

SB331 - Task Force to Study Paratransit in Maryland

Uploaded by: Abigail Snyder

Position: FAV

OFFICERS

ELIZABETH GREEN
 President
 ROBIN WEIMAN
 1st Vice President
 AMALIA HONICK
 BENJAMIN ROSENBERG
 RABBI STEVEN SCHWARTZ
 RABBI JONATHAN SEIDEMANN
 MELANIE SHAPIRO
 RABBI ANDREW BUSCH
 Past President
 HOWARD LIBIT
 Executive Director

MEMBER ORGANIZATIONS

Adat Chaim Congregation
 American Jewish Committee
 Americans for Peace Now
 Baltimore Chapter
 American Israel Public Affairs Committee
 American Red Magen David for Israel
 American Zionist Movement
 Amit Women
 Association of Reform Zionists of America
 Baltimore Board of Rabbis
 Baltimore Hebrew Congregation
 Baltimore Jewish Green and Just Alliance
 Baltimore Men's ORT
 Baltimore Zionist District
 Beth Am Congregation
 Beth El Congregation
 Beth Israel Congregation
 Beth Shalom Congregation of
 Howard County
 Beth Tfiloh Congregation
 B'nai B'rith, Chesapeake Bay Region
 B'nai Israel Congregation
 B'nai Jacob Shaarei Zion Congregation
 Bolton Street Synagogue
 Chevra Ahavas Chesed, Inc.
 Chevrei Tzedek Congregation
 Chizuk Amuno Congregation
 Congregation Beit Tikvah
 Congregation Tiferes Yisroel
 Federation of Jewish Women's
 Organizations of Maryland
 Hadassah
 Har Sinai - Oheb Shalom Congregation
 J Street
 Jewish Federation of Howard County
 Jewish Labor Committee
 Jewish War Veterans
 Jewish War Veterans, Ladies Auxiliary
 Jewish Women International
 Jews For Judaism
 Moses Montefiore Anshe Emunah
 Hebrew Congregation
 National Council of Jewish Women
 Ner Tamid Congregation
 Rabbinical Council of America
 Religious Zionists of America
 Shaarei Tfiloh Congregation
 Shomrei Eemunah Congregation
 Suburban Orthodox Congregation
 Temple Beth Shalom
 Temple Isaiah
 Zionist Organization of America
 Baltimore District

Written Testimony
Senate Bill 331 - Task Force to Study Paratransit in Maryland
Finance Committee – February 7, 2024
Support

Background: Senate Bill 331 would establish the Task Force to Study Paratransit in Maryland, which would study paratransit in the State, including current, needed, and expected funding for paratransit; reasons for current funding and spending gaps; and the role public-private partnerships could play in meeting funding and service gaps. The Task Force will be required to report its findings and recommendations to the General Assembly on or before June 30, 2025.

Written Comments: The Baltimore Jewish Council represents The Associated: Jewish Federation of Baltimore and all of its agencies. This includes the Jewish Connection Network, which has an entire department dedicated to ensuring that every member of our community, regardless of their background or abilities, can fully embrace Jewish life.

According to the 2020 Community Study, 14% of our community has a disability or medical condition that limits their ability to work or attend school. Paratransit programs are "origin to destination" services for people with disabilities who are not able to ride fixed-route public transportation. By studying the current gaps in services for those in need across the state, we can find ways to better support our community members in need of assistance.

Millions of individuals with disabilities and their families depend on a wide variety of public benefits for income, health care, and food and housing assistance. Paratransit is another way that we can help support those in the disability community by allowing them to feel independent. Using this task force to ensure that we are meeting the needs of one of our underserved communities is crucial.

For these reasons, the Baltimore Jewish Councils asks for a favorable report on SB331.

The Baltimore Jewish Council, a coalition of central Maryland Jewish organizations and congregations, advocates at all levels of government, on a variety of social welfare, economic and religious concerns, to protect and promote the interests of The Associated Jewish Community Federation of Baltimore, its agencies and the Greater Baltimore Jewish community.

SB 381 Fairness in Girls' Sports Act.pdf

Uploaded by: Brigitta MULLICAN

Position: FAV

Brigitta Mullican
1947 Lewis Ave.
Rockville, MD 20851

February 6, 2024
LD-17 (Montgomery County)

Dear Education, Energy, and the Environment Committee

SUPPORT SB 381 “Fairness in Girls’ Sports Act.”

This Bill would not allow a biological male who identifies as female to play on a girls' team. There are overwhelming physiological and performance advantages for males over females in athletic competition. Why would the Ways and Means Committee vote unfavorable on this bill? The goal of the SB381 is to keep girls safe to compete with girls only. I define girls as “biological females.”

On February 2, I was disappointed how Delegate Fair questioned one witness who was there for her first experience of testifying in Annapolis. It was also obvious how questions asked of the panel against this bill had a witness be prepared with the answers. This was orchestrated ahead of time.

Studies comparing the performance levels of elite women athletes to men and boys’ performance show an insurmountable gap between them. Fairness in the opportunity to compete, and safety on a level playing field where girls compete against girls is what **equality** demands. It is not discrimination when we believe girls should not have to compete against boys.

Please support this important legislation to preserve the opportunities for girls who compete in organized sports in high school in a fair manner and earn athletic awards and scholarships. Male's physiological and performance advantages over females include cardiovascular endurance, muscular strength, and speed/agility. It is not fair competition for biological females to have to compete against biological males, regardless of their sexual identity preference or declaration.

There should be separate sports/teams for Girls, boys, and coeducational or mixed categories. There needs to be protection from being silenced or retaliated against for reporting violations of these provisions.

I strongly urge the committee to support Senate Bill 381, “Fairness in Girls’ Sports Act.”. Please keep male and female sports separate. This is the right thing to do. Thank you.

SB0331-FIN_MACo_SUP.pdf

Uploaded by: Dominic Butchko

Position: FAV



Senate Bill 331

Task Force to Study Paratransit in Maryland

MACo Position: **SUPPORT**

To: Finance Committee

Date: February 7, 2024

From: Dominic J. Butchko

The Maryland Association of Counties (MACo) **SUPPORTS** SB 331. This bill establishes the Task Force to Study Paratransit in Maryland, to examine areas such as funding, spending gaps, and a possible role for public-private partnerships. Counties are increasingly compelled to direct local revenues to this informal and scattered system of services – the Task Force may help align common goals and promote stronger, more uniform services and provider duties.

Most individuals are familiar with the concept of when they call 9-1-1, an ambulance shows up to take them to a hospital or delivers treatment in the field. Paratransit represents complementary services. Instead of responding to an emergency, paratransit services help our most vulnerable residents get to their non-emergency medical appointments. The scope of these appointments can range dramatically and may be anything from dialysis or chemotherapy to a standard check-in with a primary care provider.

Funding for paratransit services has increasingly been a burden left to county transit agencies. A 2013 joint report from the Maryland Department of Transportation and others pointed to a critical need for paratransit funding going into the 2020s. The report projected that demand would increase at least 83% and investment would need to increase from \$19 million to roughly \$35 million. In the current post-COVID-19 environment, counties in all corners of the state are seeing a marked increase in the demand for paratransit services, while also struggling to recruit the necessary personnel.

Counties cannot support the state's demand for paratransit services alone, especially when enduring the fiscal pressures of the Blueprint, inflation, higher interest rates, and other negative economic headwinds. It is imperative that state and local stakeholders come together to explore alternative avenues that may support our paratransit service and our most vulnerable neighbors. As such, counties urge the Committee to give SB 331 a **FAVORABLE** report.

SB331 - Task Force to Study Paratransit in Maryland

Uploaded by: Ethan Simon

Position: FAV

SB331 - Task Force to Study Paratransit in Maryland

Finance Committee

February 7, 2024

Ethan Simon

Written Testimony in Support of SB331

Good afternoon, Chair Beidle and the distinguished members of the Finance Committee. I am Ethan Simon, a student at the University of Maryland and legislative intern here at the Maryland General Assembly for Senator Lewis Young. It is my pleasure to come before you and offer testimony in support of SB 331, the Task Force to Study Paratransit in Maryland.

Paratransit plays a vital role in aiding seniors and those with disabilities in their daily lives. Last summer, I interned at a nonprofit organization, Jewish Family Children's Service, which focused on empowering people with disabilities across the greater Philadelphia area. Many of our clients, unable to drive themselves, relied on paratransit provided by the organization to attend our diverse range of programs, including activities centered around baking, kitchen skills, education, and socialization. Without this service, they would miss out on essential social interactions and the opportunity to develop crucial life skills.

Furthermore, many individuals depended on local paratransit for tasks like grocery shopping. However, using this service for shopping posed significant challenges. It was unreliable, frequently arriving late and failing to accommodate riders' requested destinations. To mitigate these issues, riders scheduled trips well in advance, which often resulted in lengthy wait times. Consequently, they would lose entire days due to the unpredictability of this mode of transportation, a stark contrast to other public transit options available in the city.

I share this personal experience to underscore the profound importance of reliable paratransit. This can determine whether someone attends a critical medical appointment or obtains a necessary prescription. Conversely, unreliable service can strand riders in unsafe conditions for hours, lead to frustration, distrust in the transportation system, and potential job loss. Maryland is not immune to these challenges. A recent report from the U.S. Attorney's office regarding MobilityLink highlighted consistent delays in pick-up times, causing difficulties in daily planning and getting to work on time.

This bill aims to address any challenges Maryland riders may face with paratransit services. By examining funding and service gaps, the state can gain a better understanding of the requirements for a wholly effective paratransit system. Thank you for allowing me to testify on this bill and I urge a favorable report.

Sincerely,
Ethan Simon

SB 0331, FAV, FCG OCE, LS24.pdf

Uploaded by: Jessica Fitzwater

Position: FAV



FREDERICK COUNTY GOVERNMENT
OFFICE OF THE COUNTY EXECUTIVE

Jessica Fitzwater
County Executive

SB 331 –Task Force to Study Paratransit in Maryland

DATE: February 7, 2024
COMMITTEE: Senate Finance Committee
POSITION: Favorable
FROM: The Office of Frederick County Executive Jessica Fitzwater

As the County Executive of Frederick County, I urge the committee to give **SB 331 –Task Force to Study Paratransit in Maryland** a favorable report.

Paratransit is a door-to-door demand-response service for older adults and disabled residents to assist with transportation for medical appointments. Currently, in Maryland, the State offers a small amount of funding via the Specialized Statewide Transportation Assistance Program (SSTAP). This funding has been flat for 16 years, outside of a recent adjustment for inflation, and Counties have contributed a growing share of the costs of this program. With the aging of our population, local governments cannot keep pace with the funding needs of this service.

As demand for paratransit services increases, State and local governments will need to address the growing funding deficit for this crucial service. The Maryland General Assembly should establish a Paratransit Funding Task Force to study the needs of this service and propose recommendations to adequately and sustainably fund it.

At present, Frederick County is providing a significant overmatch to maintain the program; approximately \$1,000,000 annually. While our Frederick County Transit team has made many efforts to help address the growing need, including expanding the Taxi Access Program and providing transit training to increase the use of the fixed route system, these strategies cannot substantially offset the increased demand. We estimate that there will be approximately 10,000 trip denials in FY24 due to insufficient funding.

While the Federal government supports public transportation through DOT/FTA urban and rural transportation grants, 5307 Section 9 (urban) and 5311 Section 18 (rural) grant programs, there is no Federal support for paratransit services for older adults and people with disabilities who are unable to use public transit.

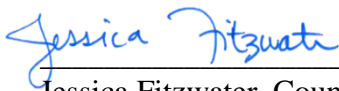
Senator Karen Lewis Young has successfully passed legislation to adjust SSTAP funding to account for inflation, however, the changing demographics and increased demand for the service have not been accounted for in State funding decisions. The State, in coordination with local partners, must identify funding solutions to sustain this program.

