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## Testimony of Sen. Chloe Maxmin supporting LD 17, Resolve, To Provide Rural Nonmedical Transportation Services to the Elderly and Adults with Disabilities Receiving Home and Community Benefits under the MaineCare Program

## Before the Joint Standing Committee on Health and Human Services

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

My name is Chloe Maxmin. I represent Senate District 13, which includes all of Lincoln County except for Dresden, plus Washington and Windsor—a total of twenty-two towns. Thank you for the opportunity to speak in support of LD 17, Resolve, To Provide Rural Nonmedical Transportation Services to the Elderly and Adults with Disabilities Receiving Home and Community Benefits under the MaineCare Program.

This bill reflects nearly three years of work, and I'm very excited for its potential. LD 17 is built to address the deep need for transportation access, especially for rural communities. A report from Transportation for America<sup>1</sup>, "the largest, most diverse coalition working on transportation reform," found that "seniors age 65 and older who no longer drive make 15 percent fewer trips to the doctor, 59 percent fewer trips to shop or eat out, and 65 percent fewer trips to visit friends and family." In the 2016 Shared Community Health Needs Assessment for Lincoln County, transportation is one of the biggest health factors leading to poor health outcomes in our community<sup>2</sup>.

But what if you can't afford a car or can't drive? Regional programs have emerged. But many are volunteer-run or require funding that goes dry. This pattern was hyper-clear to me when COVID hit. All the ride services shut down in my area. I ended up running a transportation network to bring folks to doctor's appointments, pharmacy pick-ups, the grocery store, and other essential places. This network continues to this day. I organize multiple rides a week for people in my region because there is simply no other option.

<sup>2</sup> <u>http://www.maine.gov/dhhs/mecdc/phdata/SHNAPP/documents/county-reports/whole-reports/Maine%20Shared%20CHNA%20LINCOLN%20County%20Report%202-29-16.pdf</u>

<sup>&</sup>lt;sup>1</sup> <u>https://www.aarp.org/content/dam/aarp/livable-communities/old-learn/transportation/aging-in-place-stuck-without-options-transportation-for-america-report-2011.pdf</u>

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It's time to search for solutions to this very complicated matter. Please bear with me as I walk through my process on this, as it is key to understanding why this bill represents a possible path forward. At first, I thought of an Uber-like application. But there are major gaps in internet and phone service in communities like mine. There are also hurdles for folks to learn the technology. I considered more rural bus routes. But how do you get the word out to make it cost effective? How do seniors and adults with disabilities get to the bus? This is also an expensive option.

This bill seeks solutions inside an existing infrastructure—MaineCare. MaineCare members can currently access medical transportation, but this service does not extend to non-medical basic needs outings. LD 17 serves the purpose of expanding transportation access in a model that works for rural places, directly serving the populations that need it most, and reducing costs.

I first introduced LD 17 last session, but it died when we adjourned for COVID. The Committee was divided on whether to do more research on this issue or implement a pilot project. Enough research has been on this issue, both by stakeholders and DHHS. It is time to figure out a solution to a problem that we know is hurting Mainers every single day.

LD 17 is inspired by a model from New York that would provide a stipend to members for nonmedical transportation means, if they have no other means of transportation, to use as they need for basic needs transportation. This pilot project would serve Section 19 MaineCare recipients, which includes seniors and adults with disabilities that otherwise qualify for a nursing level facility of care. It also directs DHHS to assess the effectiveness of this project in 2023.

As you will hear, DHHS can implement this as a state-funded program. You will also hear that ModivCare, formerly LogistiCare, is in support of this project. This is a very feasible path forward.

Thank you very much for your time and consideration today. Transportation is the great and necessary equalizer in rural Maine, and I think that this bill offers a promising path forward.

I am happy to answer any questions.

## Chloe Maxmin