

The Honorable Alex Azar, Secretary
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Secretary Azar:

The undersigned organizations oppose approval of Kentucky's request to waive non-emergency medical transportation (NEMT) for Kentucky HEALTH members. The Department of Health and Human Services (HHS) established the NEMT mandate in 1966 on the premise that the Medicaid entitlement would be meaningless if patients were unable to get to and from their necessary healthcare appointments. That premise has not changed as Medicaid and CHIP beneficiaries are more likely to delay care because of transportation than people with private coverage.¹

To put NEMT in perspective, the benefit is utilized by only about 2-4 percent of all Medicaid enrollees² and accounts for less than 1 percent of total Medicaid spending³. NEMT is reserved for members who have no other means of transportation to and from their medical appointments.

Medicaid patients with chronic care needs, including those diagnosed with cancer, mental health and substance use disorders, HIV and end-stage renal disease account for over half of NEMT's utilization⁴ and face the greatest transportation barriers to receiving healthcare. In calendar year 2012, the Medicaid and CHIP Payment and Access Commission (MACPAC) found⁵ there were 1.8 million NEMT users in Medicaid fee-for-service, 21 percent of which were children. Without NEMT, patients will be unable to access critical treatment, resulting in increased Medicaid expenditures for more expensive services such as catastrophic hospitalization or institutionalization.

A new study⁶ (see attached, we ask that this study be made part of the administrative record) found that NEMT more than pays for itself as part of a care management strategy

¹ Medicaid and CHIP Payment and Access Commission (MACPAC), Chapter 4: Monitoring Access to Care in Medicaid, page 134. Mar. 2017. Retrieved at: <https://www.macpac.gov/wp-content/uploads/2017/03/Monitoring-Access-to-Care-in-Medicaid.pdf>.

² MJ Simon and Company. "New Data Shows Targeted Utilization of Managed, Non-Emergency Medicaid Transportation Benefit by Beneficiaries with Chronic Care Needs". Retrieved July 26th 2018 at <http://mjsimonandcompany.com/wp-content/uploads/NEMT-Benefit-Reserved-For-Those-in-Need.pdf>

³ According to a 2016 GAO report (GAO-16-238), NEMT spending in Medicaid totaled \$1.5 billion in 2013. According to CMS, total Medicaid spending in 2013 was \$445 billion.

⁴ M. Musumeci and R. Rudowitz, Medicaid Non-Emergency Medical Transportation: Overview and Key Issues in Medicaid Expansion Waivers, The Henry J Kaiser Family Foundation, (February 2016). Retrieved at: <https://www.kff.org/medicaid/issue-brief/medicaid-non-emergency-medical-transportation-overview-and-key-issues-in-medicaid-expansion-waivers/>

⁵ MACPAC analysis of CY 2012 Medicaid Statistical Information System data from CMS. Retrieved at <https://www.macpac.gov/wp-content/uploads/2016/12/Non-Emergency-Medical-Transportation-NEMTMedical-Transportation-NEMT.pdf>

⁶ Non-Emergency Medical Transportation: Findings from a Return on Investment Study

for people with chronic diseases, resulting in a total positive return on investment of over \$40 million per month per 30,000 Medicaid beneficiaries. Further, medical costs for the average dialysis patient would increase by \$4,140 per month if they lost their NEMT benefit and were unable to adhere to a course of treatment. The study also found that medical costs for the average diabetes-related wound care patient would increase by \$1,084 per month without a NEMT benefit. These findings are consistent with a previous Transportation Research Board study⁷ that found cost savings for prenatal care and chronic conditions like asthma, heart disease, and diabetes.

We urge you to deny Kentucky's request to eliminate NEMT services for Medicaid patients that have no other means to access health services.

Thank you for considering our comments. If you have any questions or need any further information, please contact Marsha Simon (msimon@mjsimonandcompany.com; 202-204-4707), President at Simon&Co.

Sincerely,

American Association on Health and Disability
American Psychological Association
ADAP Advocacy Association
Aging Life Care Association
Alliance for Retired Americans
American Academy of Addiction Psychiatry
American Federation of State, County and Municipal Employees
American Foundation for the Blind
The American Kidney Fund
The Arc of the United States
Center for Autism and Related Disorders
Center for Public Representation
Children's Health Fund
Community Access National Network
Community Transportation Association of America
Epilepsy Foundation
The Global Alliance for Behavioral Health and Social Justice
Health Outreach Partners
The Jewish Federations of North America
Justice in Aging
Lakeshore Foundation
NAADAC, the Association for Addiction Professionals
National Adult Day Services Association

⁷ P. Hughes-Cromwick and R. Wallace, et al., Cost-Benefit Analysis of Providing Non-Emergency Medical Transportation, Transit Cooperative Research Program (Oct. 2005), http://onlinepubs.trb.org/onlinepubs/tcrp/tcrp_webdoc_29.pdf.

The National Alliance to Advance Adolescent Health
NAMI, the National Alliance on Mental Illness
National Association for Children's Behavioral Health
National Association of County Behavioral Health and Developmental Disability Directors
National Association of Nutrition and Aging Services Programs
National Association for Rural Mental Health
National Disability Rights Network
National Federation of Families for Children's Mental Health
National Health Care for the Homeless Council
National Multiple Sclerosis Society
Mental Health America
United Spinal Association