and the family unit as well.
- **Transport Network Companies (TNC) Use**: Lyft and Uber are critical parts in certain communities. They are effective in urban but there are serious gaps in the rural area. There are gaps with wheelchairs and no ambulatory.
- **TNC Policies**: Policies need to catch up with the times- uber and Lyft cross state line and our policies need to catch. The different rules that affect drivers in Communities that cross state lines create other challenges.

Workforce Development Challenges:

- **Employment Transportation:** One participant was surprised that rides to employment is not listed. In Rides United, half of the rides were related to employment.
- **Workforce Shortages/Transportation:** Adequate workforce is a threat to transportation on multiple levels. If there is a shift to electric, there will be a need for mechanics, for example.

- **Workforce Shortages/Healthcare:** Adequate healthcare is a threat especially in the rural areas. We see the same in healthcare – such as having dentists in the rural areas. This will need to be put on our list.
- **Regional Coordination:** The Regional Coordinators could help bring ideas together. Maybe we need to bring in Workforce Development to address this issue.
- **Healthcare vs Health:** We are looking at social drivers of health and healthcare. Healthcare is different from Health. Public health is about population and the aggregate value based but the system is setup to that they serve people based on insurance. There are common characteristics that will have to be considered serving individuals equitably and get them need to be.
- **Federally Qualified Health Center (FQHC[xi])** - FQHC had transportation for their services. One of the things missing is more healthcare providers. We need to get more healthcare providers to give feedback. Mt Laurel, an FQAC, only had transportation for their patients which was tricky. They were able to transport patients to their appointment but they were also able to transport patients to their specialists as well. This organization had over 10,000 patients and they were able to take them to out of the region. Federal response is not necessarily the answer but it is something to include.
- **Maryland Hospital Association (MHA) Survey:** The MHA had some preliminary discussion on workforce. If you notice the trends in the Eastern Shore and Western Maryland, they lose people for services. One organization was not able to find a driver for months and another considered working with the Chambers to find people to fill these jobs.
- **Uber Impact of driver shortages:** One organization discussed how difficult it was to find drivers. Once certified in uber, a driver can use it for everything which gives more monetary options. Using uber is an option.
- **Workforce:** Instead of being a "driver", entice them to see the role differently. Electric car vs. driver career needs to be more interesting such as co-ownership. It might be marketing too such as ownership to entice them into the roles.
- **Amazon impact of Driver Supply:** Washington County has a lot of Amazon driver options. It is difficult to keep drivers because they make more money than NEMT drivers and the boxes don't talk back.
- **Driver opportunity:** College students may not be able to work a traditional job but they may be able to work with non-traditional types of jobs. There is flexibility and may help with marketing. These non-traditional opportunities would help.
- **Dialysis on Weekends:** Medi-caid does cover transportation on the weekends but the local contractor may not cover transportation on Saturday due to limitations placed by the provider. This is a problem. A rideshare may be a possibility.

Compared to the transportation community, what are the characteristics that make healthcare industry a needed component for a successful program? What holds them back?

Dialysis Centers:

- **Transit Site Design:** Dialysis center must participate in meaningful conversation about coordinating is important. For example, where are the facilities located in relation to transit sites? The facilities should be placed in area where they are available. There should be a recognition that these decisions have huge effects on transit systems. It's not convenient for the patient and for the transit. It was noted that FQAC will evaluate their proposed location and consider transit but private sector does not (Dialysis). What is the regulation for the certificate of need (parking, etc.)
- **Patient Characteristics in Design:** There are unique dialysis patient characteristics that add to the challenges and need to be thought about.

Patient Outreach:

- **Transportation Infrastructure:** UMD Shore Regional noted that they went through two companies in Chestertown – both promised to look at the existing transportation infrastructure network by looking at what was pre-existing. They came back to say you don't have any infrastructure. Caution those to look at outside sources because you may not find any.
- **Transit Worker Shortages:** The workforce shortages are prevalent and negatively impacts services. One of the members who was working with a 3rd party had a difficult time with finding a contractor. They could not find anyone who would be willing and able to do it. If you are not using the resources that are currently available, that is foolish, but it is also unreasonable to expect services that are not available.
- **Communication:** Communication begins at scheduling. A lot of the population are not comfortable telling the healthcare provider to ask for a different appointment because they may have transportation problems. This can be critical because they will need to make sure they have transportation with transit. The provider could reframe help by adding when they are looking at the calendar.

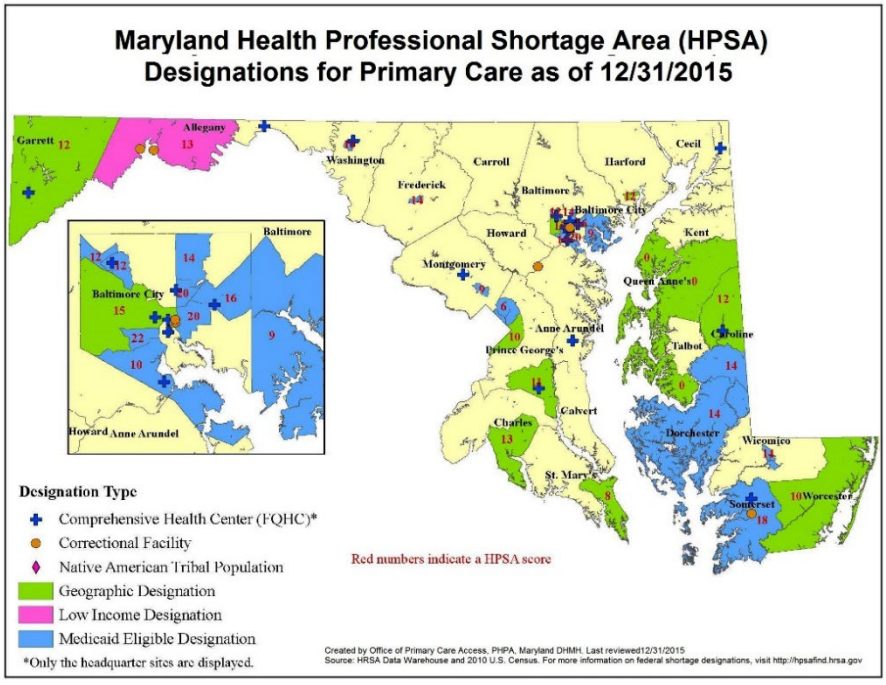


Figure 33: Maryland Health Professional Shortage Map

FOCUS AREA III Community Member Characteristics

Lack of health transportation is a barrier to accessing health care and coordination is critical for success.

Issues Identified (Roundtable II):

- Inter-regional transportation for rural community members is important for basic treatment such as dentistry.
- May require wheelchair/equipment assistance.
- Follow up care or community member transfer is difficult.

