Health - Transportation Connections

Health and transportation are connected—particularly for many older people living in rural communities, where distances to medical facilities often require long trips.

Getting to medical care is important at all ages, but increasingly so in later years when people may confront more health conditions.

Older adults often have more medical appointments than younger persons. This in part protects health and wellness and only for some is due to chronic illness. For those older adults in rural communities without transportation, rural public transit can be a lifeline for accessing needed medical care.

Using public transit in rural settings to get to medical services is complicated by the distances usually required. However, a number of counties and local jurisdictions have some form of non-emergency medical transportation. Often called NEMT services, these can be provided by a van or a taxi or are administered as volunteer driver or mileage reimbursement programs.

Health Care Reform and Transportation

The 2010 Patient Protection and Affordable Care Act has several core themes and purposes, with some of its provisions likely to impact medically-related transportation. The Act’s four themes, with detailed implementing strategies provided in statute, include: 1) Expanded Insurance Coverage; 2) Paying for Expanded Insurance Coverage; 3) Payment Reform; and 4) Delivery System Reform.

The main provisions of the Act will be implemented in 2014. A primary impact is the dramatic expansion of enrollment in Medicaid, with some changes to the Medicare program as well. New measures to improve the efficiency and effectiveness of services are also required.

Expansion of coverage with more people in the Medicaid program, predicted to reach 16 million, translates to more demand for medical services and a corresponding increase in demand for transportation to get to these services.

The Act provides for the federal government to pay for most of the costs of new and expanded coverage levels. The Urban Institute estimates that the states’ share is likely to be 1.4% to 2.9% above what they would otherwise be paying. Consequently, as states’ costs increase they may look for ways to reduce costs of meeting Medicaid transportation expenses through a variety of new rules and limits on trips.

Whatever the ability of state Medicaid programs to pay for new trips, rural transportation providers will have to increase capacity in order to be able to meet the new demand and grow the number of trips that can be provided.

Messages for Policy Makers on Health Care and Transportation

Funding public transportation is critical. Access to health care is a key purpose of local transit services and particularly in rural areas. Robust and efficient rural public transit programs will be able to take advantage of opportunities that Health Care Reform may bring.

Encourage health care planners to consider facility location and availability of public transit when locating clinics and community health programs.

Community partnerships are critical to the health and transportation link, supporting access to services that individuals need to maintain good health in later years.

Coordination strategies are necessary to growing new health care-related transportation and to increasing the capacity of existing services to provide more non-emergency medical trips.

Monitoring health care reform is important to transportation. Whether due to new rules for Medicaid reimbursement to rural transit providers or responses to new levels of trip demand, changes are likely.
Paying for Medical Transportation

Rural public transit agencies must find funds to pay for providing non-emergency medical transportation. This can be difficult, as for all types of rural transportation. The Medicaid program is a significant funding source for many rural public transit programs, reimbursing rural providers for eligible non-emergency Medicaid trips. Medicaid spending on transportation far exceeds other federal agencies’ transportation expenditures with the US Government Accountability Office (GAO) estimating Medicaid expenditures were roughly 40% of funds spent by the many federal programs that fund specialized transportation. For transit alone, Medicaid transportation expense is almost ten times the Federal Transit Administration’s specialized transportation allocation.

Significantly, Medicaid is a joint federal-state program. This means eligibility and payment practices for transportation will differ among states. Usually both the individual and the trip must be eligible for the trip to be reimbursed by Medicaid. In some states, payments for each trip are made directly to the public transit provider with states using different structures to provide Medicaid transportation, including brokerages and “managed Medicaid” programs. These structures will affect the role of transit agencies and their ability to serve these trips.

Importantly, not all older persons are Medicaid eligible, a program only for low-income individuals. Finding funding to meet medical trip needs of non-Medicaid eligible older persons can require creative partnerships between public agencies, hospitals, local government, Area Agencies on Aging and others.

TRIP’s Mileage Reimbursement Program Provides for Low-Cost Medically-Related Trips

Riverside County, California’s TRIP, a volunteer-driver program, has become a national model for getting needed trips to frail individuals living alone or in rural areas. TRIP’s unique feature is that the person needing the trip finds his or her own volunteer and TRIP provides the mileage reimbursement that makes it easier to ask that friend or neighbor for transportation assistance. The driver often provides door-through-door support to the rider. These are low-cost trips, averaging $6.34 per one-way trip and providing mileage reimbursement of $0.28 per mile to enrolled participants. TRIP is funded largely by local county sales tax funds, but also Older Americans Act and New Freedom dollars. Last year almost 85,000 trips were provided to almost 500 enrollees.

More information?

- AARP National and State Offices: www.aarp.org
- AARP Public Policy Institute: http://www.aarp.org/research/ppi/
- Reconnecting America focuses on the link between transportation and health. www.reconnectingamerica.org
- Community Transportation Association of America: Its Medicaid Webinar and resource documents provide good background on how Medicaid is used differently across the states to support healthy communities. www.ctaa.org/webmodules
- National Resource Center for Human Service Transportation Coordination: Wellness and Medical Transportation articles www.ctaa.org
- The Urban Institute www.urban.org
  The Health Policy Center has useful publications on various impacts of health care reform.
- American Public Health Association’s online toolkit “Health and Transportation” has various resources to assist public health and transportation communities. www.apha.org

Rural Transportation Toolkit

Meeting Older Adults’ Mobility Needs –

1 - Public Transit in Rural Communities
2 - Transportation Planning and Coordination in Rural Communities
3 - Additional Transportation Options for Rural Communities
4 - Funding Rural Public Transit
5 – Transit’s Role in Livable Rural Communities
6 - Health Care and Transportation in Rural Communities