Public Health - Rural Nonemergency Medical Transportation Program

This bill establishes a Rural Nonemergency Medical Transportation (NEMT) Program for hospitals to coordinate transportation by a nonprofit organization to or from medical services for eligible individuals. The program may not provide transportation to an eligible individual for more than 120 days at a time, or to an individual who requests but does not use the provided transportation on more than one occasion. If a hospital enters into a contract with a nonprofit organization, the hospital must report the name and contact information of the nonprofit organization to the Maryland Department of Health (MDH) within 30 days after the contract is signed. Beginning in fiscal 2024, the Governor must include in the annual budget bill an appropriation of at least $1.0 million to MDH for the program. MDH must distribute funding to each participating nonprofit organization in an amount proportional to the nonprofit organization’s estimated annual budget for providing transportation under the program.

Fiscal Summary

State Effect: No effect in FY 2023. MDH general fund expenditures increase by $1.0 million beginning in FY 2024. Revenues are not affected. This bill establishes a mandated appropriation beginning in FY 2024.

<table>
<thead>
<tr>
<th>(in dollars)</th>
<th>FY 2023</th>
<th>FY 2024</th>
<th>FY 2025</th>
<th>FY 2026</th>
<th>FY 2027</th>
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</thead>
<tbody>
<tr>
<td>Revenues</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
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<tr>
<td>GF Expenditure</td>
<td>0</td>
<td>1,000,000</td>
<td>1,000,000</td>
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<tr>
<td>Net Effect</td>
<td>$0</td>
<td>($1,000,000)</td>
<td>($1,000,000)</td>
<td>($1,000,000)</td>
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</tbody>
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Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease

Local Effect: None.

Small Business Effect: None.
Analysis

**Bill Summary:** “Eligible individual” means an individual who:

- does not qualify to receive State or federal funding for transportation related to receiving medical services because the individual (1) resides in a location that disqualifies them from qualifying for funding; (2) owns a car; (3) received transportation from a volunteer but no longer has access to that transportation; (4) had a medical procedure that does not qualify the individual for funding; (5) has a temporary disability that does not qualify the individual for funding; or (6) does not live within the required distance of a public bus stop to qualify the individual for the funding;
- needs transportation to or from medical services where each trip either begins or ends in a “rural county”; and
- a “hospital care coordinator” determines has a medical need for which the individual requires transportation services through the program.

“Hospital care coordinator” means an employee of a hospital who coordinates transportation related to medical services for eligible individuals.

“Rural county” means Allegany, Calvert, Caroline, Carrol, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Kent, Queen Anne’s, Somerset, St. Mary’s, Talbot, Washington, Wicomico, or Worcester counties.

**Rural Nonemergency Medical Transportation Program**

The NEMT program must (1) coordinate transportation provided by a nonprofit organization for an eligible individual to travel to or from medical services; (2) include a monthly budget set by each participating nonprofit organization establishing the total amount of transportation services the organization will provide to eligible individuals through the program; and (3) provide information to a nonprofit organization about eligible individuals that the care coordinator selected to receive transportation services through the program in a manner that complies with State and federal privacy laws.

If a hospital adopts a NEMT program, the hospital must (1) contract with a nonprofit organization to provide transportation to eligible individuals who are patients at the hospital in accordance with requirements of the bill and (2) establish and adopt a process of notifying patients at the hospital about services available through the program.

A hospital care coordinator must (1) determine which patients of the hospital who are interested in receiving transportation services through the program are eligible individuals;
(2) determine which eligible individuals will receive transportation through the program in accordance with the budget provided by the nonprofit organization; and (3) coordinate transportation for an eligible individual who the hospital care coordinator selects to receive transportation to travel to and from receiving medical services.

**Current Law:** NEMT is available for Medicaid recipients who have no other means of getting to their medical appointments. NEMT typically covers ambulatory, ambulance, aero medical, and wheelchair transportation. Transportation services are provided by local jurisdictions. Generally, transportation services must be scheduled a minimum of 24 hours in advance, with the exception of hospital discharges. Funds are distributed to local health departments in the form of transportation grants. NEMT is provided to Medicaid recipients with unmet transportation needs in each county in the State and Baltimore City.

**State Fiscal Effect:** Beginning in fiscal 2024, the Governor must include in the annual budget bill an appropriation of at least $1.0 million to MDH to implement the bill. Thus, MDH general fund expenditures increase by $1.0 million annually beginning in fiscal 2024 to reflect the mandated appropriation. MDH can likely distribute grants to participating nonprofit organizations using existing budgeted resources.

This analysis assumes that the NEMT program does not have an effect on the transportation provided for Medicaid participants.

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**Additional Information**

**Prior Introductions:** None.

**Designated Cross File:** None.

**Information Source(s):** Carroll, Charles, Frederick, Garrett, Harford, Kent, Washington, Wicomico, and Worcester counties; Department of Budget and Management; Maryland Department of Health; Department of Legislative Services

**Fiscal Note History:** First Reader - March 3, 2022

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