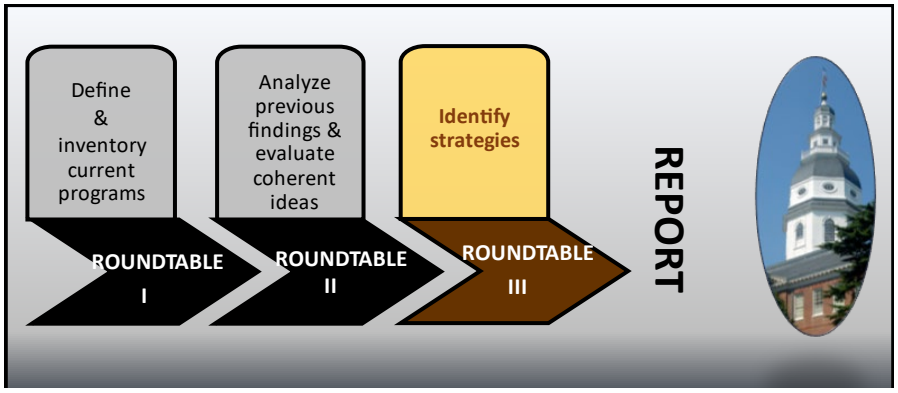
WHITE BOARD AREA III: Unique Patient Characteristics

What makes HEALTH AND HUMAN SERVICES TRANSPORTATION passengers different from other passengers?

- **Case Management Staff Shortages:** Many medical care providers don't have the staff to follow up with booking. Providing a follow-up system reduces missed appointments.
- **Complicated Forms and communication barriers:** Medicaid forms are exceedingly difficult to complete. Many Medicaid patients don't have the technology (printer, internet, a phone or don't want to use. For some patients, it is challenging for them to use a phone. A lot of times they will just give up. There are language barriers and basic literacy issues. They are not with people who can help them. Many times, the patient will just give up.
- **Accessory Needs:** Many times, follow care does not occur in a vacuum. After the appointment, a patient will need to get their prescription. If prescriptions say they need to take with food, they will need food.
- **Technology Skills:** Garret and Allegany and other rural areas are different from the more urban areas due to patient technology levels and geography. Patient do not want the technology and they certainly do not understand it. One facility described how they will send care managers to their homes because of these challenges. They developed a "Remote Patient monitoring" program, they used equipment to be used with a land line because the patients do not have this technology.
- **Adopting Technology Alternatives:** A few attendees noted they receive funding to provide tablets and Wi-Fi connections to the vulnerable citizens. Many participants were hesitant to adopt to the new technology and changing their mindset was challenging. Education was particularly important too.
- **Healthcare Workers:** There was a discussion about the roles of different Healthcare employees. Community health workers are "saints" and are the most important ones for coordinating care for this population. The care managers are focused on billable items. They will focus on diabetes, heart issues, anything that the physicians can bill.

Community Health Workers are not reimbursed in the State of Maryland unless part of a PCP (Primary Care Physician) program. Other than that, it is the MCO's which are funded by grants. There is a group who is working on a bill to introduce to reimburse them which will be a lynchpin to support coordination of services. This is a major issue.

- **Community Health Workers:** The Community Health Workers are the eyes and ears for referrals and are needed in this process. We could not have our service without the community services.
- **Navigators:** On the digital literacy service side, the University of Maryland Extension is currently hiring 10 navigators/educators and a Director. They are struggling to find people, especially in the rural areas.
- **Patient Care and mobility:** It was discussed that there are different types of medical levels of care and mobility. There are also patients who need more preventative care. There are other means to transport some of those that more challenging populations or with more critical health needs that require some of the mobility aids and door to door service, but which are probably better suited for some of the community-based providers that have that specific training then and then some of the public transit or some of the private providers.
- One hospital noted they have 251,000 Medicaid members insured across Maryland who need transportation. Most of the people that we're talking about are people who need basic care, and they need basic transportation.
- One non-profit will make accommodations where an individual leave that appointment they may need to stop by a pharmacy or even Walmart where you can buy groceries get your pharmacy.
- **Funding for Senior Rides and Section 5310:** Two of the most popular funding sources for health transportation is the Senior Rides program and Section 5310. Senior Rides is funded at$187,000 for the whole state.



APPENDIX C: ROUNDTABLE III- ANNAPOLIS, MARYLAND

November 17, 2022

BACKGROUND:

The third Roundtable meeting was held in Annapolis, Maryland in the Department of Agriculture. There were approximately 70 attendees with half in-person and half remote. Building on information from the previous two meetings, attendees were asked to respond to several strategy statements and proposed policy statements. Based on the three Focus Areas in Roundtable I and expanded in Roundtable II, the policy statements were finalized, and the conversation provide the basis for final recommendations. At the end of the meeting, the attendees completed a final review.

AGENDA: November 17, 2022

Transportation Health Care Roundtable
Thursday, November 17, 2022, 10:00- 2:30
Maryland Department of Agriculture
50 Harry S. Truman Parkway
Annapolis, Maryland

Agenda

A. 9:30 - Registration

B. 10:00 - Welcome, Introductions & Review

1) Welcome & Introductions
2) Overview of Roundtable #1 and #2
3) Today's Goal
4) Vignette

C. 10:30am - Focus Area I: Coordination
   a) Policy Development & Recommendations
   b) Resource Identification and Sustainability

D. 11:30pm - Lunch and Vignette

E. 12:00pm - Focus Area II: Industry Characteristics
   a) Policy Development & Recommendations
   b) Resource Identification and Sustainability

F. 1:00pm - Focus Area III: Patient Characteristics
   a) Policy Development & Recommendations
   b) Resource Identification and Sustainability

G. 2:00pm - Closing Comments by participants

H. 2:25pm - Next Steps
   a) Comments to Yolanda Hipski (yhipski@tccsmd.org 240-682-1108) by December 1, 2022
   b) Post Evaluation

I. Adjourn-2:30pm

FIGURE 34: The agenda for the third Roundtable meeting held on November 17, 2022.

FORMAT

Prior to the third Roundtable meeting, participants were forwarded information of possible solutions for each of the three focus areas. At the meeting, the presenters provided a summary of the previous talking points for each focus area, and they also were presented draft policy statements for each of the Focus areas.

VIGNETTE I: Vermont's "Elders & Persons with Disabilities Program"

Good problem solving requires considering other solutions. To help participants start thinking about solutions, Elaine Haytko, MS, CTPA, Executive Director of the Vermont Public Transportation Association, outlined her program. Of note, her program combines several programs together and focuses on regional coordination. While this solution may not match Maryland's current structure, the presentation demonstrates there are numerous strategies to resolve healthcare transportation problems.

Vermont Public Transportation Association, Inc.

FIGURE 35: Ms. Elaine Haytko outlined the healthcare program that is currently managed by the Vermont Public Transportation Association. Her vignette testimony challenged participants to consider a new way of providing services.