The proposed Task Force would study the growing demand for paratransit, potential funding mechanisms for the program, and the industries that benefit from the availability of this service. I am particularly supportive of the broad stakeholder engagement outlined in the Task Force's membership. Collaboration and creative problem-solving will be key to addressing this issue.

The final report from the Task Force should include legislative recommendations to help alleviate the financial burden on local governments and ensure the decrease and eventual elimination of trip denials as a result of insufficient funding.

I look forward to working in partnership with the State on this matter to ensure our older adults and disabled constituents can access reliable transportation for their medical appointments.

I appreciate Senator Lewis Young’s steadfast support of our transit programs and her advocacy on this issue. Thank you for your consideration of SB 331 and I urge a favorable report.



Jessica Fitzwater, County Executive
Frederick County, MD

2021_p79_ LOTSFundingRelatedtoNEMT.pdf

Uploaded by: John Duklewski

Position: FAV

**Locally Operated Transit Systems (LOTS)
Funding Related to
Non-Emergency Medical Transportation (NEMT)
(2021 JCR, pg. 79)**

**A Report to the Maryland General Assembly
Senate Budget and Taxation Committee
And
House Appropriations Committee**

December 2021

Maryland Transit Administration
Maryland Department of Transportation

Introduction

The Maryland Department of Transportation Maryland Transit Administration (MDOT MTA) offers this report in response to budget bill language contained in the 2021 Joint Chairmen’s Report (JCR). The language states:

Provided that \$100,000 of this appropriation made for the purpose of general administration may not be expended until the Maryland Transit Administration submits a report to the budget committees on the services provided by Locally Operated Transit Systems (LOTS), including Non-Emergency Medical Transportation (NEMT), to determine if these services are adequate to meet the local transportation requirements of the areas they serve. The study shall include the sources of funding and the amount of the funding provided by each source, by fiscal year, for fiscal 2015 through 2020. The study shall include a detailed examination of the NEMT services provided by Maryland LOTS during these fiscal years to determine whether adequate funding is available to meet the current and projected future service demands. The report shall be submitted by November 15, 2021, and the budget committees shall have 45 days from the receipt of the report to review and comment. Funds restricted pending the receipt of a report may not be transferred by budget amendment or otherwise to any other purpose and shall be canceled if the report is not submitted to the budget committees.

Background of LOTS

Local public transportation systems (LOTS) are operated throughout Maryland in all 23 counties, as well as in Baltimore City, the City of Annapolis, and Ocean City (Table 1-1). Additionally, LOTS include organizations that receive Statewide Special Transportation Assistance Program (SSTAP) funding for transportation services for seniors and people with disabilities. In most counties, but not all, the same department or organization that operates public transportation services is also the SSTAP service provider. The exceptions are Anne Arundel County, Somerset County, Worcester County, and the City of Baltimore.

Table 1-1: LOTS Organizations by County

Jurisdiction	Locally Operated Transit System (LOTS) Organizations Serving Each County
Anne Arundel County	Anne Arundel County City of Annapolis
Allegany County	Allegany County
Baltimore City	City of Baltimore
Baltimore County	Baltimore County
Calvert County	Calvert County
Caroline County	Delmarva Community Transit
Carroll County	Carroll County
Cecil County	Cecil County
Charles County	Charles County
Dorchester County	Delmarva Community Transit
Frederick County	Frederick County
Garrett County	Garrett Community Action Agency, Inc.

Harford County	Harford County
Howard County	Howard County (operated by RTA of Central Maryland)
Kent County	Delmarva Community Services, Inc.
Montgomery County	Montgomery County
Prince George's County	Prince George's County
Queen Anne's County	Queen Anne's County
Somerset County	Somerset County (SSTAP only) Tri-County Council for the Lower Eastern Shore of Maryland – Shore Transit
St. Mary's County	St. Mary's County
Talbot County	Delmarva Community Transit
Washington County	Washington County
Wicomico County	Tri-County Council for the Lower Eastern Shore of Maryland – Shore Transit
Worcester County	Tri-County Council for the Lower Eastern Shore of Maryland – Shore Transit Town of Ocean City Worcester County Commission on Aging (SSTAP only)

LOTS Organizations and Services

LOTS are usually managed by local governments, operated by larger city or county transportation programs that address multiple modes of transportation, such as part of a Department of Transportation or a Department of Public Works, or maintained by a Department of Aging or a transportation office in the County Executive's Department of Administration. Additionally, some are based in a county planning office that contracts with a private operator or within a nonprofit organization that provides a variety of community services, or within a regional council of governments.

LOTS also operate a variety of different service modes, including:

- **Fixed route service** – service that operates along a prescribed route according to a fixed schedule. Typically, fixed route service is characterized by features such as printed schedules or timetables, designated bus stops where passengers board and disembark, and the use of larger transit vehicles.
- **Demand-response service** – service on which individual passengers can request door-to-door or curb-to-curb transportation from a specific location to another specific location at a certain time. These services may require advanced reservations.
- **Route deviation service** – service that operates along established routes and schedules but permits user-initiated deviations. Such routes typically have designated stops. Between these stops, vehicles deviate (depart) from an established route to pick up or drop off riders within a defined off-route service area, sometimes called flexible-route service.
- **ADA complementary paratransit service** – origin-to-destination service required by the Americans with Disabilities Act (ADA) for individuals with disabilities who are unable to use fixed route transportation systems. This service must be comparable to the fixed route system and meet the U.S. DOT requirements specified in 49 CFR Part 37.

- **User-side taxi subsidy** – subsidy in the form of a sum or a discount paid or applied directly to riders of a transportation system. For example, riders purchase taxi vouchers at a reduced cost from an entity which has purchased them at full value from a taxi system and redeem the vouchers for full face value with the taxi system.

Riders may travel to and from healthcare services using any of these modes, and thus the LOTS are serving NEMT needs with each of these modes. Because the LOTS operate public transit services, for any trip purpose, the extent to which LOTS services are addressing NEMT needs is not comprehensively tracked. Four LOTS provide Medicaid-funded NEMT services: Delmarva Community Transit, Frederick County, Garrett County Community Action, and Montgomery County. Others may provide NEMT that is not Medicaid-funded through contracts with human service agencies, but such contracts may represent a small portion of the LOTS services and NEMT trips. Except for services which require pre-scheduling a ride and indicating trip purpose, LOTS are not likely to have records on number of NEMT trips provided.

LOTS Planning and Budget Development

The LOTS are responsible for their own operational planning and grants submission, as well as ensuring compliance with federal and state requirements. As required by the MDOT MTA as part of its role administering FTA funding, the MDOT MTA provides program guidance to the LOTS regarding federal and state requirements and policies. As part of its management of the statewide program, the MDOT MTA requires the LOTS to conduct periodic five-year transit development plans (TDPs) with funding and consultant assistance through the MDOT MTA. Input for service changes include the TDP, other local plans, input from advisory groups and additional public input, all of which is considered in the development of annual budget plans.

The LOTS grant levels are set by the MDOT MTA, and the LOTS budgets are developed with anticipated MDOT MTA grants, which may be augmented with additional local funding as determined by each county's budget. Any additional funds used to support the LOTS are identified locally and allocated from local general revenue funds. In all cases, these decisions are made by the local elected legislative body. Some but not all LOTS also have transit advisory groups.

Linkage Between the MDOT MTA and the LOTS

The MDOT MTA's Office of Local Transit Support (OLTS) administers federal and State grants to the LOTS. This includes management of the Annual Transportation Plan (ATP) grant application process, monitoring quarterly reporting and performance assessment, compliance monitoring (both federal and state programs), assistance in vehicle procurement (by state contract), funding and participation in local TDPs and other technical assistance. However, the LOTS are independent in terms of determining services offered, fares, technology, branding, etc. The LOTS have generally provided significant local funding beyond the amounts required to match the MDOT MTA grants to address their local-developed needs. The MDOT MTA makes no commitments that inclusion of a service, program, or capital need in a TDP will be supported by state or federal funding, though TDPs are considered by the MDOT MTA.

The MDOT MTA is Maryland's designated recipient for Federal Transit Administration (FTA) funding statewide, as well as for the Baltimore Urbanized Area. As the designated recipient, the MDOT MTA administers federal formula funds for the small, urbanized areas, rural areas, and specialized programs statewide. Additionally, the MDOT MTA administers several state-only funding programs for the LOTS. The MDOT MTA funding programs that support LOTS operations include:

Large Urban Program – Funding under this state program is discretionary. Currently, the following jurisdictions are eligible for funding under the Large Urban Program: Anne Arundel County, Cecil County, City of Annapolis, Howard County, Montgomery County, Prince George's County and Queen Anne's County. Large urban-funded services are open to the public.

- **Section 5307 Urbanized Area Formula Program** – The MDOT MTA awards FTA Section 5307 program grants to LOTS operating in Maryland's small urbanized areas as defined by the FTA (population 50,000-200,000). Currently, the following jurisdictions are eligible for funding under this program: Allegany County (Cumberland), Calvert County, Carroll County (Westminster), Charles County (St. Charles), Frederick County (City of Frederick), St. Mary's County, Washington County (Hagerstown), Tri-County Council of Lower Eastern Shore, and Queen Anne's County. Section 5307-funded services are open to the public. At the federal level, funds are apportioned to each urbanized area on a formula basis.
- **Section 5311 Formula Grants for Rural Areas Program** – The MDOT MTA awards FTA Section 5311 program grants to LOTS operating in Maryland's rural (nonurbanized) areas. Currently, each county in Maryland, as well as Ocean City, are eligible for funding under the Section 5311 program for the nonurbanized portions of the county, as well as Ocean City. At the federal level, funds are apportioned to each State on a formula basis.

Americans With Disabilities Act (ADA) Funding Program – Eligibility for this discretionary state funding program is limited to the LOTS that operate ADA complementary paratransit (one applicant per county). Maryland's ADA program funds ADA complementary paratransit, which transports those with disabilities who are unable to ride fixed route services due to their disability.

Statewide Special Transportation Assistance Program (SSTAP) – This state funding program is apportioned annually to each county in Maryland and the City of Baltimore. SSTAP funds specialized transportation services for seniors and those with disabilities.

To apply for all potential funds, the LOTS submit one comprehensive Annual Transportation Plan (ATP) to the MDOT MTA. The ATP is also used to apply for capital and planning grants that support facilities and vehicles for the LOTS, planning and development of future services, and other activities that are essential to the LOTS operations.

NEMT Services Provided in Maryland

The term NEMT has been associated specifically with the Medicaid program, but it can be viewed from a much broader perspective to include transportation for all medical needs. For this report, the term is used in a broader sense to refer to trips to medical appointments, regardless of Medicaid trip eligibility. When referring to specific Medicaid requirements for NEMT, the term Medicaid NEMT is used.

Medicaid NEMT

The federal Medicaid program provides medical assistance for qualified low-income individuals, families and children, pregnant women, the elderly, and people with disabilities. Federal guidelines require that states assure the transportation of Medicaid recipients to health care services, and a portion of each state's Medicaid funds are used to fund NEMT for Medicaid recipients. Under federal regulations, transportation services must be provided to qualified and eligible participants who have no other means of transportation available. These federal requirements are incorporated into COMAR (10.09.19) - Transportation Grants.

