
March 4, 2020

The Honorable Shane Pendergrass
Chair, House Health and Government Operations Committee
241 House Office Building
Annapolis MD 21401

Re: Letter of Support – House Bill 1417 – Dialysis Patient Transportation Fund and Task Force to Study the Dialysis Patient Transportation Fund

Dear Chair Pendergrass and Committee Members:

The Maryland Department of Transportation (MDOT) supports House Bill 1417 as currently drafted and offers the following information for the Committee's consideration.

House Bill 1417 establishes the Dialysis Patient Transportation Fund for MDOT to offset the direct costs counties incur to provide transportation for dialysis patients. The bill also establishes the Task Force to Study the Dialysis Patient Transportation Fund, of which the Secretary of Transportation and Administrator of the Maryland Transit Administration (MTA) would be members. The Task Force would study the impact of the Fund and make recommendations concerning the amount of the fee, the effect of the fee on kidney dialysis centers, and the amount each certified kidney dialysis center will contribute to the Fund to adequately offset direct costs counties incur to transport dialysis patients; the Task Force would then submit a report of its findings and recommendations to the General Assembly by November 1, 2021.

As paratransit needs in the State have increased significantly over the last several years, so too has the number of patients seeking transportation for dialysis, as kidney disease increases by 3-4 percent per year. This service is both costly and challenging to provide, as opposed to that of other transit services offered by localities. The primary difference being that most transit riders use fixed route or occasional demand-response services, whereas dialysis patients require six one-way trips per week on a precise schedule, both to and from treatment centers that operate 18 hours a day, six days a week, 52 weeks per year. Additionally, the cost per ride is \$40 to \$60, making it far higher than an average trip. The higher costs associated with these dialysis trips dominate the budgets of most transit systems and greatly impact the monies available for other transit services.

The proposed \$20 per trip reimbursement in this legislation would help offset the ever-rising costs of providing dialysis trips. Furthermore, the task force created in the legislation would be an important vehicle in exploring other transportation service alternatives and funding sources. These alternatives may eventually ease the burden on public transit providers, allowing more dollars and energy to go towards improving local fixed route service.

The Honorable Shane Pendergrass
Page Two

For these reasons, the Maryland Department of Transportation respectfully requests the Committee grant House Bill 1417 a favorable report.

Respectfully submitted,

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