VIGNETTE II: Maryland's Non-profit and Transit Program

The participants also heard from Keith Adkins, Deputy Director and Transit Manager of the Delmarva Community Services, Inc. He brings many years of experience in Maryland transportation and provided a clear statement of several recurring themes of the Roundtable meetings. A copy of the vignette can be seen here: https://www.youtube.com/watch?v=NynAGkGdpk0&t=3s

Delmarva Community Services, Inc. Get Connected

FIGURE 36: Keith Adkins is the Deputy Director for Delmarva Community Services, Inc., a well respected and successful non-profit program located in Cambridge MD. Since 1974, Delmarva Community Services has provided transportation and many other needed services for low- and moderate-income citizens living on the Eastern Shore. Mr. Adkins outlined the challenges facing his organization and he provided a clear message of how to tackle these problems in Maryland.

SUMMARY OF ROUNDTABLE III PRESENTED POLICY STATEMENTS

FOCUS AREA I COORDINATION:

There is a lack of diversity in funding and needs related to transportation that makes coordination challenging between healthcare and transportation providers.

Roundtable III Policy Statements discussed:

- Reestablish the State Coordinating Committee for Human Services Transportation to provide guidance to regional coordinating bodies/Metropolitan Planning Organizations (MPO) and program funding.

- MD 211 to inventory Maryland health & human services transportation programs.

Possible solutions and strategies:

Statewide Coordination Committees:
Maryland Statewide Coordinating Committee:
https://msa.maryland.gov/msa/mdmanual/26excom/html/21hum.html
http://mdrules.elaws.us/comar/01.01.2010.10

Fla Commission for the Transportation Disadvantaged: https://ctd.fdot.gov/aboutus.htm

Minnesota Council on Transportation Access:
https://coordinatemntransit.org/about/MCOTA

Nebraska Statewide Coordinating Committee
Handbook: https://s3.amazonaws.com/documentstndot/NDOR_Documents/NDOT_MMProject_SCC+Handbook+-+Edition+1.pdf

Evaluate development of a Statewide Contact Point:

National Center for Mobility Management include regional and state resources:
https://nationalcenterformobilitymanagement.org/for-mobility-managers/state-local-mobility-management-websites/

MD 211- Statewide NANPA (North American Numbering Plan Administrator) to provide a single information platform.
https://nationalnanpa.com/
https://211md.org/resources/health-care/

Mobility management platform to provide a single information platform.

"New Program Helps Emergency Rooms Connect Community members to Community Resources". October 3, 2022 https://211md.org/er-community-resources -

Possible solutions and strategies provided to participants prior to the meting

Statewide Coordination Committees:
Maryland Statewide Coordinating Committee:
https://msa.maryland.gov/msa/mdmanual/26excom/html/21hum.html
http://mdrules.elaws.us/comar/01.01.2010.10

Fla Commission for the Transportation Disadvantaged: https://ctd.fdot.gov/aboutus.htm

Minnesota Council on Transportation Access:
https://coordinatemntransit.org/about/MCOTA

Nebraska Statewide Coordinating Committee
Handbook: https://s3.amazonaws.com/documentstndot/NDOR_Documents/NDOT_MMProject_SCC+Handbook+-+Edition+1.pdf

Evaluate development of a Statewide Contact Point:

National Center for Mobility Management include regional and state resources:
https://nationalcenterformobilitymanagement.org/for-mobility-managers/state-local-mobility-management-websites/

MD 211- Statewide NANPA (North American Numbering Plan Administrator) to provide a single information platform.
https://nationalnanpa.com/
https://211md.org/resources/health-care/

Mobility management platform to provide a single information platform.

"New Program Helps Emergency Rooms Connect Community members to Community Resources". October 3, 2022 https://211md.org/er-community-resources -

FOCUS AREA II UNIQUE INDUSTRY CHARACTERISTICS:

Since socio-economic status is connected to health and since demand exceeds services provided by social welfare, transit and healthcare, characteristics for each industry should be evaluated.

Roundtable III Policy Statements discussed:

- Develop regional partnerships with Transportation Network Companies (TNC)/Non-profits for dialysis community members.
- Re-instate MDOT funding reduced in FY 21 due to CARES Act.
- Monitor Federal Register Vol 87 Number 172 pages 54760-54855

Possible solutions and strategies provided to participants prior to the Roundtable meeting.

- Consider regional partnerships with Technical Network Companies (TNC) and non-profit companies to provide regular and consistent transportation in rural areas for dialysis community members. This may be studied at the regional level in coordination with State agencies. https://www.lyft.com/healthcare

- Incentivize interregional transportation for medical purposes, particularly in the rural parts of the State.

- Re-institute MDOT funding that was reduced in FY 21 due to the availability of CARES Act funding. https://mgaleg.maryland.gov/Pubs/BudgetFiscal/2023fy-budget-docs-operating-J00H01-MDOT-Maryland-Transit-Administration.pdf (see Page 39) https://www.mdot.maryland.gov/OPCP/MDOT_FY21_Operating_Budget_Reductions.pdf

- Monitor Federal Register Federal Register Vol 87 Number 172 pages 54760-54855 "Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes". Comment period ended September 7, 2022. https://www.govinfo.gov/content/pkg/FR-2022-09-07/pdf/2022-18875.pdf

FOCUS AREA III: Unique community member challenges

Health and human services transportation provides unique community member challenges and coordination is critical for effective service.

Roundtable III Policy Statements discussed:

- Codify a new health and human services transportation program in the MD Department of Health that supports inter-regional transportation (rural to urban areas).
- Increase funding for Senior Rides to support inter-regional transportation. Enabling legislation permits up to $500,000.

Possible Solutions and Strategies provided to the participants prior to the Roundtable meeting.

- Codify Non-emergency transportation terms or establish a health transportation program within the MD Department of Health. https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/hb1243?ys=2022RS
- Increase Senior Ride funding so that all regions can receive a portion of the funding.
    - https://mgaleg.maryland.gov/2007RS/bills/hb/hb1189t.pdf
    - https://vtrans.vermont.gov/public-transit/E-and-D
- Consolidate a resource list of different programs and methods to increase follow up care transportation. Programs include, but not limited to:
    - United Rides: https://www.fredericknewspost.com/news/politics_and_government/transport

ation/united-way-partnership-to-expand-ride-options-for-people-in-need/article_b01ab335-f81e-52eb-9c13-ad486077e298.html

- Washington CAC:
- Allegany HRDC:
- Delmarva Community Services:
- Wheels to Wellness:
- Etc.

- Statewide Administration of Non-Emergency Medical Transportation for the Maryland Medicaid Program: https://emma.maryland.gov/page.aspx/en/bpm/process_manage_extranet/50049 Page 20 discusses the purpose, which addresses some issues noted.