In Maryland, the Medicaid transportation program is funded on the State level by the Maryland Department of Health's (MDH) Division of Community Support Services. The MDH has a Medicaid Transportation Grant Program that funds NEMT for eligible trips on the county level. These funds awarded to the local jurisdictions are used for the "safety net" funding of transportation to eligible participants who have no other available source of transportation. Since Medicaid is the payer of last resort, all other sources of transportation must be accessed and exhausted prior to the expenditure of the grant funds for transportation services. The grants have a base funding level of nearly \$44M in FY2022. Counties can request additional funds if needed based on demand for NEMT; the program is funded by a combination of federal Medical Assistance and state matching funds. Table 2-1 shows Maryland Medicaid NEMT funding for each county and the City of Baltimore in FY2022.

Except for Montgomery County¹, Maryland Medicaid NEMT services are administered through the County Health Departments, who certify patient eligibility and typically contract with one or more private transportation providers. In some counties, the health department contracts with the LOTS to provide a portion of the Medicaid NEMT services.

¹ In Montgomery County, the Medicaid Transportation Grant funds are administered by the County Department of Transportation.

Table 2-1: Medicaid NEMT Funding by Jurisdiction for FY2022

Jurisdiction	NEMT FY2022 Base Award
Allegany County	\$1,404,866
Anne Arundel County	\$2,942,870
Baltimore City	\$7,227,878
Baltimore County	\$4,801,500
Calvert County	\$896,185
Caroline County	\$456,088
Carroll County	\$1,344,541
Cecil County	\$1,069,704
Charles County	\$933,295
Dorchester County	\$1,070,606
Frederick County	\$844,497
Garrett County	\$790,417
Harford County	\$2,929,922
Howard County	\$1,754,664
Kent County	\$617,210
Montgomery County	\$3,879,386
Prince George's County	\$3,510,543
Queen Anne's County	\$786,273
St. Mary's County	\$769,151
Somerset County	\$835,732
Talbot County	\$433,034
Washington County	\$1,353,932
Wicomico County	\$2,109,444
Worcester County	\$1,010,712
Statewide Total	\$43,772,450

Source: Maryland Department of Health, Division of Community Support Services

LOTS as NEMT Providers

The services provided by the LOTS represent only a portion of the NEMT services provided in Maryland. There generally are no restrictions or priorities on trip purpose (so they cannot prioritize medical trips). Except for ADA-eligible trips, public transit services are not required at a specific service level and can be constrained by the capacity of the system – trips can be denied if services meet their limits.

LOTS may operate NEMT services under contract to other organizations, including Medicaid NEMT contracted from the local county health department. At least four LOTS operate some Medicaid NEMT under contract. It is important to note that the LOTS are not responsible for meeting Medicaid NEMT needs, and in many counties, play a very small role in providing Medicaid NEMT. Private medical transportation providers, human service agencies, residential facilities for seniors and those with disabilities, and other private organizations may also provide NEMT for program participants above and beyond what is provided by the LOTS. However, since Medicaid NEMT is a safety-net program, the County Medicaid providers rely partially on local public transportation to provide needed trips for Medicaid clients to Medicaid-approved medical appointments.

Examining Medicaid NEMT and LOTS

NEMT regulations require County Health Departments to screen for the availability of public transportation for specific Medicaid NEMT trips and refer clients to those services. The range of services provided by the LOTS vary greatly depending on the area served. Many of the LOTS have at least some fixed routes (and complementary ADA paratransit), but large portions of the State have only general public demand response services and/or demand response services limited to seniors and people with disabilities (e.g., SSTAP-funded service).

When referrals are made to the fixed route services, no additional transit costs are incurred. However, referrals made to the paratransit services provided by the LOTS increase costs and create significant challenges for the LOTS and the County Health Departments:

1. LOTS systems are unable to meet an unlimited demand for Medicaid NEMT trips and as noted above, most of the LOTS paratransit services are capacity constrained. This excludes ADA paratransit provided in those limited areas with fixed routes. Under the ADA requirements, all eligible trips requested by all ADA paratransit-eligible riders must be provided without regard to trip purpose. In cases where an individual is eligible for both ADA paratransit and Medicaid NEMT, for whom the ride to a medical appointment is within the ADA paratransit geographic boundaries and days and hours of service, the LOTS is obligated to provide the trip as an ADA paratransit trip.
2. The LOTS paratransit service may not meet the Medicaid NEMT requirements to serve all eligible trips at no charge to the rider. The LOTS do not prioritize medical trips; Medicaid clients are served on a “first come, first serve” basis and trips can be denied if services are at capacity. Furthermore, the LOTS paratransit generally charge a fare (up to twice the fixed route fare for the same trip is allowed under the U.S. DOT ADA regulations).
3. LOTS services rely significantly more on State and local dollars than Medicaid NEMT.

LOTS Funding and Programs that Support NEMT

This section provides a description and information on the LOTS funding programs, particularly those that support NEMT services provided by the LOTS. Data on LOTS grant awards and expenditures were obtained from OLTS, as were service statistics reported by the LOTS to OLTS. All LOTS that receive Public Transportation Program (PTP) funds were surveyed in July 2021 seeking information on sources of funding for NEMT provided by the LOTS, and unmet needs for NEMT. Survey responses were received from 20 (out of 23) LOTS organizations listed in Table 3-1.

Table 3-1: LOTS Which Responded to the July 2021 NEMT Survey

Jurisdiction/Organization	Transit System Name
Allegany County	Allegany County Transit
Baltimore City Health Department Division of Aging	Baltimore City TaxiCard Program
Baltimore County Department of Public Works and Transportation	County Ride
Calvert County	Calvert County Public Transportation (CCPT)
Carroll County	Carroll Transit System (CTS)
Cecil County Department of Community Services	Cecil Transit
Charles County	VanGO
City of Annapolis	Annapolis Transit
Frederick County	TransIT Services of Frederick County (TSFC)
Garrett County Community Action	Garrett Transit Service
Harford County	Harford Transit LINK
Howard County Office of Transportation	Regional Transportation Agency of Central Maryland (RTA)
Montgomery County Department of Transportation	Ride On Transit Services
Prince George's County Department of Public Works and Transportation	Call-A-Bus
Queen Anne's County	County Ride
Somerset County Commission of Aging	Dial-A-Ride
St. Mary's County	St. Mary's Transit System (STS)
Town of Ocean City	Ocean City Transportation (OCT)
Tri-County Council for the Lower Eastern Shore of Maryland	Shore Transit
Washington County	Washington County Transit (WCT)

As previously described, the LOTS receive ADA, SSTAP, and/or PTP funding from MDOT MTA. The PTP funding is allocated to programs that support service provision, including the State Large Urban and the Federal Section 5307 (Small Urban) and Section 5311 (Rural) programs. The State also provides matching funds for the Sections 5307 and 5311 programs. The MDOT MTA grant programs that the LOTS may use to provide NEMT services include:

- ADA Funding Program
- (SSTAP
- Section 5307 Urbanized Area Formula Program
- Section 5311 Formula Grants for Rural Areas Program
- Large Urban Program

These programs fund either capital and/or operating projects. Operating grants fund ongoing operating expenses (labor, fuel, supplies, insurance, contract operations, overhead expenses, etc.). Capital grants generally fund vehicles, technology, facility construction, leasing of equipment or facilities, and other equipment. Under the Federal Section 5307 and 5311

programs, preventive maintenance is also funded as a capital project, as are such activities as mobility management and ADA complementary paratransit under certain circumstances.

Each of the LOTS grant programs requires a minimum local match, or local share of the total project cost. Table 3-2 shows the minimum local match for each program profiled in this report, based on the most recent LOTS grant application package (the FY 2022 Annual Transportation Plan Instructions). While each program has a minimum local match, many of the LOTS provide more local funds than is necessary to meet the match in order to maintain a certain level of services. The expression “net operating deficit” means that the match is calculated after fares and other operating revenues are subtracted from the total project cost.

Table 3-2: Minimum Local Match Requirements for MDOT MTA Programs that Fund NEMT Services Provided by the LOTS

Program	Type of Grant	Federal Share	State Share	Local Share
ADA	Operating	None	Up to 90%	10% minimum
SSTAP	Operating	None	Up to 75% of the net operating deficit	Minimum 25% of the net operating deficit
SSTAP	Capital	None	Up to 95%	5% minimum
Large Urban	Operating	None	Typically 75%	Typically 25%
Large Urban	Capital	None	Up to 90%	10% minimum
Section 5307	Operating	Up to 50% of the net operating deficit	Typically 25% of the net operating deficit	Typically 25% of the net operating deficit
Section 5307	Capital	Up to 80%	Up to 10%	10% minimum
Section 5311	Operating	Up to 50% of the net operating deficit	Typically 25% of the net operating deficit	Typically 25% of the net operating deficit
Section 5311	Capital	Up to 80%	Up to 10%	10% minimum

It should be noted that the MDOT MTA also administers other public and specialized transportation grant programs for which a LOTS may be eligible, but which are not profiled in this report as they typically do not fund NEMT services provided by the LOTS.

Table 3-3 displays the various types of services currently operated by the LOTS, as identified in the 20 LOTS survey responses received.

Table 3-3: Types of Services Provided by the LOTS

Type of Transportation System	Number of Responses	Percent of Respondents
Demand response transportation for seniors and people with disabilities (including SSTAP)	17	81.0%
Fixed route service for the general public	15	71.4%
ADA paratransit	13	61.9%
Route deviation service for the general public	7	33.3%
Taxi subsidy	7	33.3%
Demand response transportation for general public	6	28.6%
Service provided on contract basis to one or more human service agencies	4	19.0%
Micro-transit/on-demand app-based service	3	14.3%
Medicaid NEMT on fixed route or route deviation	1	4.8%
Medicaid NEMT on ADA paratransit/demand response service	1	4.8%
Mobility management services	1	4.8%

Americans with Disabilities Act Funding Program

The primary goal of the Maryland ADA funding program is to provide general-purpose transportation for persons with disabilities who are unable to use traditional fixed-route public transit due to the nature of their disability. Eligibility for this discretionary State funding program is limited to LOTS that operate ADA complementary paratransit, which is only a requirement for LOTS that operate fixed route services. The ADA program funds operating projects and requires a minimum of 10 percent local match. Table 3-4 shows ADA grant awards and Table 3-5 shows actual ADA project expenditures.

Table 3-4: ADA Grant Awards, FY 2015-2021

ADA Grant Awards	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021
State	\$1,276,068	\$1,058,450	\$1,058,450	\$1,058,450	\$1,058,450	\$958,450	\$958,450
Local	\$1,345,712	\$1,261,182	\$1,423,614	\$1,772,598	\$1,395,650	\$2,737,697	\$1,071,368
Total	\$2,621,780	\$2,319,632	\$2,482,064	\$2,831,048	\$2,454,100	\$3,696,147	\$2,029,818
Percent of Total:							
State	48.7%	45.6%	42.6%	37.4%	43.1%	25.9%	47.2%
Local	51.3%	54.4%	57.4%	62.6%	56.9%	74.1%	52.8%

Table 3-5: ADA Grant Expenditures, FY 2015-2021

ADA Grant Expenditures	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021
State	\$1,262,842	\$1,050,432	\$1,027,989	\$1,050,562	\$1,058,450	\$941,787	\$606,913
Local	\$1,449,283	\$1,270,759	\$851,691	\$935,359	\$576,917	\$2,673,023	\$1,109,199
Total	\$2,712,125	\$2,321,191	\$1,879,680	\$1,985,920	\$1,635,367	\$3,614,810	\$1,716,112
Percent of Total:							
State	46.6%	45.3%	54.7%	52.9%	64.7%	26.1%	35.4%
Local	53.4%	54.7%	45.3%	47.1%	35.3%	73.9%	64.6%
Percent of Awards Spent:							
State	99.0%	99.2%	97.1%	99.3%	100.0%	98.3%	63.3%
Local	107.7%	100.8%	59.8%	52.8%	41.3%	97.6%	103.5%
Total	103.4%	100.1%	75.7%	70.1%	66.6%	97.8%	84.5%

Statewide Special Transportation Assistance Program

SSTAP grants are apportioned annually to each county in Maryland and the City of Baltimore. The goals of the SSTAP are:

- To provide general-purpose transportation for both elderly persons and persons with disabilities, and
- To encourage and facilitate the efficient use of funds through the coordination of programs and services.

