

Testimony of Aleta Rupert, MaineHealth
In Support of LD 1835, "An Act to Improve Nonemergency MaineCare Transportation"
May 8, 2025

Senator Ingwersen, Representative Meyer, and honorable members of the Joint Committee on Health and Human Services, I am Aleta Rupert, Senior Director of Access to Care at MaineHealth, and I am here today to testify in support of LD 1835 and appreciate Senator Bennett for bringing this legislation forward.

Access to Care (ATC), a service provided by MaineHealth's Center for Health Improvement, brings value to members of the community as well as MaineHealth patients by connecting them to public health programs (e.g., SNAP, Medicaid, SSI/Disability, etc.) as well as health insurance coverage and free and reduced-cost pharmaceuticals. ATC programs also provide ongoing case management to help vulnerable populations navigate the health care, public health, and social service systems. It is quite common for ATC case managers to assist MaineCare members with securing rides through the plan transportation benefit, and it is through that lens that we offer our support of the legislation before you today.

ATC Case Managers understand that getting insurance coverage is only one step in the quest for achieving optimal health outcomes. One must understand how to use the coverage, the importance of preventive care and attending all provider appointments, and the benefits offered through the coverage. One such benefit offered via MaineCare is a transportation service, which is critically important for a member who needs specialty or chronic condition management and does not have access to reliable transportation.

But the transportation service does not always meet the needs of our patients. As one example, we have a client whose child is a very medically complex and fragile infant, and this family is fully reliant on MaineCare transportation services to get to their medical appointments. Our case manager recently arranged a ride to an essential specialty care appointment for the family, but the driver arrived 90 minutes earlier than was requested to pick up the patient. The driver claimed to have called the parent to let them know that they had arrived and were waiting, but the parent did not receive that call. Later, we learned that the driver called the wrong phone number. As a result, that essential appointment that the infant patient needed was missed. To make matters worse, the transportation service logged the incident as a "missed ride," which jeopardized the patient's transportation benefit. This particular incident was heavily documented, and the case manager facilitated an appeal that required substantial time

and documentation from the physician. Given the crisis facing health care providers today, this was precious time that could have been expended helping more patients.

This is but one story and example, and we have countless others that we could share with you. It is for that reason that we support the legislation before you today, which will provide much needed data to show how the system is functioning for the patients that we serve.

Thank you for your consideration and I would be happy to answer any questions that you may have.