FOCUS AREA	COORDINATION	INDUSTRY CHARACTERISTICS AND CAPACITY	PATIENT CHARACTERISTICS AND DEFINITION
STATEMENT	**There is a lack of coordination between Healthcare and Transportation Providers.**	**Since socio-economic status is connected to health and since demand exceeds services provided by social welfare, transit and healthcare, characteristics for each industry should be evaluated.**	**Non-emergency medical transportation provides unique patient challenges and coordination is critical for effective services.**
EXAMPLES/MODEL	• National Center for Mobility Management • North American Numbering Plan (NANPA) • Maryland "Statewide Coordinating Committee" • FLA "Commission on Transportation Disadvantage"/ SCATA/Regional Coordinating Bodies Statewide Coordination/ Pinellas County • Minnesota "Minnesota Council on Transportation Access" housed in MDOT local Regional Transportation Coordinating Councils and	• Restructure programming like Vermont Elderly & Disabled Program • Re-institute MDOT funding that was reduced in FY 21 due to CARES Act funding. • Increase Senior Rides funding. • Streamline paperwork for Medicaid (Statewide Administration of Non-Emergency Medical Transportation for the Maryland Medicaid Program- see below)	• Define terms & Establish a Health and Human Services Transportation program in Maryland and define terms through legislation (HB1243) • Focus on Medical appointments, inter-regional and specialized care, and behavioral health. • Recognize and address dialysis patient needs.

	Transportation Coordination Assistance Projects • Nebraska – "Statewide Coordination Committee"- Housed in NDOT and funnels to Regional Coordinating Committees		

- HB1082: Public Health - Consumer Health Information - Hub and Requirements/ Health Literacy Hub - https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/hb1082

FIGURE 37: A summary of the solutions and strategies were provided to participants prior to the Roundtable meeting.

FOCUS AREA I Coordination:

Background: Two strategies to improve coordination were presented to the participants at the third meeting. The two strategies were:

- Develop State and regional coordination methods.
- A Statewide Contact Point to direct constituents to resources.

Proposal: After some discussion, two proposed policy statements were presented:

- Reestablish the State Coordinating Committee for Human Services Transportation to provide guidance to regional coordinating bodies/MPO and program funding.
- MD 211 to inventory Maryland health & human services transportation programs.

Roundtable III Proposed Policy Statement:

Reestablish the State Coordinating Committee for Human Services Transportation to provide guidance to regional coordinating bodies/MPO and program funding.

Participants Discussion:

Scaling Services at Local Level: Connecting Patients

- **County vs Regional Administration**: A Statewide coordination system may be difficult for rural residents. Right now, the current system supports each county Health Department individually vs having a regional system. A coordination system works much better if we would go regional. For Allegany County, that would include connecting Alleghany down to Frederick.
- **Local direct contact**: In Garrett County, direct contact, county-wide, works best. The regional and Statewide would not work. Health transportation is handled at the County level. Maybe a statewide coordination method might not be able to address.
- **Technology backbone and County service**: Better coordination in the western part of the State is possible if structured so that technology was the backbone but there was a more personal local approach.

- **Comprehensive Provider Listing**: A comprehensive listing or source of providers is needed. To have real connectivity, providers need to know who all the participants are so to identify the appropriate methods services.
- **Bus Flag Stops**: There was a discussion about bus flagging systems. For example, residents are denied Medicaid transport because they live on a street close to a bus route. But they are not located close by the actual route because every street on the route is listed, regardless of distance.
    - **Fluctuating Mobility Levels:** Some riders may be able to walk to the route area. If they can get to the bus stop the bus stop before dialysis but afterwards, they are unwell to travel home.
    - **Ride on Demand:** It was pointed out that Medicaid transportation programs are moving to "ride on demand" model where patients call and let them know.
    - **Bus Locator App:** If riders had some type of app, they would know if the bus was close by or further.
- **Impact of Healthcare Transportation on LOTS**: It was pointed out that in Charles County transit division uses over 50% of their paratransit budget towards serving dialysis patients.
- **Education**: It was also discussed local outreach could include having kiosk and education centers with regular training.

Scaling Services at State/Regional Level: Inter-regional Transportation

- **Balancing State and Regional**: "What kind of coordination is necessary at a state level what makes sense at a regional level?" Technical assistance at the local level is the real transportation provision. Several policy statements could be created from this statement.
- **Veteran Transportation**: The greatest challenge for vets is the longer-range distances. Patients may travel as far away as 120 miles.
- **Regional Coordination**: It was pointed out there is an education process of learning the providers. This is especially important with inter-regional transportation. This process helps stabilize transportation by providing alternative resiliency and flexibility.
- **Defining Local, Regional and State**: There are certain activities that are best at the local level and others that are better at the State level. Defining these boundaries could be a mandate of the Coordinating Committee and how they best serve the citizens of Maryland. Understanding there are different regional components so we don't have certain activities purely centralized out of Baltimore.
- **Silos**: Managing silos are exceedingly difficult to break down within the existing transit MTA. Tripspark representative stated that his company does the technology. In fact, the former MTA chair is now involved in the organization.
- **Program Resiliency**: But there should be multiple entry points into the system. For example, if there is only one phone system during COVID, it would have been completely overwhelmed with other calls.
- **Statewide Programming**: It was pointed out that Pennsylvania works with one scheduling software Ecolane for all 76 counties this helps with transportation

coordination. Representatives from TripSpark attended the meeting and eloquently spoke on their success, structure, and other Statewide programs.

- **Rural/Urban Areas**: There's a lot of commonalities between rural and urban areas or the Western or Eastern parts of Maryland. For example, Anne Arundel County has a mix of rural and urban areas. After beginning an on-demand service, they will not eliminate the "call and ride" because some folks aren't comfortable with cell phones and the Internet.
- **Proposed Stakeholder group**: Build a policy statement around establishing a Commission or stakeholder work group to further evaluate. We have had three meetings but we don't have the time to develop much hard evidence (inventory of systems). Perhaps a stakeholder work group that brings together prescribed membership but also follows open meeting active Maryland brings in public comment could have those areas of exploration. They could spend time a lot of these go (about a year and a half) and then a final report the following December that then has recommendations.

Coordination with Phone Technology:

- **Effective Data Input**: 211 could become effective, but only good as those providing input 211. This is also a difficult resource because it can't aggregate any type of health outcomes, nor do we have insight as to who's been serviced who hasn't been serviced right so although they can provide some information doesn't be a closed loop. From Medicaid perspective, they are "clamoring for more travel training".
- **Point Source Identification**: 211 is point resource as a single identifiable localized source.
- **Implementation**: This should start small with the doctor's office and the dialysis center of the healthcare system the region with the local transport companies and regional transport. They interconnected into places where they could shrink our healthcare network by getting people from rural areas into urban areas.
- **MD 211 Inventory**: MD211 supposed to inventory Maryland Health & human services transportation programs.
- **211 Data Collection**: 211 is not effective for data collection. A 211 system may be effective for patients who don't have access to telecommunications.
    - For example, Garrett County is an area that is not going to match what Annapolis looks like either by broadband or by types of rides.
    - MD 211 could be used by local organizations that serve as a hub or as an aide to helping folks who aren't comfortable talking to government are picking up a phone to call 211
- **Limited Technology:** There are residents who do not have a cell phone or internet.

