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THE MAINE SENATE 132nd Legislature

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Joint Standing Committee on Health and Human Services on LD 1835, An Act to Improve Nonemergency MaineCare Transportation May 9, 2025

Senator Ingwersen, Representative Meyer, and distinguished members of the Health and Human Services Committee, I am Senator Rick Bennett, and I represent the people of 14 towns in western Maine, comprising parts of Androscoggin, Oxford and Cumberland Counties. I'm here today as the proud sponsor of LD 1835, "An Act to Improve Nonemergency MaineCare Transportation," and I urge this committee to give it your full and favorable consideration.

MaineCare's Non-Emergency Transportation, or NET, is a vital public service. For over a decade, it has served as a quiet but essential connector between our most vulnerable citizens and the health care they need to survive and thrive. It provides more than a million rides each year to dialysis, cancer treatments, behavioral health services, school for children with special needs, and even access to medications. It helps adults with intellectual disabilities engage with vital community support programs. These are services that are not optional, but life-sustaining.

Furthermore, the NET program is a significant partnership between the state and federal government. It's not just vital for patients; our healthcare providers rely on it to ensure patients can make their appointments, which reduces costly missed appointments and ensures continuity of care. National research suggests that investments in non-emergency medical transportation can yield significant savings in overall healthcare costs by improving access and preventative care. The program also connects people with their medications by providing trips to pharmacies. The impact of this program on medical outcomes for beneficiaries is significant. This greatly affects the financial viability of many healthcare providers.

The program supports not only low-income Mainers and people with disabilities, but also entire communities in our rural state, where access to transportation can make or break someone's ability to maintain their health and independence. It's a lifeline. And when this system fails, people miss appointments, their conditions worsen, and our already-strained healthcare system is forced to bear higher downstream costs.

With over \$70 million in combined state and federal funds supporting this program each year, it is our duty—not only as stewards of taxpayer dollars but as public servants—to ensure this system is working as it should. LD 1835 is about keeping that promise. It is about oversight, accountability, and transparency.

Currently, the Office of Maine Services contracts with regional transportation brokers to manage this program across eight DHHS regions. But too often, there is very little insight into how well those brokers are meeting expectations. Are rides consistently on time, especially for high-risk populations? Are member calls answered promptly? Are safety standards, like vehicle inspections, being met? Are complaints being addressed effectively? Taxpayers and, more importantly, the people relying on these services deserve clear answers. Right now, the public doesn't know, and the Department doesn't have the resources to track this as thoroughly as it

should. That's unacceptable.

LD 1835 introduces three modest, but impactful reforms:

- 1. A Public Performance Dashboard: This bill requires the Department of Health and Human Services (DHHS) to create and maintain a publicly accessible online dashboard displaying key performance data for each regional broker. This includes metrics like trip completion rates, timeliness, call center performance, vehicle safety compliance, and complaint numbers. It also requires public posting of corrective action plans when brokers consistently fail to meet standards, ensuring follow-through. This transparency empowers the public, advocates, and policymakers to understand program performance and hold brokers accountable. DHHS and the Office of MaineCare Services simply lack the staff to monitor this program sufficiently. What's more, public involvement will foster improved accountability of delivering the results these high value contracts require.
- 2. **An Independent Ombudsman Program**: LD 1835 establishes an independent ombudsman dedicated to the NET program. This office will serve as a vital resource for MaineCare members, helping them understand their rights and resolve concerns about service quality or denials of service. It provides an unbiased avenue for feedback and ensures member voices are heard, issues are investigated, and trends in performance are identified.
- 3. **Enhanced Incident Tracking and Reporting**: The bill also improves how incidents and complaints are tracked and categorized, ensuring serious safety concerns receive immediate attention while other service issues are appropriately logged and addressed.

These measures are not about adding burdensome regulation; they are about ensuring the promises made in multi-million-dollar contracts are kept and that this essential service truly meets the needs of Maine people. They supplement the Department's oversight capacity by leveraging the power of public information. The modest estimated cost of this enhanced oversight represents a tiny fraction – roughly 0.13% – of the total program funding, a small price for ensuring the quality and accountability of such a vital service.

MaineCare NET is fundamental to the health and well-being of countless individuals across our state. By increasing transparency and establishing clear avenues for accountability, LD 1835 will strengthen this crucial program, ensuring it operates efficiently, effectively, and always in the best interest of the Maine people it serves.

I thank you for your time and consideration, and I strongly urge you to vote "ought to pass" on LD 1835. I am happy to answer any questions you may have.

