



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

In Favor of LDs 17 and 166

Delivered in person February 10, 2021

Greetings, Senator Claxton, Representative Meyer, and members of the Joint Standing Committee on Health & Human Services:

My name is Jess Maurer. I'm the Executive Director of the Maine Council on Aging (MCOA). The MCOA is a broad, multidisciplinary network of more than 100 organizations, businesses, municipalities, and older Mainers working to make sure we can all live healthy, engaged, and secure lives with choices and opportunities as we age in our homes and communities. I am testifying in favor of LDs 17 and 166, although because we are the lead organization promoting LD 17, I will keep my remarks focused on that bill.

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 activities, 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."

LD 17 proposes to take advantage of this allowable provision by directing the Department to establish an 18 month pilot project that allows people receiving Section 19 services to receive up to \$2,000 each to be used for nonmedical transportation services that are specified in that person's service plan. This is only available to people who have no other means of transportation and is offered in addition to medical transportation.

Currently, because of our persistent workforce shortages and inadequate funding for core aging services, there are extensive waitlists for services both in Section 19, and in the Homemaker program, a program that also serves people in this waiver. Specifically, there are 1,000 older people waiting to receive Homemaker staffing, and of those currently enrolled, 250 people have no staffing out of 1,650 consumers. Likewise, one of the two care coordination agencies in Maine, EIM, reports they have 857 clients on the section 19, 63, and 96 waivers who are either only receiving partial staffing (319) or are not receiving any staffing (538). As they don't track these numbers by section, we don't know how many of these consumers are on the Section 19 waiver. The point is, many of these people waiting for services rely on others to grocery shop for them, to prepare their meals, and to do their laundry. If these consumers, many of whom cannot drive, cannot get this care and they have to try to do it themselves, they need access to transportation. As we cannot seem to solve the challenges associated with these unstaffed hours, at a minimum, we can attempt to ensure alternative ways people can access the core essentials they need.

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.

Consistent with all of the above arguments related to the necessity of LD 17, we also support LD 166, An Act To Allow Participants in the Qualified Medicare Beneficiary Program To Qualify for MaineCare Transportation Services, and urge your vote in favor of these bills. Thank you.

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