Coordination with Internet Technology:

- **Statewide Software Platforms:** Platforms programs such as Tripspark has been used by many other States. They are looking at interconnecting regions.
- **Patient Trust:** The technology piece works great if you have patient trust. We get information and surveys all from people (low hanging fruit). It is where people who

have no voice who have a fear of government who will not go into a government building but they will go in and access a trusted a trusted provider of information.

- **Flexible Platform Technology:** Where possible, invite technology vendors so that discussion around need and difference people can share the art of the possible. Multiple organizations between Tripspark work with from Washington Metropolitan Transit Authority to MTA to Annapolis transit to Frederick County and how all technology providers really can input in shape.
- **Working Poor:** There is a need to have a funding source for people who are not Medicaid and who are low income.

Outreach:

- **New Administration**: Reconstituting the statewide coordination committee could be one of the strongest recommendations the group could make.
    - **New Governor:** There is a new administration and governor starting in January who will be able to make appointments to commissions.
    - **Status of Current Committee:** The website for the current committee last produced their annual report was 2016 the chairmanship of that group is currently vacant because the current governor has not appointed anyone or no one has accepted an appointment to run it, and as a group, you can even put forward recommendations for who you would want to sit on that group.
    - **Capture Demand**: It would be good to capture what is the demand for the transportation service. One of the counties talked about bus flagging system. For example, can your jurisdiction deliver data on how many people need dialysis transportation services. It helps to be very specific about unmet need and what cost. For example, if there are 100 residents who need 20 dialysis trips per week each trip and each ride cost $100 that's $2000, we need every week. Such detailed information to an elected official would give them more ability to demand the needed resources.

Regional Coordination

- **Committee Reform**: There was support for the statement about reforming the committee to get data on demand for health care public transport. If we provide transportation to people to their doctor's appointments, we save money.
- **Current Committee status**: It was noted that the SCHST committee is still around but hasn't met for several years and there is a plan since 2016. When he began attending the meetings, he was shocked how small that group is. Regarding the regional areas, the last thing the group did, was create a plan.
- **Regional Plans**: Regional Plans and assessments are required because of the Federal Transit Administration (FTA) funding with MTA. The last thing that State coordinating body did is reengage KFH Transport Industry to update plans which needs to be completed every three to four years made them into one big plan.
    - All the challenges and the unique patient's demographics that we have in Maryland will help each county and local constituency to implement things that will work for their people.

FOCUS AREA II: Industry Characteristics

Background: Similar to the previous Focus Area, possible strategies were presented for discussion:

- Regional partnerships with Transportation Network Companies (TNC)/Non-profits for dialysis community members. Transport network companies (TNCs), also known as **ride-hailing companies**, provide on-demand transportation services for passengers. In contrast to taxis and other more traditional for-hire transportation services, TNCs typically do not maintain their own vehicle fleets or operate conventional dispatch centers.
- Stabilize transportation funding.
- Federal Register Vol 87 Number 172 pages 54760-54855 "Streamlining the Medicaid, Children's Health Insurance Program and Basic Health Program Application, Eligibility Determination, Enrollment and Renewal Process".

Policy Statement Proposal: After discussion, three proposed policy statements were presented:

- Develop regional partnerships with TNC/Non-profits for dialysis community members.
- Re-instate MDOT funding reduced in FY 21 due to CARES Act.
- Monitor Federal Register Vol 87 Number 172 pages 54760-54855

Roundtable III Proposed Policy Statement:

Develop flexible, regional partnerships with TNC/Non-profits supported with adequate funding.

Participants Discussion

Transportation/Rider Industry Characteristics

- **Rural Area TNC**: Transportation Network Companies could be expanded but this is a challenge in the rural areas particularly with trust issues. Mobility technology could be integrated statewide and regionally.
- **Rural Area Software:** Another difference between urban and rural transportation is that many software programs are tailored for more urban areas. In one of the rural areas discussed, the software company failed miserably. The company had 11 providers in their core area where they had tested the software but the rural community, where it was applied, had only one provider for transportation.
- **Specialized Training:** Healthcare transportation requires significant specialized training for this type of driving. There was a discussion about an EMT who gives classes on operating the ADT and CPR training.
- LOTS need funding but the State should have funding outside of LOTS to address what we are talking about. Otherwise, flexibility becomes limited.

Healthcare/Community Member Industry Characteristics

- **Technology issues**: There are literacy problems, internet access and trust issues.
- **Rural TNC Marketing:** It was suggested that to develop regional partnerships with dialysis patients and to promote a rural market for TNC's, to develop a base market. Dialysis patients must visit the centers at least three times a week for four hours that provides a basis to a reliable source of income and stabilize the transportation funding we heard several comments about how there was a decrease in transit funding because of the cares act we was one point.
- **Federal Register**: Federal Register number volume 87 #172 pages 5471 was available for comment until September 7th, 2022, is called streamlining the Medicaid Children's Health insurance program and basic health program application eligibility determination enrollment and renewal processes that would be something that we would probably want to monitor.
- **Medicaid Dental Expansion**: There was a discussion regarding the upcoming Medicaid dental expansions coming up in January. Many of the MCO's would offer dental coverage but that wasn't necessarily a covered service. Dental transportation coverage will not be guaranteed and this type of trip will need to be clarified. There is no limit on the number of medical trips with Medicaid NEMT.
- **Medicaid Coordination**: Coordination between Medicaid grant managers was discussed. There's a Medicaid grant manager for each county and they hold different hours of operation for each one. There are situations where if someone needs to get a one county to the other county, they've been denied. The pre-requisite forms are confusing and difficult. Further, the patient will need to fill out a paper form but many people don't have a printer and the forms are difficult to complete. Funds are given to the MCO's to manage the local and the regional autonomy, however, it may result in not accessing benefits.
- **Administration- State form**: Many of the State forms can be completed on the phone or online. There is a Statewide policy for office hours. The forms for paratransit programs whether they're regionally run or not but they could be streamlined. The mobility link in Baltimore, as an example, is 12 pages which can be completed over the phone. There has been continuing discussions within Health department agencies about streamlining the forms. The State is currently updating its policies right now.
- **Administration- Federal Forms:** It was noted that Federal paperwork takes too long. They take at least 30 to 60 days to update. When scheduled for a medical procedure, this time frame is not acceptable. The purpose of HB 1243 was to address the time to update the forms to allow temporary help.

Workforce/Administration/Development

- **Proposed Duties and Responsibilities of Codified Statewide Coordinating Committee**: It is important to have a baseline mission and understanding. By setting goals, having adequate funding models, and identifying decision making points identified, we have the right people at the table and we can agree on proposal.
- **Workforce adequacy**: Several times, the problems of adequate workforce solutions was important at each level (local, regional, and State). This may be a focus of the proposed

revised Statewide Committee. Workforce development solutions for healthcare and drivers as well as maintaining the equipment is very important and should be on this list of issues.

