

Department of Legislative Services

Maryland General Assembly

2002 Session

FISCAL NOTE

Revised

House Bill 777

(Delegate Nathan-Pulliam, *et al.*)

Environmental Matters

Finance

Health - Transportation Assistance for Renal Dialysis Patients

This bill requires the Maryland Department of Transportation (MDOT) to establish minimum quality standards for transporting all renal dialysis patients.

The bill takes effect July 1, 2002.

Fiscal Summary

State Effect: Potential significant increase in Transportation Trust Fund (TTF) expenditures to meet minimum quality standards. Any increase in TTF expenditures depends on the number of disabled individuals requesting door-to-door service, which cannot be reliably estimated at this time. Under one scenario, expenditures could increase by \$650,500 beginning in FY 2003 for paratransit services in the Baltimore area alone. Revenues would not be affected.

Local Effect: None.

Small Business Effect: Minimal.

Analysis

Bill Summary: By October 1, 2004, MDOT, in cooperation with the National Kidney Foundation of Maryland, must adopt regulations establishing the minimum service quality standards for transporting renal patients. The regulations must require service providers to establish and maintain a dedicated telephone line during regular business hours for prescheduling rides, identifying and resolving problems associated with

transporting patients, and any other purpose necessary to ensure quality transportation services. The regulations also may request vehicle drivers to alert a patient when the driver has arrived to pick a patient up from or transport a patient to a renal dialysis center including knocking on the patient's door whenever feasible. Additionally, the regulations must require service providers, including the Maryland Transit Administration (MTA), to establish a ride schedule for a minimum of 60% of renal dialysis patients.

Current Law: The federal Americans with Disabilities Act (ADA) of 1990 requires the State to offer alternative public transportation services for people with disabilities who cannot use the fixed-route services. MTA has a specialized, shared-ride, curb-to-curb service for people with disabilities who are not able to ride fixed-route public transportation. To receive this service, individuals must fill out a form and turn in a physician's statement that confirms their physical disability. MTA then evaluates the individuals to determine which persons meet the criteria for the specialized service.

ADA prohibits service providers from imposing restrictions or priorities because of the purpose of an individual's trip in a complementary paratransit system. The service provider is not allowed to ask why a person is traveling. Service providers are allowed to establish waiting lists or other trip purpose restrictions or priorities for individuals only receiving subscription services.

Background: There are more than 2,300 renal dialysis patients in the Baltimore metropolitan area who travel to renal dialysis centers for treatment each week. These patients arrive at dialysis treatment a number of ways: 828 in shared-ride MTA vans; 966 drive themselves or are driven to the appointments by family or friends; 184 receive free transportation covered by Medicaid; and 322 arrive by MTA buses, taxis, or in vehicles provided through county services. Many renal dialysis patients rely on nonemergency public transportation to get to treatments, accounting for more than 13,800 one-way trips each week. Some patients, because of fragile health, require more intensive transportation assistance. At least 60 fragile renal dialysis patients in Baltimore City require personal assistance when traveling to a dialysis center.

The Mid-Atlantic Renal Coalition reports there were 5,824 renal dialysis patients in Maryland as of December 31, 2000. However, there are not numbers available at this time of how many of these patients rely on paratransit service to get to and from dialysis treatment centers.

MTA recently installed the dedicated phone line required under the bill and is in the process of raising the percentage of dialysis clients with scheduled rides to the 60% level required under the bill.

State Expenditures: MTA advises that to remain in compliance with the ADA, it would have to offer the door-to-door service requested whenever feasible for all paratransit

riders, not just renal dialysis patients traveling to and from treatment centers. As a result, MTA expects TTF expenditures to increase by \$650,500 in fiscal 2003. This increase reflects an anticipated 5% increase in expenditures over the \$13 million annual cost to compensate for a 5% reduction in paratransit riders per vehicle per hour. MTA's payment per ride to its contractor would increase by 5% from \$22.06 per ride to \$23.16 per ride. The contractor would receive an additional \$357,750 and the subcontractors an additional \$292,250 in fiscal 2003. It also reflects \$500 for a dedicated telephone line and related communications costs. Future years reflect a 1% inflation rate.

The Department of Legislative Services (DLS) disagrees. The bill authorizes the door-to-door service for renal dialysis patients whenever feasible, but does not require this service. Further, it cannot be reliably determined at this time how many of the individuals currently using the paratransit service would request this upgraded service statewide.

Additional Information

Prior Introductions: A similar bill, HB 1220, was introduced in the 2001 session. There was a hearing in the House Environmental Matters Committee and no further action was taken.

Cross File: None.

Information Source(s): Department of Health and Mental Hygiene, Department of Transportation, Baltimore City, Department of Legislative Services

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