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Joint Senate Hearing: Health and Human Services; Transportation Committees

November 20, 2019

Brokerage Model for MATP

Provided by

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Good morning Chairwoman Brooks, Chairman Haywood, Chairwoman Ward, Chairman Sabatina and members of the Senate Health and Human Services and Transportation Committees. My name is Rebecca May-Cole, and I am the Executive Director of the Pennsylvania Association of Area Agencies on Aging, or P4A. Thank you holding a hearing to discuss the impact of a brokerage model on transportation for vulnerable older Pennsylvanians. I appreciate the opportunity to be here today.

P4A represents all 52 AAAs that serve Pennsylvania's 67 counties. AAAs come in many different shapes and sizes, and can be part of county government, as a stand-alone, or as part of a nonprofit. They adjust to serve the needs of seniors, which are different from community to community, rural and urban, small and large. For more than 40 years AAAs have been the "no wrong door" community partner where seniors and their caregivers learn about the services available to them.

As you know, seniors and their caregivers go to their local AAA when supports are needed to help older adults age comfortably in their communities. AAAs are also advocates for seniors, and are recognized as a safe place to raise concerns; seniors know the AAAs will assist them in resolving those concerns.

I would like to tell two stories today. One is about a smaller, rural AAA who provides transportation for their consumers and the second about the impact of the MATP brokerage model on a single consumer.

Blair Senior Services is the Area Agency on Aging for Blair County, PA. Population 122,492. 27% of whom are age 60 or older. Blair Senior Services runs 20 – 25 vans each day with fare ranging from \$1.00 to \$3.00 depending on distance. The average cost to a consumer is \$1.50. BSS has not had a fare increase since 2013, nor do they plan for one until 2024.

If, however, a brokerage model were implemented for MATP, BSS will need to pull 5 vans per day in order to be efficient. This will increase rural ride times, increase wait times, and decrease quality of services. If MATP brokerage is implemented, a fare increase to consumers is expected within one year. Through combining MATP rides with Shared Ride via the Lottery Fund, BSS is able to limit costs and allow consumers the ability to make one call to go to their medical appointment or the senior center for a meal. Without this combination, older adults will have to coordinate their rides between at least two providers, causing confusion. That, in addition to longer wait times, will undoubtedly cause a reduction in ridership, leading to decreased service use and eventually decreased health.

I am not being alarmist here. If no one has mentioned the social determinants of health before me, I will be surprised. According to the American Hospital Association, “research has shown that only 20 percent of health can be attributed to medical care, while social and economic factors, like to access to healthy food, housing status, educational attainment and access to transportation – account for 40 percent.”¹ Transportation is a key component of a person’s health and wellbeing. We must not jeopardize this for our older adults.

Over the last year and-a-half, seniors expressing concerns regarding how MATP would be handled if a full-risk broker model were to move forward have been told flatly, “change is scary.” In many cases in fact, their concerns have been categorically dismissed as “fear of the unknown.”

But more accurately, I believe it is actually the fear of what they do know that is more profound. Let’s consider Thomas for a moment - a senior in rural western Pennsylvania. Tom is 89 years old. He operated his own home repair business for more than 65 years. He is a creature of habit. He has learned to navigate his flip phone to make calls and check voicemail, but all in all, learning new things is challenging for him.

Thomas knows his drivers, Deb and Matt from his county senior services center, and he is comfortable with them. He trusts them. And equally as important, Deb and Matt know

¹ American Hospital Association. “Social Determinants of Health Series: Transportation and the Role of Hospitals. November 2017 <http://www.hpo.org/Reports-HPOE/2017/sdoh-transportation-role-of-hospitals.pdf>

Tom. After driving him two or three times a week to receive his cancer treatment this last year, they've come to know he has a fierce independent streak. While he frequently counts on them for extra help while loading, especially in winter months, Tom likes to feel like he is "doing it himself"- even if it takes a little longer to get him on board because he never fully recovered from his knee replacement surgeries. Through the time they have spent getting to know Tom as both a Shared Ride and MATP customer, Deb and Matt know while Tom lost his wife two years ago, he takes great comfort in the fact that he is able to continue to live in their home of more than 50 years and age in place - in great part because of the transportation he receives through both Shared Rides and MATP.