- **Wheelchair transport insurance costs**: Wheelchair transport is not covered Medicare A and B which costs over $300 each hour.
- **Federal Register update**: The Federal Register updates are related to enrollment to Medicaid only and is the first step to transportation eligibility and then they can seek eligibility of transportation. This federal registry policy is very important to follow as hopefully it will become more streamlined process.
- **"Assurance of transportation"**: Medicaid transportation, defined under 42 CFR or 40.170 provides the "assurance" of transportation" not the "provision of transportation". That means to receive federal funds, we need to make sure that that transportation is the transportation of last resort that all other transportation options have been exhausted.
- **State Code Requirements**: COMAR 10.9.19 outlines what the Maryland program covers. If there's a vehicle in the household, if the person has a vehicle if there is if they are within 3/4 from mile of a fixed route meaning that then they would apply for paratransit which is a door-to-door service. It was pointed out that teasing out the different types of services is very complicated. It took Tripspark 4 years to determine the multiple types of rides and funding.
- **Braid the Funding**: Regarding the policy statements. It was suggested to "step back" a bit. For example, there were several additional areas of solutions that we talked about that involved combining or "braiding" program funding together. Maybe the policy statement should not so specific but maybe have more general, broader statements instead. Not be so specific but include more general statements that include these finite points that we brought together.

Transportation Network Companies (TNT) Characteristics

- **Western Maryland TNC Survey**: In western Maryland group has been building a transportation infrastructure. They have done a survey with our community to look at what the transportation needs are and whether public transit actually meet those needs.
- **Uber is an Urban Solution**: There was a discussion about using TNC (Uber and Lyft) companies as a service. It was recognized that urban areas have more options while the rural areas are lacking. Many times, Uber or Lyft was a second income for the drivers who like to work on Wednesday night, Thursday night, Friday night or Saturday nights. At these hours, the drivers are mainly servicing people who had consumed alcohol. Conversely, "we carry people to the hospitals and doctors' appointments in the daytime when the service levels were very very low" and spotty. Sometimes, our veterans will need transportation to DC. To make it to a procedure, one of our veterans was quoted a DC round trip including about 3 hours of wait time up there would be about $550. This is a reimbursement and expensive.

FOCUS AREA III: Community Member Characteristics

Background: Similar to the previous Focus Area, possible strategies were presented for discussion:

- A program that supports inter-regional transportation for healthcare.
- Senior community members have unique health and transportation challenges.
- Consolidate Resource List of programs and methods for follow up transportation.

Policy Statement Proposal: After discussion, two proposed policy statements were presented:

- Codify a new health and human services transportation program in the MD Department of Health that supports inter-regional transportation (rural to urban areas).
- Increase funding for Senior Rides to support inter-regional transportation. Enabling legislation permits up to $500,000.

Roundtable III Proposed Policy Statement:

Codify a new health and human services and human services transportation program in the MD Department of Health that supports inter-regional, inter-county and interstate transportation.

Participants Discussion: Recodify a new non-emergency transportation program

- **Cost Benefit /Return on Investment for Health Transportation:** We need to think how we are framing the challenge. It's a barrier to accessing healthcare and it is a huge cost to the healthcare system. It's a medical care cost system not a transportation problem. For example, the cost to prepare for a treatment that was cancelled will change a medical visit cost from $500 to $3,000. People would be happy to help offset costs since it will save money in the long run. This is a small reshaping.
- **Family of Transit**: There was a sense that cooperation was needed and this should be grown as "a family of transit". Public transit can't do it alone, non-profits can't either and neither can private industry. Until we all come to the table and be willing to share, it won't work.
- **Performance measures**: In 2013, the Western Maryland Health System (now UPMC) worked with the Community Action Council to do a mobility management pilot for a technology platform to register patients in the Emergency room. The problem, working with the small group was able to prove they saved money.
- It is important that selected business models can identify what they will measure and how this task will be accomplished.
- **Case Management**: Case managers and coordinators are important to keep people engaged in maintaining their health regime.
- **Readmission Rate Penalties**: The readmission rate is a great start because hospitals are penalized.
- **Hospital costs and vulnerability**: Hospital costs have gone through the roof. Many people left the industry. This is causing many hospitals to fail.
- **Inter-regional defined**: The definition of "Inter-regional" transportation was discussed. Some in the audience considered it as one county to another area. The term could be

rural to urban. Another mentioned that some Prince George's County resident will not go to Baltimore. This should be made clear and not to create silos.

- **Specifics needed**: We need to be more specific of what we want the program to do. A program "supports" could be a lot of things. It could be a service provision, or it could be a hub and spoke. We need some conversation about what would we want the program to do? Sara liked the" hub and spoke" program that can help provide information about programs (patient education, funding). The SME, training, resources, and someone who know the wide variety, who can provide the conversation but not the provider of services. We need to converse a little more before keeping.

Roundtable III Proposed Policy Statement:

Increase funding for Senior to support inter-regional transportation. Enabling legislation permits up to $500,000. Prioritize

Participants Discussion: Increase Senior Rides Funding

- **Senior Rides Parameters**: It was discussed and there was an agreement that the Senior Rides program should remove the age restriction and reconsidered as a volunteer rides program. The Senior Rides program is flat funded at $187,000 and the eligibility is 60 years or older.
- **Broader accessibility**: It was pointed out that some transportation disadvantaged can be as young as 30 years of age. Accessibility needs to be broadened, and not limited to an age group. Accessibility is at all levels, including Dialysis, is at all age groups.
- **MD Department of Health Priorities**: It was suggested again to "step back a little bit" to identify priority populations that we know lower costs if we focus on preventative care. Different types of special populations were discussed and it was recommended to broaden the focus on priority special populations that we know will lower cost of care. For example, readmissions for substance use and recovery are examples of priorities by MDH because they lower cost of care, along with Seniors. We should step back a bit. Although Senior Rides came up at each meeting, decisions should be based on data driven information of priority populations if we know there are specific dollar saving amounts. There are many needy and deserving communities that would be siloed away from others.
- **Non-Medicaid Population**: Medicaid is only 50% of the population trying to help with specific social determinants of health. Recommend at first bullet point to remove health and human services transportation and keeping separate from Medicaid. Recommend for the second bullet reference "those not qualified for Medicaid." This is a very needed population outside of Medicaid.
- **Limited Impact for Healthcare**: It was generally expressed that limitations only to Senior Rides would not address priorities that will lower cost of care and the non-emergency program is not reaching out to the current program participants.
- The Senior Rides program cost was considered extremely low. Mainly because it operates with volunteers.

- **Limited Medicaid application**: Only 14% of Medicaid recipients use the transportation component. It was discussed how important non-profits are. There are a lot of challenges connected to going to the closest provider and that is why some community members need to go far away.
- **Braiding services for Inter-regional transportation**: There was a discussion about systems that require a patient to go an extensive distance. This helps with braiding services and requires collaboration should include public administrators, policy makers and private sector.
- **"Mission Act"-** Veterans can work with their VA health care provider or other VA staff to see if they are eligible to receive community care based on new criteria. It was noted this may be challenged with specialized care.
- **Building a coalition**: How do we bring in a coalition to address this problem? Policymakers, public and private industry representatives.