While medical trips are included in the SSTAP, service cannot be restricted to a particular program or activity, and trip purposes may not be prioritized. While the intent of the program is to serve seniors and people with disabilities, SSTAP service may also be available to the general public.

Projects funded under SSTAP can be either capital (requiring a minimum 5 percent local match) or operating (requiring at least 25 percent local match of the net operating deficit). During FY 2015-2021, SSTAP funds were only used for Operating projects.

Table 3-6 shows the total SSTAP grant awards statewide for FY2015-2021, while Table 3-7 shows actual SSTAP project expenditures.

Table 3-6: SSTAP Grant Awards, FY2015-2021

SSTAP Grant Awards	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021
State	\$4,305,908	\$4,305,908	\$4,305,908	\$4,405,908	\$4,305,908	\$4,305,908	\$4,305,908
Local	\$7,051,570	\$7,293,594	\$7,958,735	\$6,847,021	\$6,931,003	\$8,312,628	\$4,282,789
Total	\$11,357,478	\$11,599,502	\$12,264,643	\$11,252,929	\$11,236,911	\$12,618,536	\$8,588,697
Percent of Total:							
State	37.9%	37.1%	35.1%	39.2%	38.3%	34.1%	50.1%
Local	62.1%	62.9%	64.9%	60.8%	61.7%	65.9%	49.9%

Table 3-7 SSTAP Grant Expenditures, FY2015-2021

SSTAP Grant Expenditures	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021
State	\$4,276,007	\$4,272,312	\$4,287,084	\$4,372,164	\$4,268,480	\$4,206,289	\$2,529,325
Local	\$7,455,979	\$5,382,843	\$4,834,852	\$4,779,971	\$5,916,436	\$6,005,819	\$2,968,221
Total	\$11,731,986	\$9,655,156	\$9,121,936	\$9,152,136	\$10,184,916	\$10,212,108	\$5,497,546
Percent of Total:							
State	36.4%	44.2%	47.0%	47.8%	41.9%	41.2%	46.0%
Local	63.6%	55.8%	53.0%	52.2%	58.1%	58.8%	54.0%
Percent of Awards Spent:							
State	99.3%	99.2%	99.6%	99.2%	99.1%	97.7%	58.7%
Local	105.7%	73.8%	60.7%	69.8%	85.4%	72.2%	69.3%
Total	103.3%	83.2%	74.4%	81.3%	90.6%	80.9%	64.0%

Section 5307 Urbanized Area Formula Program

The Federal Section 5307 program provides funding for LOTS operating in urbanized areas (population 50,000 or more). At the federal level, funds are apportioned to each urbanized area on a formula basis. The MDOT MTA administers these funds for the small urbanized areas (population 50,000-200,000) in Maryland, which are eligible for capital and operating funds. Currently, the following jurisdictions are eligible for Section 5307 small urbanized funding: Allegany County (Cumberland), Calvert County, Carroll County (Westminster), Charles County (St. Charles), Frederick County (City of Frederick), St. Mary's County, Washington County (Hagerstown), Tri-County Council of Lower Eastern Shore, and Queen Anne's County.

Operating projects are eligible for federal funding up to 50 percent of net operating expenses. According to the MDOT MTA's most recent Annual Transportation Plan application instructions, the State typically provides a 25 percent match, while a local match of 25 percent is typically needed for operating projects. Capital projects are eligible for a maximum of 80 percent federal share; State funding typically provides 10 percent with a local share of typically 10 percent.

Operating

Table 3-8 shows the total Section 5307 operating grant awards statewide for FY2015-2021, while Table 3-9 shows actual Section 5307 operating project expenditures.

Table 3-8: Section 5307 Operating Grant Awards, FY2015-2021

Section 5307 Operating Grant Awards	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021
Federal	\$9,134,981	\$8,718,825	\$9,352,003	\$10,168,715	\$10,024,232	\$10,523,047	\$10,523,047
State	\$3,400,594	\$2,998,023	\$3,082,890	\$3,053,685	\$2,981,318	\$3,065,459	\$2,385,049
Local	\$7,362,122	\$7,024,052	\$7,682,051	\$8,369,244	\$8,065,142	\$8,773,307	\$9,461,527
Total	\$19,897,697	\$18,740,900	\$20,116,944	\$21,591,644	\$21,070,692	\$22,361,813	\$22,369,623
Percent of Total:							
Federal	45.9%	46.5%	46.5%	47.1%	47.6%	47.1%	47.0%
State	17.1%	16.0%	15.3%	14.1%	14.1%	13.7%	10.7%
Local	37.0%	37.5%	38.2%	38.8%	38.3%	39.2%	42.3%

Table 3-9: Section 5307 Operating Grant Expenditures, FY2015-2021

Section 5307 Operating Expenditures	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021
Federal	\$8,393,079	\$8,047,330	\$8,804,877	\$9,675,365	\$9,811,874	\$9,974,300	\$5,977,042
State	\$2,872,368	\$2,610,734	\$2,885,072	\$2,996,097	\$2,942,085	\$2,906,246	\$1,691,734
Local	\$6,820,347	\$6,058,473	\$6,927,223	\$8,019,477	\$8,779,510	\$8,483,681	\$4,623,730
Total	\$18,085,795	\$16,716,537	\$18,617,172	\$20,690,939	\$21,533,469	\$21,364,228	\$12,292,506
Percent of Total:							
Federal	46.4%	48.1%	47.3%	46.8%	45.6%	46.7%	48.6%
State	15.9%	15.6%	15.5%	14.5%	13.7%	13.6%	13.8%
Local	37.7%	36.2%	37.2%	38.8%	40.8%	39.7%	37.6%
Percent of Awards Spent:							
Federal	91.9%	92.3%	94.1%	95.1%	97.9%	94.8%	56.8%
State	84.5%	87.1%	93.6%	98.1%	98.7%	94.8%	70.9%
Local	92.6%	86.3%	90.2%	95.8%	108.9%	96.7%	48.9%
Total	90.9%	89.2%	92.5%	95.8%	102.2%	95.5%	55.0%

Capital

Table 3-10 shows the total Section 5307 capital grant awards statewide for FY2015-2021, while Table 3-11 shows actual Section 5307 capital project expenditures.

Table 3-10: Section 5307 Capital Grant Awards, FY2015-2021

Section 5307 Capital Grant Awards	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021
Federal	\$12,132,750	\$7,631,271	\$6,302,861	\$8,269,295	\$3,289,462	\$6,903,348	\$7,779,564
State	\$2,266,596	\$1,189,602	\$773,548	\$994,770	\$396,870	\$848,608	\$250,000
Local	\$766,597	\$718,225	\$802,170	\$1,072,555	\$425,495	\$877,235	\$1,694,891
Total	\$15,165,943	\$9,539,098	\$7,878,579	\$10,336,620	\$4,111,827	\$8,629,191	\$9,724,455
Percent of Total:							
Federal	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%
State	14.9%	12.5%	9.8%	9.6%	9.7%	9.8%	2.6%
Local	5.1%	7.5%	10.2%	10.4%	10.3%	10.2%	17.4%

Table 3-11: Section 5307 Capital Grant Expenditures, FY2015-2021

Section 5307 Capital Expenditures	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021
Federal	\$11,876,115	\$6,911,498	\$5,697,361	\$6,982,328	\$3,137,060	\$5,779,625	\$2,052,275
State	\$2,236,153	\$1,099,754	\$699,238	\$834,427	\$377,820	\$708,142	\$0
Local	\$1,203,552	\$631,677	\$772,230	\$1,036,086	\$468,351	\$777,325	\$533,177
Total	\$15,315,820	\$8,642,929	\$7,168,829	\$8,852,841	\$3,983,231	\$7,265,093	\$2,585,452
Percent of Total:							
Federal	77.5%	80.0%	79.5%	78.9%	78.8%	79.6%	79.4%
State	14.6%	12.7%	9.8%	9.4%	9.5%	9.7%	0.0%
Local	7.9%	7.3%	10.8%	11.7%	11.8%	10.7%	20.6%
Percent of Awards Spent:							
Federal	97.9%	90.6%	90.4%	84.4%	95.4%	83.7%	26.4%
State	98.7%	92.4%	90.4%	83.9%	95.2%	83.4%	0.0%
Local	157.0%	87.9%	96.3%	96.6%	110.1%	88.6%	31.5%
Total	101.0%	90.6%	91.0%	85.6%	96.9%	84.2%	26.6%

Section 5311 Formula Grants for Rural Areas Program

At the federal level, funds are apportioned to each state according to a formula that factors in rural population. Within Maryland, the MDOT MTA awards Section 5311 grants to LOTS operating in Maryland’s rural (nonurbanized) areas, with allocations based on the annual application process. Currently, each county in Maryland is eligible for funding under the Section 5311 program for the nonurbanized portions of the county. Additionally, the town of Ocean City is eligible for the service through the town. The Tri-County Council of Lower Eastern Shore is the eligible applicant for Worcester, Wicomico, and Somerset counties. Talbot County is also the eligible applicant for Caroline and Kent counties. In accordance with FTA regulations, Section 5311-funded services are open to the public and can only serve nonurbanized areas.

Section 5311 funds both operating and capital projects. As with Section 5307, operating projects are eligible for federal funding up to 50 percent of net operating expenses. Likewise, according to the MDOT MTA’s most recent Annual Transportation Plan application instructions, the State typically provides a 25 percent match, while typically a 25 percent local match is needed for operating projects. Capital projects are eligible for a maximum of 80 percent federal share; State funding typically provides 10 percent with a typical local share of 10 percent.

Operating

Table 3-12 shows the total Section 5311 operating grant awards statewide for FY2015-2021, while Table 3-13 shows actual Section 5307 operating project expenditures.

Table 3-12: Section 5311 Operating Grant Awards, FY2015-2021

Section 5311 Operating Awards	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021
Federal	\$3,583,008	\$3,926,191	\$4,462,184	\$4,422,789	\$5,023,302	\$3,930,101	\$5,273,977
State	\$1,153,646	\$1,427,313	\$1,101,537	\$1,035,332	\$1,035,332	\$1,035,332	\$828,264
Local	\$9,348,009	\$8,515,115	\$8,548,090	\$5,183,448	\$8,984,429	\$4,729,205	\$7,229,458
Total	\$14,084,663	\$13,868,619	\$14,111,810	\$10,641,568	\$15,043,063	\$9,694,638	\$13,331,699
Percent of Total:							
Federal	25.4%	28.3%	31.6%	41.6%	33.4%	40.5%	39.6%
State	8.2%	10.3%	7.8%	9.7%	6.9%	10.7%	6.2%
Local	66.4%	61.4%	60.6%	48.7%	59.7%	48.8%	54.2%

Table 3-13: Section 5311 Operating Grant Expenditures, FY2015-2021

Section 5311 Operating Expenditures	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021
Federal	\$3,577,291	\$3,869,225	\$4,451,269	\$4,389,438	\$5,013,478	\$3,751,272	\$2,227,617
State	\$1,133,679	\$1,395,987	\$1,096,523	\$1,032,286	\$1,035,332	\$1,014,593	\$413,714

Local	\$9,877,952	\$6,167,523	\$6,703,641	\$6,483,561	\$6,651,684	\$5,500,943	\$4,387,794
Total	\$14,588,923	\$11,432,734	\$12,251,433	\$11,905,286	\$12,700,493	\$10,266,808	\$7,029,125
Percent of Total:							
Federal	24.5%	33.8%	36.3%	36.9%	39.5%	36.5%	31.7%
State	7.8%	12.2%	9.0%	8.7%	8.2%	9.9%	5.9%
Local	67.7%	53.9%	54.7%	54.5%	52.4%	53.6%	62.4%
Percent of Awards Spent:							
Federal	99.8%	98.5%	99.8%	99.2%	99.8%	95.4%	42.2%
State	98.3%	97.8%	99.5%	99.7%	100.0%	98.0%	49.9%
Local	105.7%	72.4%	78.4%	125.1%	74.0%	116.3%	60.7%
Total	103.6%	82.4%	86.8%	111.9%	84.4%	105.9%	52.7%

Capital

Table 3-14 shows the total Section 5311 capital grant awards statewide for FY2015-2021, while Table 3-15 shows actual Section 5311 capital project expenditures.

