

Janet T. Mills
Governor

Sara Gagné-Holmes
Commissioner



Maine Department of Health and Human Services
Office of MaineCare Services
11 State House Station
Augusta, Maine 04333-0011
Tel; (207) 287-2674; Fax (207) 287-2675
TTY: Dial 711 (Maine Relay)

May 9, 2025

Senator Ingwersen, Chair
Representative Meyer, Chair
Members, Joint Standing Committee on Health and Human Services
100 State House Station
Augusta, ME 04333-0100

Re: LD 1835 – *An Act to Improve Nonemergency MaineCare Transportation*

Senator Ingwersen, Representative Meyer and members of the Joint Standing Committee on Health and Human Services, thank you for the opportunity to provide information in opposition to LD 1835 – *An Act to Improve Nonemergency MaineCare Transportation*.

This bill requires the Department of Health and Human Services (the “Department”) to create and maintain a MaineCare nonemergency transportation (NET) dashboard posted on the Department's publicly accessible website to reflect broker performance indicators and results; track NET trips by region and categorize and issue a monthly report regarding all incidents involving the delivery of NET; establish the NET ombudsman program as an independent program within the Executive Department to provide ombudsman services to MaineCare members regarding MaineCare NET provided by the Department; and establish a NET advisory committee in each region to provide the Department with recommendations regarding the performance of NET services in that region.

As described in more detail below, this bill would create substantial additional work for the Department - much of which would be redundant to current efforts with no corresponding appropriation. The Department would need additional staff within OMS to meet the requirements and believes that two staff would be needed for the Ombudsman program (outside the Department) for a total of at least three full time employees. If the intention of LD 1835 is to reduce the number of missed and late trips and improve member experience by providing more transportation options to members, this bill does not increase general public or private transportation system capacity or workforce; these important factors are outside of the Department’s control.

With respect to specific sections of the bill:

Section 1 – 22 MRSA § 3197

Item #2 – Nonemergency transportation (NET) dashboard requirements: The NET program administered by the Office of MaineCare Services currently collects and reports internally on a number of the elements required by this proposed bill (see attached March 2025 dashboard report). This dashboard contains monthly performance metrics by broker and by transit region for several measures, including but not limited to the following:

- Service level (90% of calls answered in 60 seconds – March average is 95%).
- Call abandonment rates (cannot exceed 5% - March average is 1.13 %)
- Percentage trips on time (must be 85% or better – March average is 91.6%)
- Percentage trips on time for children under 16 and members receiving waiver services (must be 95% on time – March average is 96.58% on time)
- Complaint rates (metric is no more than 1 complaint per 100 trips or 1% - March average is 0.06%)

- Missed trip percentage (no more than 1 in 100 trips can be missed or 1% - March average is 0.54%)

The Department is willing to provide the existing dashboard report on its website as well as to the Health and Human Services Committee upon request, without the need for legislation.

OMS collects but does not include on its internal reporting dashboard other data elements detailed in Section 2, items B 2-6(a) as it does not believe it provides meaningful information on broker performance/compliance and member experience and including it would make the dashboard cumbersome to maintain.

Item #3 – Incident Reporting: The Department currently collects incident reports from the brokers; however, brokers are not currently required to report all the details this bill requires. The Department would need additional staff capacity to revise reporting format, collate, remove protected information and create readable and understandable monthly reports for publication as required by the bill.

Item #4 – Corrective Action Plans: This provision mirrors, and is thus duplicative of, language in our existing NET contracts.

Item #5 – Surveys: This language is duplicative of provisions in our soon-to-be issued NET contracts for SFY 2026. We can post survey results to our website without need for legislation. Results should be available for posting in June of 2026.

Item #6 – Annual Report: Producing an annual report detailing compliance with the provisions of this bill will require additional staff capacity.

Section 2 – 22 MRSA § 3198

The three NET brokers are already contractually required to establish advisory councils and meet at least twice per year. Department staff attend these meetings.

This bill requires the Department to create 8 additional advisory councils, with membership representation identical to that required under the current NET broker contracts, except that members must be appointed by the Commissioner. Establishing and conducting the 16 meetings per year associated with these councils would create significant additional work for the Department, requiring additional staff support. The Department is currently planning to reduce the number of required members for the broker councils in future contracts based on historical poor meeting attendance. In addition, the work of these new councils would likely be redundant of broker council work already underway.

Section 3 – 22 MSRA § 3199

The bill requires the establishment of an ombudsman program and details the program's responsibilities. While this is not a Department responsibility, we believe this will require at least two full time staff to implement and maintain. Some elements of this proposed program are also redundant of current Department activities, which include addressing policy and program questions as well as complaints received from Member Services, elected officials, health care providers, transporters, and other interested parties.

Critically, LD 1835 does not provide funding for any of the additional staff or infrastructure required to implement the bill's provisions. The Department requests the committee's support to continue the Department's existing NET efforts many of which already effectuate the requirements of this bill as described above, instead of moving forward with this proposal.

We would be happy to provide additional information and further discuss the challenges associated with LD 1835 and our opposition to moving forward with the bill. Please feel free to contact me if you have any questions during your deliberation.

Sincerely,

A handwritten signature in black ink, appearing to read "Michelle Probert", written in a cursive style.

Michelle Probert
Director
Office of MaineCare Services
Maine Department of Health and Human Services