APPENDIX D: PARTICIPANT RECOMMENDATIONS

Final Discussion on Proposed Policy Statements

At the end of the third and final Roundtable meeting, the attendees reviewed Proposed Policy Statements that were developed to support the previous findings. Based on these comments, the TCCSMD and the RMC recommend methods to implement the approved policy statements that were approved by an informal voice vote.

PARTICIPANT COMMENTS TO PROPOSED POLICY STATEMENTS:

FOCUS AREA I: Coordination

Re-establish the State Coordinating Committee for Human Services Transportation to provide guidance to Regional Coordinating Bodies/ Metropolitan Planning Organizations (MPO's) and program funding.

Participants Discussion:

There was a positive, overwhelming consensus to support this policy statement and included references to inventory existing programs. The discussion focused primarily on the administration, membership, and purpose of the Committee.

Administration:

- **MDOT**: There was a discussion of the current placement under MTA, and this was generally accepted as the most appropriate agency to administer.
- **Codification**: It was suggested that the revamped committee should be codified and there was a discussion regarding the tangible deliverables of the committee.
- **Budget:** Make sure the committee is accommodated for costs of resources staff.

Membership:

- **Administration inclusion**: There was a discussion of who should be included in the membership. Currently it is mostly at the Secretary level but this may need to be reconsidered. Some additional participants should include non-profits, and regional groups.
- **Non-profit or private inclusion**: It was understood that membership would be re-evaluated beyond the Secretary including non-profit or private organizations.
- **Revised Name**: It was suggested that to balance the mission of healthcare and transportation, the committee should revise its name to include "Health". The new name would be "State Coordinating Committee for Health and Human Services Transportation.
- **Cost Benefit of Health Transportation**: Another purpose of the new Committee would be to study the cost benefits of Health Transportation. The use of CRISP forms was discussed.

Purpose:

- **Determine the True Cost of Missed Appointments**: The Committee should also include evaluating the true cost of missed appointments on the healthcare system. The proposed legislation should include funding to accommodate this study.
- **Inventory Current Programs**: The State Coordinating Committee should be responsible for inventorying Maryland Health and Human Services programs. Funding, both public and private resources should be considered. Instead of tasking MD211 with inventorying current programs, this should be something the Committee would be tasked to do. This was supported by MCO representatives.

FOCUS AREA II: Unique Industry Characteristics

Develop flexible, regional partnerships with Transportation Network Companies (TNC)/Non-profits supported with adequate funding.

Overall, there was overwhelming support for "Developing regional partnerships with TNC/Non-profits." Participants preferred having larger, more flexible programs that allows funding to include a multiple of items by braiding various funding sources together.

Braiding Programs Benefits:

- **Braiding Programs together**: Participants recommended that the proposed policy statement should be broadened to begin the "braiding of transportation and workforce methods" OR develop a policy statement that the Coordinating Committee will come up with recommendation for sustainable funding sources and methods. Focus on developing a State regional hub that supports a variety of transportation policy statements options.
- **Flexibility:** The program should be able to expand and contract as needed.
- **Regional Efforts**: There should be recognition of the work we are doing in the regional space.
- **Additional Resources**: **Remove the funding caps on Senior Rides and Job Access Reverse Commute**

Administration:

- **MDOT Funding**: The MDOT funding includes a broad array of funding sources and products. There was a discussion about the US census and impact.
- **Expand Program restrictions**: Partnerships should be expanded to beyond dialysis or age. It was suggested to remove any reference to a condition or disease such as dialysis or age.

FOCUS AREA III: Unique Community Member Characteristics

Codify a new health and human services and human services transportation program in the MD Department of Health that supports inter-regional, inter-county and interstate transportation.

There was overall support for the establishment for a rural healthcare program. Further, the participants felt this new program could begin as a pilot project for the re-established State Coordinating Committee for Health and Human Services Transportation.

- **Inter-regional transportation priority**: There was a comment about the "inter-regional" element. Specifically, the term should be defined and revised to include more options (inter-regional, statewide, and even interstate).
- **Senior Rides**: One of the possible policy statements was to increase funding for Senior Rides to support inter-regional transportation. Current enabling legislation permits up to

$500,000. Despite having a small, flat budget, this program is an excellent value that deserves more funding.

  - **Limited Scope**: There was a concern that "Senior Rides" is restrictive in terms of eligibility. It was also noted this is an existing program that should be updated to include non-seniors and focus more on volunteers.
  - **Low cost with excellent return on investment**: While Senior Rides is a restrictive condition, it is a low-cost program with excellent returns. Instead of identifying Senior Rides perhaps the program could be a volunteer ride program.

- **Codification**: Overwhelming support for codifying a new health and human services and human services transportation program in the MD Department of Health that supports inter-regional and interstate transportation. HB 1243 should be amended as needed and reconsidered.

RECOMMENDED IMPLEMENTATION PLAN:

The Rural Maryland Council and the Tri-County Council for Southern Maryland reviewed the comments and offer the following recommended actions for implementation. Detailed description can be found on the following pages:

POLICY STATEMENT	ACTION	RESPONSIBLE AGENCY	TIMEFRAME
Re-establish and codify the State Coordinating Committee for Human Services Transportation to provide guidance to Regional Coordinating Bodies/MPO's (Metropolitan Planning Organizations) and program funding. The priorities the State Coordinating Committee could include: • Identify and inventory all Statewide non-profit, for profit/TNC, public transit programs available for health transportation. • Develop flexible, regional partnerships with TNC/Non-profits supported with adequate funding. • Evaluate the true costs and benefits of providing healthcare transportation.	Consider new legislation or, Issue Executive Order (EO) to direct current committee to review its mission for codification and to consider including non-profit and regional representatives	Executive Branch/ Legislation	2023 - EO 2024- Legislation
	Budget revisions	Administration Branch-MDOT/ SCCHHT	2024- Budget
Codify a new health and human services and human transportation program in the MD Department of Health that supports inter-regional, inter-county and interstate transportation	Amend as needed and codify HB 1243 from the 2022 session.	Legislative Branch/MD Health Department	2023- Legislation
Advocate for additional needed resources	Proposed Legislation and budget revision	MTA/MDOT	2024 Budget

FIGURE 40: Summary chart of Final Recommendations

ROUNDTABLE FOCUS AREA I: Coordination

Re-establish and codify the State Coordinating Committee for Human Services Transportation to provide guidance to Regional Coordinating Bodies/ Metropolitan Planning Organizations (MPOs) and program funding. One of the additional priorities of the State Coordinating Committee could be to inventory all Statewide non-profit, for profit/Transportation Network Companies (TNC), public transit programs available for health transportation.

RECOMMENDED ACTION: Adopt proposed legislation or issue an Executive Order to direct the current committee review its mission for codification and to consider including non-profit and regional representatives.