Tom is one senior rider in one county, but there are many, many more. And many of these individuals have shared concerns with P4A about the Commonwealth moving to a full-risk broker model for the delivery of MATP since the legislation first passed in June of 2018. Consumer confusion, loss of rural rides, costs of other trips increasing, and availability and frequency of service becoming scarcer have been mentioned frequently. Loss of consumer protections, seniors not knowing their drivers moving forward, worries about impacts on their medical conditions, future access to treatments and appointments, the risk of isolation, a loss of independence and the ability to age in place, and having to move into long-term care facilities have also been discussed.

Concerns related to seniors' safety will increase as new transportation "mom and pops" begin to proliferate under a full-risk broker model. Background checks aren't required and training requirements are less stringent than those of current transit providers. Seniors being confused and overwhelmed by learning to navigate a new reservation system and understanding what numbers to call for which services is also a significant concern as part of any change to the current system of MATP service delivery.

We recognize that if MATP trips are removed from the current coordinated delivery model, our local transportation providers will be forced to either cut back on, or discontinue, service in the communities they serve. No business can sustain a 30-50% reduction and continue to operate as if things were "business as usual." In turn, they will have to raise fares to offset the cost increases, reduce the service offered, or worse, both. As a result, seniors and other customers will suffer. Their independence and quality of life will be diminished. Seniors and frail populations risk isolation and lack of access to healthcare.

Significant consumer disruption is also expected as consumers who utilize multiple transportation programs and services will be required to make one phone call to the broker and navigate a separate, likely out-of-state call center process to schedule or modify their medical trips, and yet a separate call to the transit agency to schedule or

modify non-medical trips. Beyond the confusion of how consumers do these things there are also operational impacts caused by fragmenting services in such a manner.

For example, there will no longer be the opportunity for consumers to take multi-leg trips, conducting their desired business in an efficient and cost-effective manner, as their needs would no longer be coordinated by one entity. Thomas, the senior rider we spoke of earlier, can no longer schedule his medical treatment, picking up his prescription and a few groceries, and having lunch at the senior center all in one day with one call.

We also know changing the delivery model for MATP will impact all users of public transportation in these local communities, not just MATP clients. Less coordinated transportation means trips cost more overall. It means less availability of services, particularly in remote rural areas. Because rural trips are the most expensive to provide and require the most time and resources, we recognize they will likely be the first to go under a full-risk broker model. This is very impactful for seniors trying to maintain their independence in remote areas of our state.

Multiple trip planning systems also means additional cost implications for the state. When less service is available or more complicated to navigate, individuals begin to utilize costlier alternatives for taxpayers, such as ambulance trips; emergency room visits; uncompensated care; and longer term, state-subsidized living options. Or worse, they cease to seek medical care, often at their own peril.

We worry that seniors in rural communities will be left behind in a model that pays a full-risk broker by the number of members in a network, and not for the actual number of trips provided. The most expensive trips will no doubt be the first to be eliminated at the expense of those who depend on these services as a lifeline. As a result, rural residents will suffer the most, and seniors and frail populations will especially face compromised health and isolation.

In converting to a full-risk brokerage, Pennsylvanians stand to lose existing consumer protections within the current system of MATP delivery, leaving MATP riders potentially unsafe in the hands of inadequately screened subcontractors with less training requirements and experience. Full-risk brokers can contract with private transportation providers who do not meet the same stringent safety, training, drug and alcohol testing, and insurance standards required of Pennsylvania's public transit systems and local government entities.

Ultimately, a full-risk brokerage will translate to fewer medical trips for Pennsylvanians and increased costs to taxpayers. Less trips provided means higher private-sector

broker profits, not savings or improved service for the Commonwealth. And it doesn't mean anything good for Tom, or the countless other riders across the Commonwealth as they are left to navigate a new, fragmented, and cumbersome system - all at a time when their primary concern needs to center around the medical circumstances they face.

In conclusion, the resulting changes in consumer behavior that will result from a full-risk broker model should be heavily considered as part of the current analysis. Apart from the issues surrounding compassion and access to care, the financial impacts to the state cannot be overlooked. Poorer health leading to more involved diagnoses and care, increased hospital admissions, individuals' loss of independence, and increased admissions to state facilities are all changes that carry increased responsibility for the state. P4A is hopeful that the General Assembly carefully considers these factors when discussing next steps and the future of MATP in Pennsylvania.