

Department of Legislative Services  
 Maryland General Assembly  
 2023 Session

FISCAL AND POLICY NOTE  
 Third Reader - Revised

House Bill 596

(Delegate Kerr, *et al.*)

Health and Government Operations

Finance and Budget and Taxation

Health and Human Services Transportation Improvement Act of 2023

This bill establishes a State Coordinating Committee for Health and Human Services Transportation in the Maryland Department of Transportation (MDOT) and repeals the limits on annual funding for the Maryland Senior Rides Program (MSRP) and the Job Access and Reverse Commute Program (JARCP) administered by the Maryland Transit Administration (MTA).

Fiscal Summary

**State Effect:** Transportation Trust Fund (TTF) expenditures increase by \$180,000 in FY 2024 and by \$80,000 annually thereafter for consultants to assist with the new coordinating committee. Revenues are not affected.

(in dollars)	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028
Revenues	\$0	\$0	\$0	\$0	\$0
SF Expenditure	180,000	80,000	80,000	80,000	80,000
Net Effect	(\$180,000)	(\$80,000)	(\$80,000)	(\$80,000)	(\$80,000)

*Note: ( ) = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease*

**Local Effect:** The bill is not anticipated to materially affect local government operations or finances.

**Small Business Effect:** Minimal.

## Analysis

### Bill Summary:

#### *State Coordinating Committee for Health and Human Services Transportation*

“Transportation-disadvantaged” means an individual who qualifies for federally conducted or assisted transportation-related programs or services, as implemented and coordinated by a State agency due to disability, income, or advanced age.

The State Coordinating Committee for Health and Human Services Transportation must be staffed by MDOT. The committee must:

- examine the transportation needs of residents of the State who are elderly, have a disability, or require transportation to access jobs, medical and other health-related appointments, senior citizen programs, or other programs requiring the transportation of individuals who qualify as “transportation disadvantaged”;
- coordinate efforts in the State to provide quality health and human services transportation services by working with appropriate federal, State, and local agencies, transit consumers, and transportation providers, to develop a cooperative and coordinated health and human services transportation system;
- conduct an inventory and assessment of health and human services transportation providers in the State;
- devise a five-year health and human services transportation plan, as specified;
- serve as the clearinghouse for health and human services transportation coordination issues in the State;
- identify and facilitate resolution to issues regarding health and human services transportation, both locally and statewide;
- participate in the identification of potential allocations of health and human services transportation resources during emergency evacuations;
- evaluate cost-saving measures;
- investigate the need for the establishment of standards for vehicles and drivers within health and human services transportation programs; and
- examine other appropriate areas to facilitate the development of a quality health and human services transportation system in the State.

By September 1 each year, the committee must report on its activities to the Governor and the General Assembly. A member of the committee may not receive compensation but is entitled to reimbursement for expenses under standard State travel regulations.

### *Maryland Senior Rides Program*

The limit of \$500,000 in annual grants that may be awarded through MSRP is repealed and, consequently, more than \$500,000 in annual grants may be provided through the program.

### *Job Access and Reverse Commute Program*

The limit of \$400,000 that may be provided by the Governor in the annual State budget for JARCP is repealed. Instead, the Governor must provide funding for the program in the State budget. No specific funding mandate is established, however.

### **Current Law:**

#### *Maryland Senior Rides Program*

Under MSRP, MTA must award grants to qualified program applicants for the operation of transportation services. To be eligible for a grant, the program applicant must (1) provide door-to-door transportation for low-income to moderate-income seniors who have difficulty accessing or using other existing transportation systems; (2) use primary volunteer drivers who drive their own vehicles; (3) use a dispatcher system to respond quickly to requests from low-income to moderate-income seniors for door-to-door transportation; and (4) define a geographic area for which door-to-door transportation is provided.

MTA may not award more than \$500,000 in grants per year, and a program participant must expend a matching fund of at least 25% of the total capital or operating costs associated with providing the door-to-door transportation.

#### *Jobs Access and Reverse Commute Program*

Chapter 793 of 2018 established JARCP. Through the program, MTA may make grants to a provider for job access and reverse commute projects that connect targeted populations with targeted employment areas. Generally, MTA must distribute (1) 70% of the funds to providers for use in urbanized areas and (2) 30% of the funds to providers for use in rural areas. A grant under the program may not exceed 80% of the net operating costs of a project, as determined by MTA, and must provide services for more than three years. A provider may use no more than 10% of the grant amount for administrative costs, as determined by MTA.

Funds for the program must be as provided by the Governor in the State budget, not to exceed \$400,000 annually.

## **State Expenditures:**

### *State Coordinating Committee for Health and Human Services Transportation*

The bill requires MDOT to staff the committee. MDOT plans to do so with support from the Office of Planning and Capital Programming within MDOT itself, MTA, and consultant services to assist MDOT and MTA with the health-related issues in which they lack expertise. Thus, TTF expenditures for consultant services increase by \$180,000 in fiscal 2024 and by \$80,000 annually thereafter.

This estimate assumes that other representatives on the committee (such as the Maryland Department of Health) can provide their expertise and support to MDOT as well, as necessary and appropriate. To the extent that this is not the case, TTF expenditures increase further as additional consultant services would likely be necessary.

### *Funding Limitations*

Even though the bill repeals the limits on funding for MSRP and JARCP, it does not require additional spending for the programs. Consequently, any additional funding for the programs is discretionary and not required by the bill. Therefore, this analysis assumes that no additional funding is provided for the two programs.

*For informational purposes*, the fiscal 2024 budget as introduced includes \$187,091 for MSRP and \$400,000 for JARCP.

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## **Additional Information**

**Prior Introductions:** Similar legislation has not been introduced within the last three years.

**Designated Cross File:** SB 511 (Senators Ellis and Hester) - Finance and Budget and Taxation.

**Information Source(s):** Maryland Department of Health; Maryland Department of Transportation; Department of Budget and Management; Department of Human Services; Office of Deaf and Hard of Hearing; Maryland Department of Planning; Department of Housing and Community Development; Maryland Department of Labor; Maryland Department of Aging; Department of Veteran Affairs; Maryland Association of County Health Officers; Calvert, Caroline, Carroll, Charles, Frederick, Garrett, Harford, Kent, Queen Anne's, St. Mary's, Washington, and Worcester counties; Department of Legislative Services

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