BACKGROUND:

The State Coordinating Committee for Health Human Services Transportation (Coordinating Committee) was established by Executive Order in 1997. In 2010, the Executive Order was reissued with an expanded membership and required MDOT to provide to the governor an annual report of the Committee's progress. The current recommendation is to codify the Committee and re-establish it to provide guidance for program funding and regional coordination.

As described in the comments from the Roundtable meetings, the committee should support regional coordination and should promote inter-regional, interstate, and inter-county transportation. The re-established committee would also inventory existing programs throughout the state and identify ways to expand community access to the inventory. It is anticipated that the re-established committee will focus on combining services or "braiding together" services so to limit silos related to specific ailments or age. Membership should include additional representation such as non-profits and regional partners.

ISSUE:

Although the Coordinating Committee has been in existence since 2007 and has been administered through an Executive Order, the Committee has never been codified.

DISCUSSION:

As part of Coordinating Committee review and update, the Committee will be tasked to develop flexible, regional partnerships with TNC/Non-profits supported with adequate funding.

ROUNDTABLE FOCUS AREA II: Unique Industry Characteristics

Develop flexible, regional partnerships with Transportation Network Companies (TNC)/Non-profits supported with adequate funding.

RECOMMENDED ACTION:

Incorporate Policy Statement as a purpose of the re-established Coordinating Committee.

BACKGROUND:

By its nature, government administration established silos to improve efficiency. However, siloed healthcare or transportation activities tend to focus on conditions (age, income, location) and will overlook effective partnerships. For example, there can be many benefits with creating regional partnerships which allows more flexibility to expand a=or contract as needed. Regional approach to shared software technology was a possibility in certain circumstances. Partnerships that support inter-regional transportation were very important at all levels. In the

rural areas, specialized care usually requires trips to urban areas and even in an urban county, there may also be few options.

Attendees at all meetings described the challenges and need for regional partnerships. In many rural areas of the State, basic healthcare such as dentistry require travel to urban areas, outside of the region and even the State. TNC were considered a potentially untapped growth spot.

ISSUE:

Inter-regional transportation as well as greater flexibility was encouraged. By removing the parameters that obfuscate eligibility, transportation programs can become more flexible, respondent, and resilient.

DISCUSSION:

Recommend this policy statement to become part of the purpose of the re-established Coordinating Committee.

ROUNDTABLE FOCUS AREA III: Unique Community Member Characteristics

Codify a new health and human services and human services transportation program in the MD Department of Health that supports inter-regional, inter-county and interstate transportation.

RECOMMENDED ACTION:

Amend as needed and codify HB 1243 from the 2022 session.

BACKGROUND:

Most current health transportation programs focus on other needs such as age, income, or proximity to a bus route. Despite the clear cost savings from providing healthcare transportation, there is no single funding source to help non-Medicaid medical transportation, both local and inter-regional. Even if eligible, Medicaid, or Veteran patients must wait 45 to 60 days for the approved paperwork to be processed. Social variants such as reliable transportation affect the health of a community. Since 2014, in response to the Affordable Care Act, Maryland hospitals are penalized if they maintain higher than expected readmission rates. Further, there are large areas of the State that lack basic healthcare such as dentistry or mental health. These areas rely on other regions and even different States for care.

There is equally a wide variety of transportation funding sources as there are limitations due to passenger condition or geographic location. As a result, there is a need for better coordination between patients who need care and drivers to braid these sources together. Despite the clear cost savings from providing healthcare transportation, there is no single funding source to help

non-Medicaid medical transportation, both local and inter-regional. Even if eligible, Medicaid, or Veteran patients must wait 45 to 60 days for the approved paperwork to be processed.

ISSUE:

To provide equity to healthcare, Maryland healthcare system must establish a health and human services care transportation program to be established throughout the State and connected by regions.

DISCUSSION:

Throughout all three meetings, participants repeated the need for inter-regional transportation. To be successful, the program must be highly coordinated throughout the State and could be a pilot project of the newly revised Coordinating Committee.

ACRONYMS

ADA	American with Disabilities Act
AFA	Affordable Care Act
ATP	Annual Transporation Plan
CARES	Coronavirus Aid, Relief, and Economic Security Act
COMAR	Code of Maryland Regulations
CRISP	Chesapeake Regional Information System
DNK	Do Not Know
EO	Executive Order
FQHC	Federally Qualified Health Center
FTA	Federal Transit Administration
HB	House Bill
HIPAA	Health Insurance Portability and Accountability Act
HRRP	Hospital Readmissions Reductions Program
HSCRC	Health Services Cost Review Commission
Ibid	In the Same Place
IIJA	Infrastructure Investment Jobs Act

ENDNOTES:

[i] Samina T. Syed Traveling Towards Disease: Transportation Barriers to Health Care AccessPublished in final edited form as: J Community Health. 2013 October; 38(5): 976–993. doi:10.1007/s10900-013-9681-1. Page 1- 6.
[ii] National Academies of Sciences, Engineering, and Medicine. 2005. *Cost-Benefit Analysis of Providing Non-Emergency Medical Transportation*. Washington, DC: The National Academies Press. https://doi.org/10.17226/22055.
[iii] U.S. Census Bureau, 2021 American Community Survey 1-Year Estimates Selected Household Characteristics. **Table ID:** DP04
[iv] Ibid.
[v] National Academies of Sciences, Engineering, and Medicine. 2005. *Cost-Benefit Analysis of Providing Non-Emergency Medical Transportation*. Washington, DC: The National Academies Press. https://doi.org/10.17226/22055. Page 20.
[vi] Wallace, Richard, Hughes-Cromwick and Khasnabis, Snehamay. Access to Health Care and Nonemergency Medical Transportation: Two Missing Links. Volume 1924 Issue 1 https://doi.org/10.1177/0361198105192400110
[vii] Smart Growth America. Lansing Tri-County Mobility Management & Coordination for Non-Emergency Medical Transportation Final Report November 2013 page 2-6. A more thorough discussion of the methods is also found in the Final Report Supplement page A-1.
[viii] National Academies of Sciences, Engineering, and Medicine. 2005. *Cost-Benefit Analysis of Providing Non-Emergency Medical Transportation*. Washington, DC: The National Academies Press. The Chart is discussed extensively in Chapter 8 with a link: http://www4.trb.org/trb/crp.nsf/All+Projects/TCRP+B-27 A copy of the spreadsheet can also be found on https://apps.trb.org/cmsfeed/TRBNetProjectDisplay.asp?ProjectID=1050
[ix] COMAR 10.09.19 https://health.maryland.gov/regs/Pages/10-09-Free-Care-Policy-Regulations.aspx
[x] MCO stands for Managed Care Organization. For further information, see https://www.medicaid.gov/Medicaid/downloads/maryland-mcp.pdf
[xi] "Federally Qualified Health Center" for more information https://npidb.org/organizations/ambulatory_health_care/federally-qualified-health-center-fqhc_261qf0400x/md/