Table 3-14: Section 5311 Capital Grant Awards, FY2015-2021

Section 5311 Capital Awards	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021
Federal	\$1,591,484	\$2,025,885	\$1,907,820	\$6,368,948	\$7,454,172	\$6,298,966	\$3,123,452
State	\$198,936	\$253,240	\$232,582	\$171,118	\$127,120	\$141,119	\$0
Local	\$198,936	\$253,239	\$244,376	\$1,421,119	\$1,736,423	\$1,433,623	\$780,863
Total	\$1,989,356	\$2,532,364	\$2,384,778	\$7,961,185	\$9,317,715	\$7,873,708	\$3,904,315
Percent of Total:							
Federal	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%
State	10.0%	10.0%	9.8%	2.1%	1.4%	1.8%	0.0%
Local	10.0%	10.0%	10.2%	17.9%	18.6%	18.2%	20.0%

Table 3-15: Section 5311 Capital Grant Expenditures, FY2015-2021

Section 5311 Capital Expenditures	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021
Federal	\$1,524,951	\$1,975,322	\$1,833,310	\$6,322,438	\$7,436,421	\$5,933,124	\$1,997,614
State	\$190,615	\$248,491	\$225,576	\$165,305	\$127,080	\$113,757	\$0
Local	\$191,567	\$250,482	\$246,203	\$1,423,115	\$1,746,696	\$1,372,368	\$499,403
Total	\$1,907,133	\$2,474,295	\$2,305,089	\$7,910,857	\$9,310,197	\$7,419,249	\$2,497,017
Percent of Total:							
Federal	80.0%	79.8%	79.5%	79.9%	79.9%	80.0%	80.0%
State	10.0%	10.0%	9.8%	2.1%	1.4%	1.5%	0.0%
Local	10.0%	10.1%	10.7%	18.0%	18.8%	18.5%	20.0%
Percent of Awards Spent:							
Federal	95.8%	97.5%	96.1%	99.3%	99.8%	94.2%	64.0%
State	95.8%	98.1%	97.0%	96.6%	100.0%	80.6%	-
Local	96.3%	98.9%	100.7%	100.1%	100.6%	95.7%	64.0%
Total	95.9%	97.7%	96.7%	99.4%	99.9%	94.2%	64.0%

Large Urban Program

The State Large Urban Program provides discretionary funding to counties in large, urbanized areas. Currently, the following jurisdictions are eligible for funding under this program: Anne Arundel County, Cecil County, City of Annapolis, Howard County, Montgomery County, Prince George’s County, and Queen Anne’s County. The Large Urban Program funds both operating and capital projects. Operating projects are eligible for up to 75 percent State share and require at least 25 percent local match. Capital projects are typically funded 90 percent by State funds with a minimum local match of 10 percent.

Operating

Table 3-16 shows the Large Urban Program operating grant awards statewide for FY2015-2021, and Table 3-17 shows actual Large Urban Program operating project expenditures.

Table 3-16: Large Urban Operating Grant Awards, FY2015-2021

Large Urban Operating Awards	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021
State	\$5,719,445	\$5,937,063	\$7,653,061	\$7,814,253	\$7,354,253	\$6,454,253	\$5,163,402
Local	\$6,838,196	\$6,644,651	\$6,651,498	\$7,484,705	\$7,361,333	\$9,068,921	\$6,760,053
Total	\$12,557,641	\$12,581,714	\$14,304,559	\$15,298,958	\$14,715,586	\$15,523,174	\$11,923,455
Percent of Total:							
State	45.5%	47.2%	53.5%	51.1%	50.0%	41.6%	43.3%
Local	54.5%	52.8%	46.5%	48.9%	50.0%	58.4%	56.7%

Table 3-17: Large Urban Operating Grant Expenditures, FY2015-2021

Large Urban Operating Expenditures	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021
State	\$5,562,212	\$5,937,063	\$7,653,061	\$7,814,253	\$7,354,253	\$6,443,838	\$3,027,146
Local	\$6,479,197	\$11,275,537	\$8,595,166	\$7,979,960	\$7,377,557	\$7,715,445	\$1,913,739
Total	\$12,041,409	\$17,212,600	\$16,248,228	\$15,794,213	\$14,731,810	\$14,159,283	\$4,940,885
Percent of Total:							
State	46.2%	34.5%	47.1%	49.5%	49.9%	45.5%	61.3%
Local	53.8%	65.5%	52.9%	50.5%	50.1%	54.5%	38.7%
Percent of Awards Spent:							
State	97.3%	100.0%	100.0%	100.0%	100.0%	99.8%	58.6%
Local	94.8%	169.7%	129.2%	106.6%	100.2%	85.1%	28.3%
Total	95.9%	136.8%	113.6%	103.2%	100.1%	91.2%	41.4%

Capital

Table 3-18 shows the total Large Urban Program capital grant awards statewide for FY2015-2021. Table 3-19 shows actual Section 5311 capital project expenditures.

Table 3-18: Large Urban Capital Grant Awards, FY2015-2021

Large Urban Capital Awards	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021
State	\$162,000	\$495,000	\$665,340	\$538,200	\$546,439	\$500,893	\$437,080
Local	\$18,000	\$55,000	\$38,371	\$59,800	\$151,946	\$55,655	\$109,270
Total	\$180,000	\$550,000	\$703,711	\$598,000	\$698,385	\$556,548	\$546,350
Percent of Total:							
State	90.0%	90.0%	94.5%	90.0%	78.2%	90.0%	80.0%
Local	10.0%	10.0%	5.5%	10.0%	21.8%	10.0%	20.0%

Table 3-19: Large Urban Capital Grant Expenditures, FY 2015-2021

Large Urban Capital Expenditures	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020*	FY2021
State	\$162,000	\$477,561	\$632,521	\$537,345	\$546,376	\$501,805	\$360,000
Local	\$26,561	\$53,062	\$96,301	\$258,385	\$321,596	\$315,682	\$98,273
Total	\$188,561	\$530,623	\$728,822	\$795,730	\$867,971	\$817,487	\$458,273
Percent of Total:							
State	85.9%	90.0%	86.8%	67.5%	62.9%	61.4%	78.6%
Local	14.1%	10.0%	13.2%	32.5%	37.1%	38.6%	21.4%
Percent of Awards Spent:							
State	100.0%	96.5%	95.1%	99.8%	100.0%	100.2%	82.4%
Local	147.6%	96.5%	251.0%	432.1%	211.7%	567.2%	89.9%
Total	104.8%	96.5%	103.6%	133.1%	124.3%	146.9%	83.9%
*Grant tracking data included \$306,147 in Federal funding in FY2020 expenditures, excluded in this table.							

LOTS Service Statistics Reported to MDOT MTA

LOTS grantees report operating statistics to MDOT MTA by service/grant type including trips (passenger boardings), service miles, service hours, and operating expenses. Operating revenues, including farebox, advertising, and other operating revenue are also reported by service/grant type. Statewide statistics reported by the LOTS by service/grant type are presented in the following series of tables.

It should be noted that, due to changes in services and ridership with the onset of the COVID-19 pandemic in FY2020, the LOTS may have experienced lower ridership (as “choice” riders reduced use of public transportation across the nation) and lower fare revenues. Many LOTS also temporarily reduced the services they operated, often due to staffing and ridership reductions, and some temporarily converted fixed route services to demand response.

ADA Program Operating Statistics

Table 3-20 presents operating statistics reported to MDOT MTA by the LOTS statewide for the ADA Program. As previously noted, ADA paratransit must be provided to eligible individuals without capacity constraints and with no restrictions on trip purposes. As such, the Maryland ADA Program funds NEMT as well as trips to any other type of destination requested, such as employment, education, shopping, recreation, and any other purpose.

Many ADA paratransit riders need a high level of passenger assistance to use the service (such as being escorted between the vehicle and the door of their origin or destination, as well as wheelchair securement). While ADA paratransit is typically a shared ride service, it can be challenging to service efficiently due to the operating requirements under the U.S. DOT ADA regulations.

Table 3-20: Statewide Operating Statistics for ADA Program-Funded Paratransit Services

ADA Program Total	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020
Passenger Trips	86,648	93,272	101,154	96,352	85,944	113,903
Service Miles	775,194	815,716	795,460	835,605	773,205	814,586
Service Hours	53,984	56,423	56,843	62,394	56,684	71,238
Operating Costs	\$3,042,309	\$2,956,547	\$2,831,405	\$3,103,444	\$2,530,384	\$3,834,335
Farebox	\$165,459	\$198,014	\$172,440	\$170,813	\$207,932	\$194,792
Other Operating Revenue	\$1,134,921	\$1,171,222	\$1,156,196	\$841,073	\$127,461	\$116,560
Advertising Revenue	\$17,318	\$27,019	\$22,513	\$10,594	\$13,407	\$20,006
Total Operating Revenue	\$1,317,698	\$1,396,256	\$1,351,149	\$1,022,480	\$348,800	\$331,358
Net Operating Deficit	\$1,724,611	\$1,560,291	\$1,480,256	\$2,080,964	\$2,181,584	\$3,502,977
Trips per Hour	1.61	1.65	1.78	1.54	1.52	1.60
Trips per Mile	0.11	0.11	0.13	0.12	0.11	0.14
Cost per Mile	\$3.92	\$3.62	\$3.56	\$3.71	\$3.27	\$4.71
Cost per Hour	\$56.36	\$52.40	\$49.81	\$49.74	\$44.64	\$53.82
Cost per Trip	\$35.11	\$31.70	\$27.99	\$32.21	\$29.44	\$33.66
Deficit per Trip	\$19.90	\$16.73	\$14.63	\$21.60	\$25.38	\$30.75
Farebox Recovery	5.4%	6.7%	6.1%	5.5%	8.2%	5.1%
Operating Revenue Recovery	43.3%	47.2%	47.7%	32.9%	13.8%	8.6%

SSTAP Operating Statistics

SSTAP operating statistics, aggregated statewide, are presented in Table 3-21. As noted earlier, SSTAP funds general purpose transportation for seniors and people with disabilities. As with the ADA Program, SSTAP is meant to serve any trip purpose, although unlike ADA paratransit, prioritizing trip purposes (such as medical) is permitted. LOTS may also use SSTAP funding to fund operating expenses for ADA paratransit. SSTAP riders may also need a higher level of passenger assistance to use the service than is needed on general public transit. Because SSTAP is typically a form of demand response service, it can result in a relatively higher cost per trip than on fixed route or deviated fixed route, although on average with higher productivity and lower cost per trip than ADA paratransit.

