

April 3, 2017

The Honorable Greg Walden
Chairman
Committee on Energy and Commerce
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Frank Pallone
Ranking Member
Committee on Energy and Commerce
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Walden and Ranking Member Pallone:

The undersigned organizations strongly urge the Committee to reject H.R. 1394, which removes the federal assurance of nonemergency medical transportation (NEMT) under Medicaid. As organizations working with consumers with complex health and social needs, we are concerned that this bill means that Medicaid members, including the aged, blind, and disabled, will lose access to the life-saving medical care that they need.

Since the inception of Medicaid over 50 years ago, NEMT has facilitated access to care for Medicaid patients, who are more likely to have transportation barriers than the privately insured. NEMT helps get members with kidney disease to their dialysis appointments, and those with cancer to their chemotherapy and radiation appointments. Non-driving older adults in rural communities are at a particular disadvantage as they tend to have fewer public transportation options. For older adults who need long-term services and supports, transportation to attend medical appointments can be the difference between aging at home and moving into an institution. It is morally and ethically wrong, and financially short-sighted, to take away this critically important, life-saving, and cost-effective benefit.

NEMT is highly cost-effective and helps members stay healthier. Transportation barriers are associated with missing or rescheduling appointments and lower prescription fill rates at the pharmacy.¹ Medicaid beneficiaries that have transportation barriers to primary care are more likely to use the emergency department (ED), which is far more expensive than routine transportation.² One study found that \$11 is saved for each dollar spent on NEMT if just one in every 100 trips prevents a hospitalization.³

¹ Syed, S., Gerber, B., & Sharp, L. (2013). Traveling Towards Disease: Transportation Barriers to Health Care Access. *Journal of Community Health*, 38(5), 976-993. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4265215>

² Community Transportation Association. Medicaid NEMT Saves Lives and Money. Retrieved from <http://web1.ctaa.org/webmodules/webarticles/articlefiles/NEMTpaper.pdf>

³ Cronin, J.J. (2008). Florida Transportation Disadvantaged Programs Return on Investment Study. *Florida State University and Marking Institute*. Retrieved from http://tmi.cob.fsu.edu/roi_final_report_0308.pdf

Evidence from current Medicaid waivers illustrates that eliminating NEMT reduces access to care. For instance, 20 percent of enrollees in Iowa reported not being able to access transportation to or from a health care visit.⁴ Limits put on Indiana's NEMT program in 1994 correlated with a 16 percent decline in primary care visits and an 18 percent fall in medication refills.⁶ Indiana's current demonstration of eliminating NEMT particularly impacts those with incomes below the poverty line and those with worse health conditions.⁷

We urge you to maintain the requirement for states to provide medical transportation to all Medicaid patients, recognizing the critical role of transportation to medical appointments for maintaining health and saving money. Doing otherwise would be short-sighted and costly, above all for the patients whose lives hang in the balance.

Sincerely,

Access Living of Metropolitan Chicago
Amalgamated Transit Union
American Association on Health and Disability
Association for Behavioral Health Care (Massachusetts)
Athens County Department of Job and Family Services (Ohio)
Athens County Reentry Task Force (Ohio)
Autistic Self Advocacy Network
Camden Coalition of Health Care Providers (New Jersey)
The Center for Children's Advocacy (Connecticut)
The Center for Consumer Engagement in Health Innovation
Center for Disability Rights (New York)
Connecticut Legal Rights Project, Inc.
Connecticut Legal Services
Disabilities Resource Center (Iowa)
Disability Rights Wisconsin
Greater Hartford Legal Aid (Connecticut)
GridWorks, an Oregon-based Benefit Corporation
Health and Disability Advocates (Illinois)
Health Care for All (Massachusetts)
Health Law Advocates (Massachusetts)
Integrating Professionals for Appalachian Children (Ohio)
Justice in Aging
Lakeshore Foundation (Alabama)

4 CMS. (February 2, 2015). CMS Letter to State of Iowa Department of Human Services. Retrieved from <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ia/ia-marketplace-choice-plan-ca.pdf>

5 State of Iowa Department of Human Services. (2014). Iowa Health and Wellness Plan: NEMT Waiver Amendment. Retrieved from https://dhs.iowa.gov/sites/default/files/IA_NEMT_WaiverAmendment090414.pdf

6 Tierney, W.M., Harris, L.E., Gaskins, D.L., Zhou, X.H., Eckert, G.J., Bates, A.S., & Wolinsky, F.D. (2000). Restricting Medicaid Payments for Transportation: effects on inner-city patients' health care. *American Journal of Medical Science*, 319(5), 326-333. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/10830557>

7 <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/in/Healthy-Indiana-Plan-2/in-healthy-indiana-plan-support-20-nemt-final-evl-rpt-11022016.pdf>

LeadingAge
Liberty Resources Incorporated (Pennsylvania)
Massachusetts Law Reform Institute
Maryland Citizen's Health Initiative
Medicare Rights Center
Michigan Elder Justice Initiative
National Association of State Head Injury Administrators
National Center for Complex Health and Social Needs (New Jersey)
National Health Law Program
New Haven Legal Assistance Association
New Jersey Citizen Action
9 to 5, National Association of Working Women
National Disability Rights Network
National Organization of Nurses with Disabilities
Oregon Center for Public Policy
OSPIRG (Oregon State Public Interest Research Group)
Pennsylvania Council on Independent Living
Pennsylvania Health Access Network
Pennsylvania Health Law Project
Pennsylvania Public Transportation Association
Pennsylvania Statewide Independent Living Council
Pennsylvania Transportation Alliance
Project Access NOW (Oregon)
Rhode Island Organizing Project
Unite Oregon
United Spinal Association
We Can Do Better (Oregon)
The Wisconsin Association of Mobility Managers

cc: The Honorable Michael C. Burgess, MD
Chairman, Subcommittee on Health

Members of the House Energy and Commerce Committee