

May 18, 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, to protect access to Medicaid services, strongly urge the Committee to reject H.R. 1394. H.R. 1394 would repeal the 50-year-old assurance of non-emergency medical transportation (NEMT) for Medicaid patients, including the aged, blind, persons with disabilities and children entitled to the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. The requirement to provide NEMT services was established based on the premise that Medicaid insurance would be ineffective if patients were unable to get to and from their necessary healthcare appointments. That premise has not changed.

To put NEMT in perspective, the benefit is utilized by roughly 10% of Medicaid enrollees and accounts for only 1 percent of total Medicaid spending. NEMT is reserved for the most vulnerable members who have no other means of transportation to and from their medical appointments. State programs maintain checks and balances to eliminate abuse of the program while ensuring the benefit is accessible to only those in need.

Medicaid patients with the highest burden of chronic disease, including those diagnosed with cancer, mental health and substance abuse disorders, HIV and end-stage renal disease account for over half of transportation utilization and face the greatest transportation barriers to receiving healthcare. In calendar year 2012, the Medicaid and CHIP Payment and Access Commission (MACPAC) estimated there were 1.8 million NEMT users in Medicaid fee-for-service, 21% of which were children. Without NEMT, patients will be unable to access critical treatment, resulting in increased Medicaid expenditures for more expensive services such as catastrophic hospitalization or institutionalization.

A study for the Transportation Research Board (TRB) of the National Academies found that if access to NEMT services saved only 1 hospitalization in 100 trips, the return on investment (ROI) would be 10 to 1. A similar study conducted by Florida State University found NEMT's ROI factor to be 11 to 1. Citing both studies, The Stephen Group (TSG) recommended that Arkansas not pursue elimination of NEMT for a portion of the State's non-medically frail Medicaid population. The Republican Governor of Arkansas found these findings to be valid and elected to forego a request to waive NEMT as a result.

Several States have requested, and two States have received, authority under a section 1115 waiver to eliminate transportation benefits for most of their State's Medicaid expansion population. States with this waiver authority, granted by the Obama administration, still must provide an exemption for "medically frail" individuals but would not be required to do so if

H.R. 1394 becomes law. State evaluations of NEMT waivers have demonstrated that chronically ill, low-income and minority populations maintain the highest unmet need for care when they lack a transportation benefit. Fortunately for expansion members in these States, some managed care organizations choose to offer NEMT even when the State does not reimburse them for the cost. The willingness of these health plans to provide NEMT services without reimbursement is representative of the value transportation to healthcare provides for members. These plans have concluded that NEMT is a benefit that lowers healthcare costs and have taken it upon themselves to fill the void left by the State.

However, it is not enough to rely on plans to offer transportation. Allowing States to waive the assurance of transportation will increase Medicaid expenditures for ambulance services and avoidable hospitalizations for manageable chronic conditions while-reducing overall access to healthcare. As described in a 1974 District Court opinion affirming transportation assurance -“...[U]ntreated, the minor medical problem becomes the major medical problem and...the individual...becomes...sick enough to qualify as an emergency case to be transported by ambulance and to be admitted as a hospital in-patient. It is the worst kind of false economy.”

We urge you to maintain the requirement for States to offer transportation to all Medicaid patients that have no other means to access health services. If given the option, States will forgo access to this life sustaining benefit in exchange for short-term cost savings that will be detrimental to the health outcomes of our most vulnerable population.

Thank you for considering our comments. If you have any questions or need any further information, please contact Michael Massiwer ([mmassiwer@mjsimonandcompany.com](mailto:mmassiwer@mjsimonandcompany.com); 202-204-4707), Government Affairs Manager at Simon&Co.

Sincerely,

Alliance for Retired Americans  
American Academy of Addiction Psychiatry  
American Ambulance Association  
American Association on Health and Disability  
American Foundation for the Blind  
American Group Psychotherapy Association  
American Kidney Fund  
American Nephrology Nurses' Association  
American Psychiatric Association  
American Public Transportation Association  
American Society of Nephrology  
Arizona Medical Transportation Association  
The Arc of the United States  
Association for Ambulatory Behavioral Healthcare  
Association of University Centers on Disabilities  
The Bazelon Center for Mental Health Law  
Campaign for Trauma Informed Policy and Practice  
Centers for Dialysis Care

Child and Family Policy Center  
Children's Health Fund  
Children's Mental Health Network  
Community Access National Network  
The Community Transportation Association of America  
Dialysis Patient Citizens  
Families USA  
First Focus Campaign for Children  
Global Alliance for Behavioral Health and Social Justice  
Health Outreach Partners  
Lakeshore Foundation  
Medicare Rights Center  
Medical Transportation Access Coalition  
National Alliance on Mental Illness  
National Association of Area Agencies on Aging  
National Association for Children's Behavioral Health  
National Association of Social Workers  
National Association of Nutrition and Aging Services Programs  
National Council on Aging  
National Council for Behavioral Health  
National Disability Rights Network  
National Federation of Families for Children's Mental Health  
National Health Care for the Homeless Council  
National Kidney Foundation  
National Renal Administrators Association  
Prevent Blindness  
Protecting Arizona's Family Coalition  
Schizophrenia and Related Disorders Alliance of America  
Service Employees International Union  
Society for the Blind  
United Cerebral Palsy

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

Members of the House Energy and Commerce Committee