Table 3-21: SSTAP Statewide Operating Statistics

SSTAP Total	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020
Passenger Trips	576,620	591,398	530,662	464,703	424,866	315,589
Service Miles	3,773,838	3,910,918	3,322,625	2,879,297	2,991,115	2,294,009
Service Hours	264,294	233,252	223,625	200,329	187,355	162,841
Operating Costs	\$11,932,171	\$11,502,859	\$9,719,165	\$8,584,560	\$9,346,387	\$7,496,778
Farebox	\$1,009,449	\$956,516	\$1,041,454	\$951,003	\$1,063,358	\$464,840
Other Operating Revenue	\$4,487,815	\$4,457,780	\$4,334,567	\$3,690,557	\$2,791,717	\$1,951,802
Advertising Revenue	\$23,716	\$69,354	\$30,174	\$12,622	\$25,344	\$47,625
Total Operating Revenue	\$5,520,980	\$5,483,651	\$5,406,196	\$4,654,182	\$3,880,419	\$2,464,267
Net Operating Deficit	\$6,411,191	\$6,019,208	\$4,312,969	\$3,930,378	\$5,465,968	\$5,032,510
Trips per Hour	2.18	2.54	2.37	2.32	2.27	1.94
Trips per Mile	0.15	0.15	0.16	0.16	0.14	0.14
Cost per Mile	\$3.16	\$2.94	\$2.93	\$2.98	\$3.12	\$3.27
Cost per Hour	\$45.15	\$49.32	\$43.46	\$42.85	\$49.89	\$46.04
Cost per Trip	\$20.69	\$19.45	\$18.32	\$18.47	\$22.00	\$23.75
Deficit per Trip	\$11.12	\$10.18	\$8.13	\$8.46	\$12.87	\$15.95
Farebox Recovery	8.5%	8.3%	10.7%	11.1%	11.4%	6.2%
Operating Revenue Recovery	46.3%	47.7%	55.6%	54.2%	41.5%	32.9%

Public Transportation Programs Operating Statistics (Section 5307, Section 5311 and Large Urban Programs)

LOTS public transportation service data are grouped into three service types - fixed route, deviated fixed route, and general public demand response services - rather than specific grant programs. Tables 3-22, 3-23, and 3-24 display the operating statistics for these three service types respectively. Services funded by the Section 5307, Section 5311, and Large Urban Programs are aggregated in these tables.

Table 3-22: Statewide Operating Statistics for LOTS PTP - Funded Fixed Route Services.

Fixed Route Total 5307, 5311, Large Urban	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020
Passenger Trips	15,707,536	13,721,087	16,642,674	13,782,514	10,377,518	7,507,270
Service Miles	12,181,590	12,127,554	12,572,620	13,279,304	11,684,713	10,732,059
Service Hours	809,305	825,900	845,854	904,643	784,423	694,245
Operating Costs	\$66,930,525	\$66,899,013	\$66,005,230	\$71,920,863	\$65,306,142	\$60,095,877
Farebox Revenue	\$8,320,769	\$7,915,098	\$7,737,170	\$8,416,360	\$7,192,465	\$4,778,760
Other Operating Revenue	\$7,118,646	\$7,024,206	\$7,003,266	\$8,632,498	\$3,844,130	\$3,307,278
Advertising Revenue	\$176,002	\$279,063	\$423,489	\$496,413	\$362,307	\$273,001
Total Operating Revenue	\$15,615,418	\$15,218,367	\$15,163,925	\$17,545,271	\$11,398,902	\$8,359,039
Net Operating Deficit	\$51,315,107	\$51,680,646	\$50,841,305	\$54,375,592	\$53,907,240	\$51,736,838
Trips per Hour	19.41	16.61	19.68	15.24	13.23	10.81
Trips per Mile	1.29	1.13	1.32	1.04	0.89	0.70
Cost per Mile	\$5.49	\$5.52	\$5.25	\$5.42	\$5.59	\$5.60
Cost per Hour	\$82.70	\$81.00	\$78.03	\$79.50	\$83.25	\$86.56
Cost per Trip	\$4.26	\$4.88	\$3.97	\$5.22	\$6.29	\$8.01
Deficit per Trip	\$3.27	\$3.77	\$3.05	\$3.95	\$5.19	\$6.89
Farebox Recovery	12.4%	11.8%	11.7%	11.7%	11.0%	8.0%
Operating Revenue Recovery	23.3%	22.7%	23.0%	24.4%	17.5%	13.9%

Table 3-23: Statewide Operating Statistics for LOTS PTP - Funded Deviated Fixed Route Services

Deviated Fixed Route Total 5307, 5311, Large Urban	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020
Passenger Trips	708,133	643,100	540,565	502,826	502,677	199,174
Service Miles	1,711,208	1,874,580	1,844,880	1,779,211	1,892,902	1,115,181
Service Hours	111,935	112,228	110,984	109,147	120,950	70,296
Operating Costs	\$5,400,148	\$6,240,775	\$6,086,831	\$6,254,354	\$6,677,671	\$3,698,857
Farebox	\$705,612	\$609,376	\$563,087	\$506,334	\$525,745	\$191,368
Other Operating Revenue	\$1,233,407	\$1,185,535	\$1,281,920	\$1,324,866	\$1,368,621	\$738,160
Advertising Revenue	\$158	\$7,217	\$2,062	\$10,400	\$44,383	\$51,908
Total Operating Revenue	\$1,939,176	\$1,802,128	\$1,847,069	\$1,841,600	\$1,938,749	\$981,435
Net Operating Deficit	\$3,460,972	\$4,438,646	\$4,239,762	\$4,412,754	\$4,738,922	\$2,717,422
Trips per Hour	6.33	5.73	4.87	4.61	4.16	2.83
Trips per Mile	0.41	0.34	0.29	0.28	0.27	0.18
Cost per Mile	\$3.16	\$3.33	\$3.30	\$3.52	\$3.53	\$3.32
Cost per Hour	\$48.24	\$55.61	\$54.84	\$57.30	\$55.21	\$52.62
Cost per Trip	\$7.63	\$9.70	\$11.26	\$12.44	\$13.28	\$18.57
Deficit per Trip	\$4.89	\$6.90	\$7.84	\$8.78	\$9.43	\$13.64
Farebox Recovery	13.1%	9.8%	9.3%	8.1%	7.9%	5.2%
Operating Revenue Recovery	35.9%	28.9%	30.3%	29.4%	29.0%	26.5%

Table 3-24: Statewide Operating Statistics for LOTS PTP - Funded Demand Response Services

Demand Response Total 5307, 5311, Large Urban	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020
Passenger Trips	244,498	209,786	212,579	231,730	281,484	238,623
Service Miles	1,715,767	1,899,643	1,920,466	2,054,250	2,090,638	1,771,886
Service Hours	129,350	226,970	123,238	139,263	160,565	133,251
Operating Costs	\$5,953,342	\$7,670,550	\$4,885,504	\$5,315,064	\$5,876,259	\$5,517,914
Farebox	\$559,914	\$379,689	\$427,783	\$430,017	\$496,006	\$421,867
Other Operating Revenue	\$782,151	\$1,598,426	\$1,531,392	\$1,933,030	\$2,814,082	\$2,055,595
Advertising Revenue	\$23,112	\$13,325	\$28,028	\$16,921	\$17,124	\$11,696
Total Operating Revenue	\$1,365,177	\$1,991,439	\$1,987,203	\$2,379,968	\$3,327,212	\$2,489,158
Net Operating Deficit	\$4,588,165	\$5,679,111	\$2,898,301	\$2,935,096	\$2,549,047	\$3,028,756
Trips per Hour	1.89	0.92	1.72	1.66	1.75	1.79
Trips per Mile	0.14	0.11	0.11	0.11	0.13	0.13
Cost per Mile	\$3.47	\$4.04	\$2.54	\$2.59	\$2.81	\$3.11
Cost per Hour	\$46.03	\$33.80	\$39.64	\$38.17	\$36.60	\$41.41
Cost per Trip	\$24.35	\$36.56	\$22.98	\$22.94	\$20.88	\$23.12
Deficit per Trip	\$18.77	\$27.07	\$13.63	\$12.67	\$9.06	\$12.69
Farebox Recovery	9.4%	4.9%	8.8%	8.1%	8.4%	7.6%
Operating Revenue Recovery	22.9%	26.0%	40.7%	44.8%	56.6%	45.1%

NEMT Services Provided by the LOTS

The LOTS do not track trip purposes and do not report NEMT services to OLTS. Information on NEMT services provided by the LOTS was obtained from responses to the July 2021 survey.

Medicaid NEMT

Three of the LOTS survey respondents reported that they had a contract to provide Medicaid NEMT during FY 2019 or FY 2020. Table 4-1 shows the number of Medicaid trips provided by these three LOTS (in Frederick, Garrett, and Montgomery Counties). Montgomery County is unique in Maryland in that the Medicaid Transportation Grant funds from the Maryland Department of Health are administered by the County Department of Transportation rather than the County's Health Department.

Table 4-1: LOTS with Medicaid NEMT Contracts

LOTS	No. of Medicaid NEMT Trips Provided Under Contract	
	FY2019	1st half of FY2020
Transit Services of Frederick County	8,360	4,185
Garrett County Community Action (Garrett Transit Service)	6,606	2,941
Montgomery County Department of Transportation (Ride On)	76,227	45,000

In addition to the above three LOTS, Delmarva Community Transit (serving Dorchester, Caroline, Kent, and Talbot counties) provides Medicaid NEMT under contract to Dorchester County Health Department² and Talbot County Health Department³.

Other LOTS Provided NEMT Services

The survey asked the LOTS if they tracked the number of trips to or from medical appointments provided by their specialized transportation/paratransit services. Ten LOTS replied affirmatively, and nine LOTS provided data on the number of NEMT trips provided in FY2019 and the first half of FY 2020, as shown in Table 4-2.

² Dorchester County Health Department, Medical Assistance Transportation web page, <https://dorchesterhealth.org/medical-assistance-transportation/>, as accessed Aug. 31, 2021.

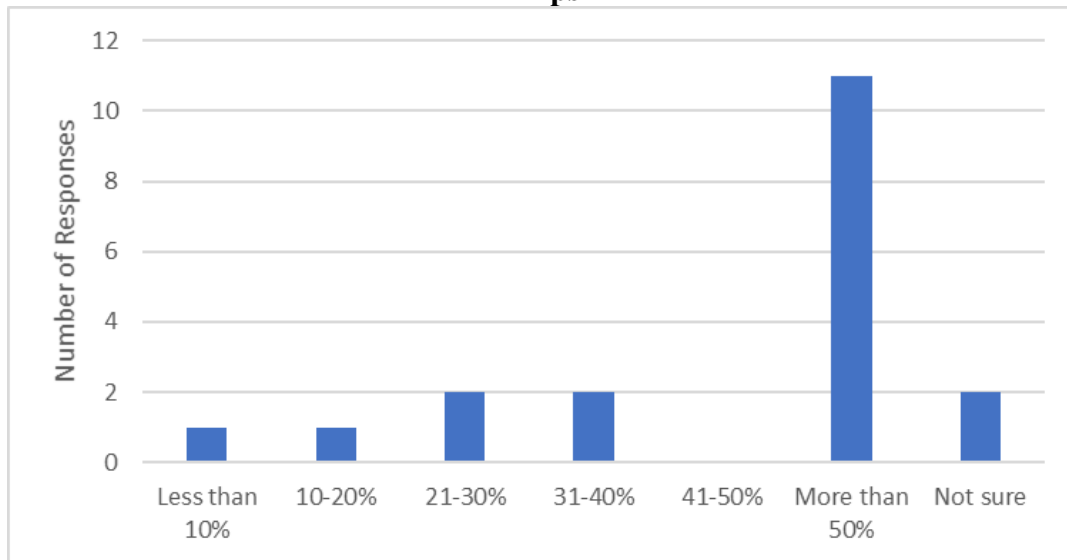
³ Maryland Department of Health, Talbot County Medical Assistance Transportation web page (<https://health.maryland.gov/talbotcounty/Pages/Transportation.aspx>), as accessed Aug. 31, 2021.

