



MCOA > AGING THE WAY IT SHOULD BE

**Written Testimony of Jess Maurer on Behalf of
the Maine Council on Aging
To Committee on Health and Human Services**

**In Favor of LD 1142 -- Resolve, To Expand Transportation
Services for Seniors Who Are MaineCare Members**

Delivered in writing on March 29, 2019

Greetings Senator Gratwick, Representative Hymanson and members of the Committee on Health and Human Services:

My name is Jess Maurer and I'm the Executive Director of the Maine Council on Aging (MCOA). The MCOA is a broad, multidisciplinary network of more than 80 organizations, businesses, municipalities and older Mainers working together to make sure we all live healthy, engaged, and secure lives with choices and opportunities as we age in our homes and communities. I am providing testimony in favor of LD 1142.

Transportation is one of the core social determinants of health. Access to transportation not only ensures people can get to medical care when they need it, it also helps people stay healthy and sometimes avoid the need for medical care altogether. That's because, in order to stay healthy, we need reliable and consistent access to employment, financial resources, healthy food, exercise and socialization. Socialization is especially critical since social isolation is now associated with increased rates of falls, coronary heart disease, stroke, suicide and depression.

According to Maine's 2025 Strategic Transit Plan, **72% of older Mainers live in communities without access to fixed route transit or one of the larger flex route transit systems.** Older adults who can't drive and don't have access to public transportation have to rely on others to get to medical appointments, the grocery store, social interaction, and the bank. If they don't live with a spouse or have a close family member, they have to rely on friends and neighbors to meet their basic transportation needs. If they don't have a solid network ready to help, an older person who cannot drive can deteriorate quickly due to a lack of socialization and inadequate nutrition. Thus, ensuring that older people who cannot drive can remain active in their communities is critical to maintaining good health.

Currently, the MaineCare Section 19 Waiver, Home and Community Benefits for the Elderly and Adults with Disabilities, provides participants only with transportation for non-emergency medical care. CMS federal guidelines, however, say non-medical transportation can be offered in order to enable participants to gain access to "...community services, activities and resources, as specified in the service plan. This service is offered in addition to medical transportation....Whenever possible, family, neighbors, friends or community agencies which can provide this service without charge are utilized."

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LD 1142 directs the department to take advantage of this allowable service to ensure that everyone receiving Section 19 waiver services are not just getting rides to the doctor, but are also getting health-promoting rides to the grocery store, the senior center and the bank. It also directs the department to develop a plan for how it could expand non-medical transportation services to all older MaineCare members who cannot drive and to make a report back to this committee. These were recommendations that came out of the Wisdom Summit we hosted last fall.

I would like to address two technical issues with the bill as drafted. First, the age of 61 is not tied to any technical aspect of MaineCare. We believe 65 is a more appropriate age as it's consistent with other age-restricted MaineCare benefits. Second, we do not see the need to convene a stakeholder group to engage in this process and instead would prefer to simply direct the department to develop a plan to provide non-medical transportation to all MaineCare members who are over 65 and cannot drive. This is highly technical work that does not lend itself to a stakeholder group process. Regardless, we understand that the sponsor may propose expanding the mandate to include those disabled members age 18-64 who cannot drive. We support this amendment.

In this country and in this state, we are working diligently to transform our health care system to one that keeps people healthy instead of paying to treat them when they are sick. Our MaineCare policies should embody these efforts and should also reflect our abiding belief that a just society ensures everyone can equally participate in community life, even if they cannot drive.

Finally, we note that the inability of older Mainers to access the kinds of transportation services they need is a far greater problem than will be solved by this bill. For instance, in 2016, the Insurance Institute for Highway Safety estimated that about 19% of people 70 and older did not have a driver's license. In Maine, this translates to about 31,200 people age 70 and older who do not hold a current driver's license. There are, of course, people under 70 who don't have a license in Maine and many more who should not be driving, but who have not handed over the keys because they have no viable transportation options. This means tens of thousands of older Mainers need, or will eventually need transportation services and most will not find what they need.

To solve these challenges, we need to make all kinds of transportation services more widely available and affordable, and help people feel comfortable using these services. To achieve this, we need an expansive vision for expanding transportation services in Maine. However, that's for another committee and another day. LD 1142 takes a little step in the right direction by expanding transportation services in Maine to those who most need them and who cannot afford to pay for them. Taking this step will help us build out the transportation network that can begin to be available to everyone. We are committed to working with anyone who wants to take the next step too!

We urge your vote in favor of LD 1142. Thank you.

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