

MTAC (<https://mtaccoalition.org/>) was formed in 2017 to educate federal and state policymakers about the benefits of non-emergency medical transportation (NEMT) and the need for policies that support continued access to transportation. Founded by the leading brokers of NEMT, **LogistiCare Solutions, LLC, MTM, Inc., and Southeastrans, Inc.**, the coalition has quickly gained support and its current membership numbers 25 organizations including leading patient, provider, and health plan organizations.

The Hidden Risk of Cutting NEMT: A Big Blow to Local Transportation Service

BACKGROUND

- Since it was established, Medicaid has provided non-emergency medical transportation (NEMT) to medical appointments for beneficiaries who lack transportation: NEMT has grown in importance not only because of its essential role in connecting people with necessary medical care, but also because it is a key component in the coordinated public transportation model across the nation that allows many public and community transportation systems to exist.
- The coordinated public transit-NEMT model enhances overall mobility in countless communities across the country, serving key vulnerable populations, such as older adults, veterans, isolated rural residents, and people with disabilities

STATE RESEARCH

MTAC interviewed transportation agency leadership in Iowa, Idaho, Vermont, and Mississippi to explore the vital co-dependency between Medicaid and Transportation Funding:

- One transit provider receives 30% of its total funding from Medicaid NEMT; NEMT accounts for 22% of its total rides.
- One transit provider combines NEMT and other funding sources to hold fares as low as 50 cents despite an average of \$4.51 per mile
- More than 40% of NEMT rides in Vermont are for substance use disorder treatment and this number is as high as 58% in some counties.

Loss of NEMT Will Hurt Local Transportation Agencies and Communities Served

Loss of Service: Local transportation providers depend on NEMT as a steady source of revenue (sometimes more than 50% of total funding) and to leverage federal transit funds. Without this coordination, transit services for all populations – including health care, employment, and other trip purposes – would be lost. For example, one Iowa transportation provider estimated that it would need to cut its 72-vehicle fleet in half if NEMT funding was no longer available. Another transportation provider suggested it would have to eliminate individual trips and only offer fixed-route transportation.

Loss of Revenue: Local transportation agencies draw down state, federal, and transportation funds based upon the number of rides provided. If Medicaid NEMT was curtailed, local transportation agencies would not only lose NEMT revenue, but would also lose the NEMT rides as a draw-down on state and federal transportation funds. This would be a “double hit” for local transportation agencies that are already cash-strapped.

Loss of Workforce: Transportation and specifically NEMT play an important role in local economies. Given this structure, the loss of Medicaid NEMT rides would not only reduce routes and vehicle fleets but might also result in a dramatic reduction in transportation workforce. One transit provider estimated that it would need to lay-off half of its drivers if NEMT funding was no longer available.

The budding interest in the social determinants of health and lack of data on NEMT makes this the wrong time to curtail NEMT. Curtailing Medicaid NEMT would have significant negative consequences beyond Medicaid – including substantially reducing the funding and services of local transportation agencies, particularly in rural and underserved locales that already lack transportation options.