Table 4-2: LOTS which Track Trips for Medical Appointments

LOTS which Track Trips on Specialized Transportation or Paratransit Services to and from Medical Appointments	Services on which Medical Trips Are Tracked	No. of NEMT Trips Provided on these Services	
		FY2019	1st half of FY2020
Calvert County Public Transportation	ADA and SSTAP	3,914	2,011
Carroll Transit System	Demand Response	8,538	4,337
Cecil Transit	SSTAP (Demand Response), Micro-transit	2,564	674
County Ride (Baltimore County)	Demand Response	37,525	23,801
County Ride (Queen Anne's County)	SSTAP	not specified	not specified
Garrett Transit Service	not specified	13,906	6,210
Harford Transit LINK	Demand Response	14,624	7,958
Howard County / RTA of Central Maryland	Paratransit Trips	25,749	17,436
Shore Transit	ADA and SSTAP	14,014	5,032
Transit Services of Frederick County	Transit-plus paratransit	35,962	19,673

Eleven of the 20 LOTS respondents estimated that more than 50 percent of their current specialized transportation/paratransit services are medical trips (Figure 4-1).

Figure 4-1: Estimated Percent of Specialized and Paratransit Services that Are Medical Trips



Ability to Meet the Needs for NEMT

The LOTS were asked if they turned away any medical trip requests in FY2019, and if so, approximately how many trips, and why. They are also asked about medical trips turned away during the periods July to December 2019 (before the pandemic) and June 2021 (when the

pandemic appeared to be abating). A summary of responses about numbers of medical trip denials is presented in Table 4-3. Tracking trip denials is only required for ADA paratransit.

Table 4-3: Estimated Number of Medical Trips LOTS Reported They Were Unable to Provide in FY2019, July-December 2019, and June 2021

LOTS	Medical Trip Requests Turned Down		
	FY2019	July-Dec 2019	June 2021
Allegheny County Transit	None	None	None
Annapolis Transit	None	None	None
Baltimore City TaxiCard Program	None	None	None
Call-A-Bus (Prince George's County)	None	None	None
Calvert County Public Transportation (CCPT)	None	None	None
County Ride (Queen Anne's County)	None	None	None
Ocean City Transportation (OCT)	None	None	None
RTA (Howard County)	None	None	None
Shore Transit (Somerset, Wicomico, and Worcester Counties)	None	None	None
St. Mary's Transit System (STS)	None	None	None
VanGO (Charles County)	None	None	None
Washington County Transit (WCT)	None	None	None
Cecil Transit	Not sure	Not sure	Yes (1)
Harford Transit LINK	Not sure	Yes (128)	Yes
Carroll Transit System (CTS)	Yes (approx. 100)	Yes (45)	None
County Ride (Baltimore County)	Yes (approx. 2,000)	Not sure	Yes (137)
Dial-A-Ride (Somerset County)	Yes	Yes	Yes (6)
Garrett Transit Service	Yes	Yes	Yes
Ride On Transit Services (Montgomery County)	Yes	Yes	Yes
Transit Services of Frederick County (TSFC)	Yes (approx. 7,000)	Yes (approx. 6,000)	None

Table 4-4 summarizes the reasons reported by the LOTS for difficulties with meeting demands for medical transportation. In FY2019, having an insufficient number of drivers was the most frequently indicated reason for turning away requests for medical trips, with four LOTS citing this reason. Medical trip requests being outside of the LOTS' service days and hours or service area were the next most frequent responses (3 responses). Less frequent reasons included not having enough operating funds (2 responses), not having enough vehicles (2 responses), and trip requests that were not eligible for Medicaid NEMT (1 response).

Table 4-4: Primary Challenges for LOTS Meeting NEMT Needs, FY2019 and June 2021

Challenges for Meeting NEMT Needs	FY2019	June 2021
Not enough operating funds	2	0
Not enough drivers	4	10
Not enough vehicles	2	3
Medical trip requests are outside service days / hours	3	1
Medical trip requests are outside service area	3	4
Continuing COVID-19 related impacts	--	8
Other	1	2

LOTS were asked for the primary reasons for difficulties in meeting demand for medical transportation in June 2021. A shortage of drivers (10 responses) as well as continuing COVID-19 related impacts (8 responses) were the most frequent reasons during this period. For this period, the following explanations were added:

- Due to capacity and altered alternative times, which were then refused by the client. Inability to hire additional drivers to cover the preapproved seasonal leave. During high peak, we have between 5-8 drivers off due to approved leave and callouts of other types.
- Huge surge in all medical related transportation requests. Schedules during peak hours are regular trips for dialysis, impacting ability to provide other services.
- All eligible requests for Medicaid Transit were met.

Impact of NEMT Demand on LOTS' Ability to Provide Specialized Service for Other Purposes

When asked if the demand for medical trips impacted their ability to provide specialized service for other purposes in FY2019, eight LOTS replied that it did, and twelve indicated that it did not. Those which were impacted indicated the follow types of impacts:

- During an average day, it was difficult to serve other trip purposes because demand for medical trips used so much capacity (4 responses).
- During peak times for medical trips, it was not possible to serve other trip purposes because demand for medical trips used the capacity (4).
- Given the demand for medical trips, they limited trip purposes to specifically defined essential trips only and were unable to serve trips for non-essential purposes (1).
- Other (3) – explanations included limited capacity for other types of trips (including seniors and people with disabilities not eligible for Medicaid) and challenges coordinating services with dialysis centers that have become less cooperative and more demanding with their schedules.

Greatest Unmet Needs for Medical Transportation

The survey next asked the LOTS to indicate the highest unmet needs for medical transportation in their community. Twelve LOTS indicated the greatest need is trips to regional medical

destinations outside of the LOTS service area. The second most frequent response was trips to medical destinations within their service area (6 responses). Three LOTS indicated that the highest need is lower fares or free fares for non-Medicaid eligible riders. Three respondents indicated other high-priority needs: additional operating funding, additional dialysis transportation capacity with more flexibility from the individual centers, and increased awareness of medical transportation resources and how to enroll.

Other Medical Transportation Providers

LOTS were asked if there were other publicly-funded agencies or providers in their community that provide medical transportation. Thirteen respondents indicated there were (other) Medicaid NEMT providers serving their community and 14 indicated there are human service agencies that provide medical transportation. Two LOTS indicated they thought there probably were others but were not sure.

Costs and Funding for LOTS-Provided Medical Transportation

The survey asked for average cost per one-way specialized transportation/paratransit trip in FY2019, as well as from July to December 2019. Responses to these questions are summarized in Table 4-5. There is a wide range of cost per passenger trip among the LOTS, reflecting such variables as different service designs, operating environments, whether service is operated in-house or contracted, whether drivers are unionized, and productivity levels.

Table 4-5: LOTS Cost per Special Transportation / Paratransit Trips

Range of Average Cost per Passenger Trip on Specialized / Paratransit Services	Number of LOTS Responding in this Range	
	FY2019	July-Dec 2019
Under \$10.00	1	1
\$10.00-\$19.99	3	4
\$20.00-\$29.99	3	3
\$30.00-\$39.99	4	3
\$40.00-\$49.99	3	3
\$50.00-\$59.99	0	1
\$60.00-\$69.99	1	1

he survey asked the LOTS to indicate FY2019 and current (as of July 2021) funding sources for medical transportation. The sources and response frequency are shown in Table 4-6. SSTAP is the most frequently reported source of NEMT funding in FY2019 as well as in the current fiscal year, with local funds as the second most frequent response. Federal COVID-19 relief funds, including funding from the federal Coronavirus Aid, Relief, and Economic Security Act (CARES); Coronavirus Response and Relief Supplemental Appropriations Act of 2021 (CRRSAA); and the American Rescue Plan Act of 2021 (ARPA) became important sources of funding for LOTS in the current fiscal year. Only one LOTS reported Medicaid funding in the current fiscal year (Montgomery County Ride On). During FY2019, Garrett Transit Service also received Medicaid funding. The survey responses reported no use of the Large Urban Program to provide medical transportation.

Table 4-6: LOTS Funding Sources for Medical Transportation

Source	FY2019	Current (July 2021)
SSTAP	17	14
CARES Act	--	11
Local funds	14	11
Section 5307	10	6
CRRSAA-ARPA	--	4
Section 5311	8	4
State ADA Paratransit	4	2
Section 5310	2	2
Medicaid Funds	2	1
Human service agency contracts	1	1
Other	1	0
State Senior Rides Program	0	0
State Large Urban Program	0	0

The LOTS were asked to report their total operating expenses (administration, operations, and maintenance) for the transit system for FY2015-FY2020. The instructions for this question requested costs for services funded by all sources, not just those funded by MDOT MTA grants. Respondents indicated that they reported their entire transportation operating budget to MDOT MTA in FY2019 in the ATP. Additionally, respondents were asked to include preventive maintenance, even if funded by a capital grant. The responses are compiled in Table 4-7.

Table 4-7: Total LOTS Operating Expenses, FY2015-FY2020

Organization	FY2016 Total	FY2017 Total	FY2018 Total	FY2019 Total	FY2020 Total
Annapolis Transit	\$4,843,263	\$4,872,975	\$4,893,335	\$4,530,423	\$4,596,450
Baltimore City TaxiCard Program	--	--	--	\$55,780	\$505,780
Call-A-Bus (Prince George's County)	\$3,989,405	\$3,573,575	\$3,519,183	\$3,830,482	\$3,794,891
Calvert County Public Transportation (CCPT)	\$1,359,849	\$1,365,234	\$1,492,344	\$1,762,148	\$1,524,805
Carroll Transit System (CTS)	\$2,240,128	\$2,510,103	\$2,511,752	\$2,477,809	\$2,186,272
Cecil Transit	--	\$1,479,240	\$1,824,370	\$2,076,028	\$2,030,119
County Ride (Baltimore County)	\$1,945,964	\$1,960,487	\$1,863,551	\$1,793,329	\$1,756,897
County Ride (Queen Anne's County)	\$967,726	\$1,108,246	\$1,058,588	\$1,079,169	\$1,936,417
Dial-A-Ride (Somerset County)	\$183,254	\$183,599	\$160,052	\$160,099	\$158,785
Harford Transit LINK	\$5,089,696	\$5,125,771	\$6,231,139	\$5,017,519	\$5,342,723
Ride On Transit Services (Montgomery County)	\$108,986,149	\$112,932,119	\$118,857,849	\$124,622,335	\$126,723,743
RTA (Howard County)	\$8,302,360	\$8,815,039	\$11,459,106	\$14,035,280	\$14,825,717
Shore Transit	\$5,959,091	\$5,624,449	\$5,431,976	\$5,991,787	\$5,563,593
St. Mary's Transit System (STS)	\$2,040,771	\$2,110,541	\$2,139,560	\$2,313,396	\$2,108,597
Transit Services of Frederick County (TSFC)	\$7,523,577	\$7,039,700	\$7,321,887	\$7,202,500	\$8,002,577
VanGO (Charles County)*	\$7,270,298	\$7,480,447	\$7,548,542	\$7,258,193	\$7,136,182
Washington County Transit (WCT)	\$2,615,800	\$2,754,400	\$2,818,700	\$2,807,700	\$2,849,300

*IGA with Dept. of Health terminated during FY2019

Additional Funding Needed for Medical Transportation

The final survey question was aimed at LOTS that were currently having difficulty meeting demands for medical transportation (or other specialized transportation trip purposes to accommodate medical transportation demand). As shown earlier in Table 4-3, six LOTS reported that they were unable to provide all medical trips requested during June 2021. Two other LOTS were unable to provide all medical trips requested during both FY2019 and July-Dec 2019. These LOTS were asked how much additional funding per month or year would be needed to fully accommodate the demand for medical transportation, along with an explanation. The responses to this question are below.

