

Senator Ingwersen, Representative Meyer, and members of the Health and Human Services Committee:

My name is Jason Goodrich. I reside in Brewer, Maine, and serve the community of Greater Bangor as a direct service volunteer, a former Forensic Intensive Case Manager, and a specialist in crisis outreach and housing coordination. I rise today in strong support of **LD 1835, An Act to Improve Nonemergency MaineCare Transportation**.

For many of our neighbors — especially those without stable housing, those in recovery, or those managing complex chronic conditions — a missed ride is a missed opportunity to survive, to stabilize, and to thrive. This bill offers a timely, practical remedy to a long-standing problem in our state's MaineCare transportation system: a lack of accountability, transparency, and regional coordination that too often leaves the most vulnerable Mainers quite literally stranded.

National Context

Across the nation, **nonemergency medical transportation (NEMT)** is a federally mandated Medicaid benefit, meant to ensure equitable access to care for those without reliable means of travel. The **Centers for Medicare and Medicaid Services (CMS)** estimates that over **10 million rides are provided annually through Medicaid NEMT programs**, yet states vary widely in how those services are delivered and monitored. Studies by organizations like the **GAO** and the **National Academy for State Health Policy** have found that poor oversight leads to unsafe rides, missed appointments, and preventable hospitalizations — all of which cost taxpayers far more in the long run.

In 2021, a **Medical Transportation Access Coalition** survey found that **58% of NEMT users would not have been able to access care without it**. But access means nothing without reliability. In Maine, the stories are countless: rides that never arrive, rides that come hours late, children waiting in the cold, and individuals denied life-saving care because a system we fund and authorize fails to deliver.

Maine's Experience

Our state's transportation brokers are contracted to coordinate these services, but the current performance-based standards are insufficiently enforced. Community providers and local shelters report **regular gaps in service**, including no-show drivers, incomplete mileage reimbursements, and transportation scheduled without

regard to treatment start times or clinic hours. This isn't just inefficient — it's inhumane.

This bill proposes real change by:

- **Requiring transparent performance dashboards** that track call center responsiveness, on-time performance, complaints, and safety incidents.
- **Creating regional transportation advisory committees** with lived experience, service providers, and tribal and rural voices at the table.
- **Establishing an independent ombudsman program** to field complaints and safeguard the rights of MaineCare members with urgency and impartiality.

These reforms are not radical. They reflect **best practices** already adopted in states like **Arizona, Minnesota, and Oregon**, where improved oversight has resulted in better health outcomes and fewer costly emergency interventions.

A Moral and Fiscal Imperative

At the Brick Church in Bangor, where I serve, we see people make impossible choices every day: walk five miles to treatment or lose their bed; wait in the snow with a child or forgo a counseling session. A reliable ride isn't a luxury — it's the difference between incarceration and recovery, between institutionalization and independence.

LD 1835 isn't about punishing brokers. It's about **honoring the intent of Medicaid law** and ensuring that MaineCare members are treated not as numbers but as people worthy of dignity and dependable care.

I urge you to vote **“Ought to Pass”** on LD 1835 and to move swiftly in implementing these needed changes. Maine has the opportunity to lead here — not just in compliance, but in compassion.

Thank you for your time and your commitment to the people of Maine.

Respectfully,

Jason B. Goodrich

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