Examples of MaineCare Transportation Issues

- I'm a foster Dad in the Downeast region of Maine. Our issues began right off the bat. Rides were put in incorrectly, with driver's dropping off our foster boy way too early for appointments and later would be overcorrected with dropping him off way too late for appointments. This caused so many headaches and phone calls. We had drivers often getting inaccurate directions causing them to go to the wrong locations for pick-ups. This would often result in unnecessary no-shows. We were still faced with even more obstacles, for example; they would take our foster boy in and then wouldn't have a return ride for him. When I would get phone calls from the appointment place looking for our boy's ride; I would call Modivcare who would argue with me that it said in their notes that someone from the agency had called the home and was notified that they wouldn't have a return ride. I would then often drop everything that I was doing and race the hour drive to go and get him, leaving someone from the program to stay with him until I could make it there. Then there were still other instances that his rides would bring him in, but wouldn't send anyone for the other leg of his trip. When I had called into Modivcare to check on the other leg of the trip. They would argue with me and say that they had notified me that they were unable to get him there or back, when they clearly brought him in. They oftentimes would be very rude or wouldn't listen/help.
- I have Humana Medicare Advantage Plan which uses Modivcare which I believe may be appointed to take over responsibility for Maine transportation. In June (estimate), I had a doctor appointment in Gardiner. I live in Augusta. They first scheduled me a taxi which is what they did in the past, and which was rarely problematic. They changed at a moment's notice to Uber. I got there. However, the return trip was hell. They insisted upon using Uber or Lyft and knowing that there is a shortage of reliable drivers in the area, I spent five hours trying to communicate that to them. They defiantly refused to listen. I said, "There are no Lyft drivers in the area." They replied "Sir, your Lyft driver will be arriving in 20 minutes." I went through five infinitely long hours of that nonsense waiting for a driver who never arrived because no one was on those driving apps as I told them. They tried to twist the story around to this happening because I'm so hard to deal with. LOL I had to get a ride from a lady who offered me a ride otherwise Modivcare was ok with 60-year-old walking 12 miles after fasting nearly 24 hours for a blood test.
- Safe, reliable transportation is a very important issue for so many people in rural Maine. I have worked for an organization where the majority of our clients relied on Lynx transportation to get to their medical appointments. I also am a client of the Lynx program. I am afraid of what will happen when Modivcare takes over. They have a bad track record; people have been turned down for rides, they have been left at their appointments. My diabetes provider is moving her office to Bangor. I will not be able to get there without a ride. My PCP doesn't have the ability to read my CGM (continuous glucose monitor), so I have a dilemma to face- do I stop going to my diabetes provider

and not get the care I need or do I follow her to her new Bangor practice and chance not able to get to her, or if I do, being left there? Should I pack a lunch to take with me in case Modivcare doesn't pick me up on time? It's giving me a lot of anxiety! I really don't know what I'm going to do. A lot of the people that use these services are already in a vulnerable situation, elderly, children, people with serious illnesses, low income... it's scary to have to wonder whether or not you will get the ride you need, to possibly not get picked up after your appointment, etc. Penquis Lynx is an amazing, and much needed service. We are very rural; it seems that everything is in Bangor. It's a hardship for so many.

- I have been using Modivcare transportation. I have Mainecare and YCCA put me through to them. Of the dozen or less round trips, I've done with them, they failed to pick me up, forcing me to take a \$60 uber, they failed to get me to my appointment, because the driver insisted on waiting outside someone's house, and would not knock on the door, the skin doctor could only look at my chest and not my legs. On yet another occasion, I was leaving the doctor's office at exactly the time that I arranged the pick-up, just as the driver was leaving, I managed to catch him, and he said I was late. On yet another occasion, the driver called me 5 minutes after the arranged initial pick up time, saying it was impossible to pick me up, and suggested I reschedule my appointment, which was 20 minutes hence.
- Where do we begin, since the state forced us bonuses Logisticare (now Modivcare) they just aren't impacting lives of the people they transport but the families they are supposed to be providing services. The drivers aren't trained, one company tied his chair down so tight the rubber on his wheels and metal mounting brackets were bent and came off the rims, cost was over \$500 to repair, the driver claimed we yelled at him however our security cameras provided a much different story. Another company had an open gas cans in the back with our son and food trash all over the back. They were removed as a vendor. Finally with a reliable vendor, the driver would speed through the neighborhood and taking corners at high speed, they even bottomed out their front end at the end of my driveway. Another driver was from Virginia and doesn't drive in any snow. They canceled my sons ride 38 times in one year due to supposed weather but some days in was in the 60's with no clouds.