



Medicaid Non-Emergency Medical Transportation (NEMT) Advocacy Guide

Background

The Medicaid-funded Non-Emergency Medical Transportation (NEMT) benefit, which has been part of Medicaid since the program was founded in 1965, provides transportation for Medicaid beneficiaries to and from medically necessary appointments and services. This service is vital as many Medicaid beneficiaries with complex health and social needs struggle to find safe and reliable transportation to non-emergency medical appointments. For example:

- A low-income older adult in renal failure needs to go to a clinic for dialysis three times per week
- A child with leukemia enrolled in Medicaid may need to go to an oncology clinic every other day
- A homeless adult battling a substance use disorder must go to regular behavioral health appointments to reduce the risk of relapse

Without this service, people in these kinds of situations will regularly miss outpatient medical appointments. Missing these appointments can result in worsening health, emergency room visits and expensive inpatient hospitalizations. Missed medical appointments also make life more difficult for the providers who care for these patients. They wreak havoc on clinic schedules, [resulting in lost revenue for providers](#), and impair the ability of providers trying to improve the health of high-need patients.

This benefit is not only a critical service for Medicaid beneficiaries with complex medical needs who have difficulty accessing transportation, it is also a cost-effective service. A [study of non-emergency medical transportation and health care access](#) found that NEMT benefits are cost-effective or cost saving for all 12 medical conditions analyzed, such as prenatal care, asthma, heart disease and diabetes. [Another study](#) found that NEMT more than paid for itself for people with certain chronic conditions.

Despite the value and efficacy of this service, NEMT is under bipartisan threat from policymakers who wish to restrict or eliminate the service. Several states have already obtained waivers from the Centers for Medicare and Medicaid Services (CMS) that have reduced the availability of the benefit while legislation was introduced in Congress in March of 2017 to [eliminate the NEMT benefit entirely](#) (including for Medicaid enrollees who are elderly or who have disabilities). Most recently, CMS [announced plans](#) to reexamine current regulations that require states to provide NEMT services for all Medicaid beneficiaries.

Recommended Advocacy Strategies

Story Collection

One method for conveying the harm removing the NEMT benefit will cause is by collecting and sharing stories in the news or on social media of people who would lose access to critical health services due to the loss of transportation. These personal stories should be elevated alongside data about the program's cost-effectiveness to make a persuasive argument for all policymakers.

Stories from both consumers and providers will illustrate the far-reaching benefits of NEMT for both consumer health and providers' practices. Collecting stories from both of these groups will equip you to engage with policymakers with a variety of ideological perspectives. Possible storytellers include people with kidney disease, parents with very sick children, individuals with behavioral health or substance use disorder treatment needs, older adults, and providers who work at community health centers or children's health centers.

For more information and guidance on story collection, a [complete guide to story banking](#) is available on the Community Catalyst website.

Key Talking Points

- NEMT is critical component to accessing health care. Without transportation, individuals aren't able to manage their chronic conditions or receive preventive care that can keep medical emergencies from arising or worsening.
- The Medicaid program spends less than 1 percent of its total budget on NEMT, but the benefit yields a significant return on investment. Specifically:
 - NEMT helps prevent medical emergencies, which is why it is so cost-effective. [One study](#) estimated that if just 1 percent of all medical transportation trips prevent a one-day stay in a hospital, the return on investment is 11:1
 - [Recent data](#) has also shown that NEMT has resulted in a specific return on investment for both wound care for diabetics and dialysis
- NEMT is used by many different populations enrolled in Medicaid, including older adults, individuals with chronic conditions, rural residents and individuals with behavioral health needs
- The most frequently cited reasons for using NEMT are accessing behavioral health services (including substance use disorder treatment), kidney dialysis, preventive services, specialist visits, physical therapy and adult day health care services

A Key Challenge

NEMT services can be unreliable – causing harm to consumers, disrupting provider practices and reducing cost effectiveness. However, these challenges do not negate the importance of NEMT or the health benefits the service provides to Medicaid beneficiaries, and consumer advocates, providers and policymakers can come together to improve these customer service problems. Furthermore, there is *no scenario* in which eliminating financing for the service would improve it or the health of vulnerable people who struggle to find transportation to medical appointments.

Advocacy Targets

During the rulemaking process, states should prioritize targets in the following order:

1. CMS
2. Governor

3. Members of Congress

Once the rule is complete, states should prioritize the following:

1. Governor
2. State Medicaid Department
3. State Legislators

Coalition Building for NEMT

Educating coalition partners about the dangers of making the NEMT benefit optional, as well as identifying and cultivating new partners, will be critical for developing a strong campaign. We have reached out to the following national organizations, who also have broad state reach:

- American Association on Health and Disability
- Children’s Hospital Association
- Planned Parenthood
- National Association of Community Health Centers
- National Center for Medical/Legal Partnership
- National Centers for Independent Living
- National Alliance on Mental Illness

Since these national organizations have expressed their support for defending NEMT, you should reach out to the local affiliates of these organizations for possible partnership opportunities in your state. For example, you could reach out to your local Federally Qualified Health Center, the state chapter of Planned Parenthood or your nearest Center for Independent Living.

You may also consider working in collaboration with transportation providers and/or transportation brokers in your state. This may be challenging, since you may not have an ideal relationship with your state’s brokers because of your efforts to improve NEMT. However, if you can work out an alliance focused exclusively on preservation of the NEMT service, such “strange bedfellows” relationships can be very politically powerful, both from a public relations point of view and because the broker community in your state may have a set of relationships with policymakers that nicely compliments your own. Remember that working “with” the broker community can take a variety of forms, from entering into a formal coalition to just talking regularly behind the scenes to coordinate your efforts. Each advocacy organization must make its own decision about this. However, we encourage you to think through the dynamics in your state and evaluate whether or not such an alliance might be beneficial.

There may be other organizations not referenced above that you want to reach. When thinking about engaging new partners, consider stakeholders in your state or local area who are likely to be working with individuals who would be affected adversely by the reduction or elimination of the NEMT benefit.

Resources

[NEMT Fact Sheet](#)

[Medicaid NEMT: An Overlooked Lifeline for Older Adults](#)

[Medical Transportation Access Coalition Study](#)

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