

BPDD: transportation improvements for people with disabilities

Solving barriers to successfully use shared ride systems

Shared-ride systems such as Uber, Lyft, Flywheel and others have the potential to expand ride options and numbers of vehicles available that can be accessed by people with disabilities. Ensuring accessibility, allowing partnership opportunities to maximize the fleet of accessible vehicles available, requiring background checks for drivers, prohibiting charging people with disabilities additional fees or higher fares, and prohibiting discrimination against people with disabilities and their mobility equipment/service animals would address the challenges that keep shared ride systems from being a solution for many people with disabilities.

- **Pass legislation to ensure access to shared ride options**

In 2016, Massachusetts passed a bill (H.4570)¹ that strikes a good balance of ensuring people with disabilities can afford and access the shared ride service, establishing oversight, and giving companies the ability to innovate/partner/and involve stakeholders as they continually improve accessibility for customers.

Lowering health care costs through Non-Emergency Medical Transportation (NEMT) improvements

A 2013 analysis² of 25 studies, found that 10 to 51 percent of patients reported that lack of transportation is a barrier to health care access, and absences are expensive for medical institutions, which lose revenue³ from the missed appointment. A 2008 study concluded that no-shows pose a major burden on the health care industry and cost an average \$196 per patient (\$14.58 M across the 10 clinics studied).

An increasing number of programs, health plans, and states are exploring on-demand transportation network companies (TNCs) such as Uber and Lyft to supplement NEMT services⁴ or using an app-based TNC (Flywheel) that uses taxicabs rather than the private citizen driver model (taxis have no surge pricing and drivers undergo more extensive background checks).

- **Allow health care facilities to coordinate and schedule their own NEMT rides in conjunction with the medical and other treatment appointments they schedule.**

Some medical providers have established successful ride coordination with shared ride

¹ <https://malegislature.gov/Bills/189/House/H4570>

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4265215/>

³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4714455/>

⁴ <https://www.chcs.org/resource/disruptive-innovation-medicaid-non-emergency-transportation/>

companies for patients with few transportation options⁵, and shared ride systems are being explored as a health care delivery innovation by the larger medical community⁶.

- **Allow Uber/Lyft drivers as acceptable Medicaid payees.**
Some states (Idaho, Arizona, Texas, Colorado, California, New York, Nevada) and individual hospitals (Maryland, New Jersey, Florida) have begun to use shared ride companies to expand the fleet available for NEMT rides. Pilot programs with Lyft in New York and California were able to cut average per-ride costs by 32.4 percent and wait times were cut by 30 percent⁷.
- **Allow a wider set of licenses to automatically be included as acceptable NEMT drivers.**
In 2016, Colorado passed legislation⁸ creating a new type of license, and expanding the number and type of vendors that can provide NEMT services. This new licensing is designed to address the lack of adequate transportation providers in the state's rural areas.
- **Direct DHHS to issue guidance to states to implement "Pay for Performance" billing for all NEMT rides.**
BPDD recommends DHHS issue guidance to states for no payment be made if a ride does not show, and a sliding scale penalty be imposed that reduces payment the later the ride is, with no payment due if the ride results in a patient missing a scheduled appointment. Currently, Wisconsin's broker is paid for all rides, regardless of whether the ride shows up or gets a rider to their destination late.
- **Enable states to assess and recover costs associated with missed appointments, late arrivals, and no-show rides from NEMT brokers.**

Transportation coordination and public transit pilots

- **Support pilot projects modeled after Wisconsin's existing SMRT bus system⁹.**
In Southwest Wisconsin, local businesses, the local regional planning commission, three county aging agencies, three county boards and multiple local units of government have established a tri-county rural bus system. The system resulted from local businesses problem-solving an effective way for the local workforce to commute to local employers; the scope of this transit system has been designed and expanded to use by the aging population, people with disabilities, and students. The SMRT system is seen as a regional backbone, with local transportation (volunteer drivers, ADRC buses) used more efficiently in smaller geographical areas to transport people to SMRT bus fixed route stops.
- **Support statewide referral services and mobility managers.**
Missouri has a statewide referral service that facilitates mobility managers working directly with consumers who need transportation to find not only a provider but also funding where it's needed¹⁰. Mo Rides does not provide transportation itself, but does serve as a central place for

⁵ <http://khn.org/news/medical-providers-try-uber-lyft-for-patients-with-few-transportation-options/>

⁶ <http://jamanetwork.com/journals/jama/fullarticle/2547765>

⁷ <http://www.fiercehealthcare.com/healthcare/patient-transport-lyft-uber-reduces-wait-times-boosts-care-access>

⁸ http://www.leg.state.co.us/clics/clics2016a/csl.nsf/fsbillcont/6955C9460EE22EB087257F240064FC02?Open&file=1097_enr.pdf

⁹ www.ridesmrt.com

¹⁰ Mo Rides www.morides.org



consumers to go to find transportation (which in Wisconsin can differ widely from county to county).