- **Transit Services of Frederick County:** Due to pandemic-related reduction in demand, we are able to meet the needs of our community with existing resources. However, prior to the pandemic we were denying up to 40% of trip requests on our paratransit service due to lack of available resources.
- **Washington County Transit:** Within Washington County: (expansion of service) Please see WCT's most recent TDP for full details about transit service provided by WCT. Total estimate to expand service including staffing and vehicles = \$1.1m annually for operating and \$.6/m for Capital procurements (vehicles). Outside

Washington County but within the State of Maryland: hard to decipher since we currently do not provide any such service. The Washington County Health Dept manages all NEMT transportation utilizing a third-party provider (AAA transport) for both in-County and in-State service.

- **County Ride - Queen Anne's County:** Three additional drivers \$175,000 and two additional buses \$160,000.
- **VanGO:** We currently have the fleet, operational and budget capacity to meet our paratransit demand for any trip purpose. Where we are really seeing our resources strained is meeting the demand for the steady, relentless increase in transportation to dialysis centers. In less than 13 years we have gone from two dialysis centers to five and the number of dialysis clients in our database has gone from 35 to 150 (not all of them ride regularly). Prior to the pandemic, total paratransit resources dedicated to dialysis represented about 55% of that service mode. With ADA ridership down and senior center ridership nonexistent during the pandemic, dialysis represents about 80% of the paratransit effort. Note in budget numbers above, our IGA with health department for Medicaid transportation was terminated in FY-19 and they contract that service directly.
- **Cecil Transit:** Although not an issue at this time, as the demand for trips continues to recover, I foresee an issue in being able to meet the demand for medical trips. Cecil County's total overmatch for SSTAP is forecasted to be nearly \$300,000.
- **Harford Transit LINK:** Currently, the SSTAP budget requires the County to provide \$1.2 million dollars to "Match" a \$170,000 state investment in serving the elderly and disabled residents of Harford County. The State in this case provides 12% of our SSTAP operations budget. Currently, there is a national CDL driver shortage which has become a priority impact for current and future service. Even though our base salary is now in the upper 20% of salaries paid for CDL drivers in Maryland. Additionally, we hire all drivers as full time to offer our benefits package which is an additional \$20,000 per driver as an incentive to work for our organization. Unfortunately, over the past 12 months we have hired approximately 12 drivers with a turnover rate of approximately 75%. Equipment is also an issue. Due to the limited capital funding availability and a period of time where viable procurement avenues to purchase/replace rolling stock was unavailable. This has encouraged us to take another direction, applying for and securing discretionary funding for low emission vehicles and out of state procurements for rolling stock. We have had to develop dynamic methods/approaches to operations and Asset Management to meet the needs of our riders and ensure safe and reliable transportation. This current environment we are operating in is unsustainable with the growth in medical transportation requests. Also, the level of care some riders require is beyond the scope of public transit operating guidelines. MA transportation is better suited for these trips; however, they have legislated that they are not required to provide the trips if a public transit provider can. We must take these trips without investment from the Dialysis centers and only a small fare collected from the rider.
- **Allegany County Transit:** EMT provides this type of specialized transportation in this area.
- **Shore Transit:** To add drivers & buses, \$1,000,000 for 15 drivers & 10 buses to add 200 hours a week.

- **Montgomery County:** We currently meet the demand of Medicaid Transportation by all eligible Medicaid recipients.
- **St. Mary's Transit System:** The driver shortage is really affecting STS. A reduction of fares for the SSTAP and fixed income elderly would greatly assist. To reduce ADA and SSTAP fares we would need an estimated \$40,000. Hiring more drivers, even non-CDL that we could train would provide more flexibility in the transportation of ADA and SSTAP riders for medical transportation. To purchase 2 non-CDL buses and 1 paratransit van with 3 non-CDL drivers would cost \$175,000 for the vehicles (one-time payment) and \$115,000 for the drivers (annually). To provide more medical transportation and reduce the cost of the transportation, STS would need an estimated \$155,000 annually (plus the cost of fuel and maintenance) and \$175,000 to purchase the additional vehicles.
- **Baltimore City:** Baltimore City Health Department Division of Aging contracts with a management company to operate a subsidized taxi service; passengers register with the service and use a debit card to purchase trips from participating cab companies. The service is completely consumer driven, and participants are not required to document trip purposes. In our experience, however, one of the primary barriers to non-emergency medical transportation is that consumers do not know what resources are available or how to navigate systems to find the services they need.

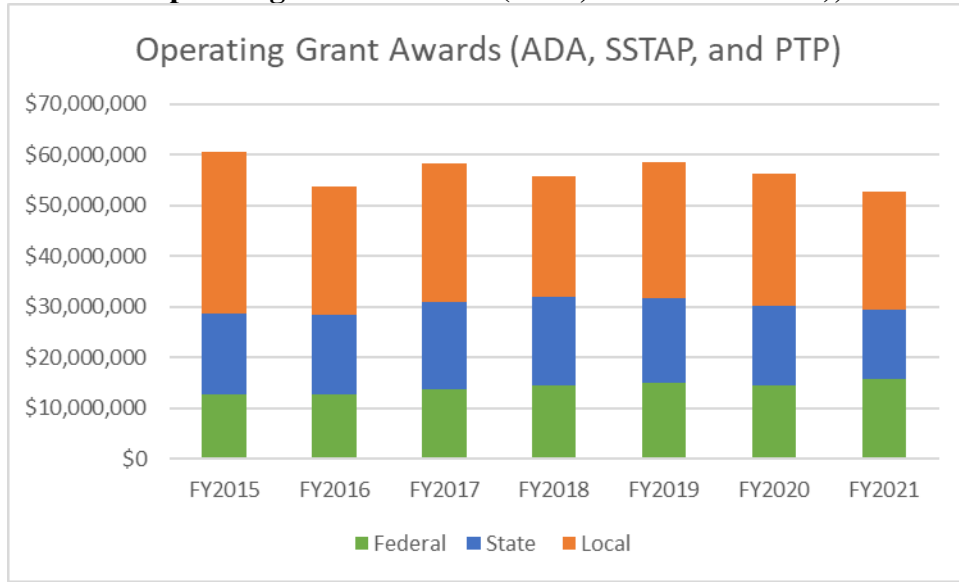
Operating Grant Awards

Table 5-1 provides a snapshot of the funding levels of total operating grant awards from the key MDOT MTA LOTS programs from FY2015 through FY2021, including federal, State, and local shares, that could be used to provide medical transportation: ADA, SSTAP, and the three PTP grant programs (Section 5307, Section 5311, and Large Urban). Figure 5-1 displays the total amounts awarded to the LOTS each year.

Table 5-1: Operating Funding Grant Awards for ADA, SSTAP and PTP, FY2015 - FY2021

Grant Program	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021
ADA:							
State	\$1,276,068	\$1,058,450	\$1,058,450	\$1,058,450	\$1,058,450	\$958,450	\$958,450
Local	\$1,345,712	\$1,261,182	\$1,423,614	\$1,772,598	\$1,395,650	\$2,737,697	\$1,071,368
SSTAP							
State	\$4,305,908	\$4,305,908	\$4,305,908	\$4,305,908	\$4,305,908	\$4,305,908	\$4,305,908
Local	\$7,051,570	\$7,293,594	\$7,958,735	\$6,847,021	\$6,931,003	\$8,312,628	\$4,282,789
Public Transportation Program (PTP):							
Section 5307							
Federal	\$9,134,981	\$8,718,825	\$9,352,003	\$10,168,715	\$10,024,232	\$10,523,047	\$10,523,047
State	\$3,400,594	\$2,998,023	\$3,082,890	\$3,053,685	\$2,981,318	\$3,065,459	\$2,385,049
Local	\$7,362,122	\$7,024,052	\$7,682,051	\$8,369,244	\$8,065,142	\$8,773,307	\$9,461,527
Section 5311							
Federal	\$3,583,008	\$3,926,191	\$4,462,184	\$4,422,789	\$5,023,302	\$3,930,101	\$5,273,977
State	\$1,153,646	\$1,427,313	\$1,101,537	\$1,035,332	\$1,035,332	\$1,035,332	\$828,264
Local	\$9,348,009	\$8,515,115	\$8,548,090	\$5,183,448	\$8,984,429	\$4,729,205	\$7,229,458
Large Urban							
State	\$5,719,445	\$5,937,063	\$7,653,061	\$7,814,253	\$7,354,253	\$6,454,253	\$5,163,402
Local	\$6,838,196	\$1,287,355	\$1,526,021	\$1,585,401	\$1,432,068	\$1,465,401	\$1,187,800
TOTAL							
Federal	\$12,717,989	\$12,645,016	\$13,814,187	\$14,591,504	\$15,047,534	\$14,453,148	\$15,797,024
State	\$15,855,661	\$15,726,757	\$17,201,846	\$17,267,628	\$16,735,261	\$15,819,402	\$13,641,073
Local	\$31,945,609	\$25,381,298	\$27,138,511	\$23,757,712	\$26,808,292	\$26,018,238	\$23,232,942
Total	\$60,519,259	\$53,753,071	\$58,154,543	\$55,616,843	\$58,591,087	\$56,290,788	\$52,671,039

Figure 5-1: Total Operating Grant Awards (ADA, SSTAP and PTP), FY2015-FY2021



While the scope of this study did not include an assessment from the perspective of the Maryland Medicaid Transportation Grant Program or the local health departments that administer NEMT grants, the State’s Medicaid Transportation Grant Program provides nearly \$44 million statewide; only a small portion of this funding is available to the LOTS, as only 4 of the 23 LOTS have contracts to provide Medicaid NEMT.

SB 331_TAM_FAV.pdf

Uploaded by: John Duklewski

Position: FAV



Bill: Senate Bill 693: Task Force to Study Paratransit in Maryland

Position: SUPPORT

Dear Chair Beidle, Vice-Chair Klausmeier, and Members of the Committee:

Locally operated transit systems (LOTS) are at a crossroads, beyond which they will be unable to absorb increasing demand for medical transportation on demand response services. Fixed route bus service can typically accommodate additional riders without incurring additional operating costs. Paratransit services, such as SSTAP (Statewide Specialized Transportation Assistance Program) funded services and/or general public demand response services are often stretched to capacity. Providing more trips on demand response services that are at capacity requires more vehicles, more drivers, other additional operating costs—and more funding to cover the additional costs. A current driver shortage experienced at a national level further increases costs for labor as LOTS struggle to fill vacant driver positions by increasing wages, benefits, and other incentives.

Marylanders Need More Trips to Medical Transportation - Program funds are not adequate to meet all unmet medical trip needs. While Maryland Department of Health (MDH) meets all the needs for Medicaid NEMT with its grant program, there are gaps in service for medical trips by Marylanders who are not Medicaid eligible. These gaps include medical trips for those people who live in areas without fixed routes, those that cannot use fixed routes, or people going to medical facilities or services outside the areas currently served by the LOTS.

LOTS Service Levels Constrained by Funding - With the exception of ADA paratransit (which is available in only some locations and only for a select population of persons with disabilities), services provided by the LOTS are constrained by the funding levels. When resources are expended, the LOTS cannot provide additional services to meet medical transportation needs.

State Fund Levels for LOTS Are Flat or declining - The state funding levels for all the LOTS public transit programs have not increased substantially from FY2015-2024. During that time, costs have increased. The overall Consumer Price Index (CPI) in the Baltimore area increased 27% between 2015 and 2024, with a 6.1% increase in the last twelve months. The increase in costs for transit systems is far above this. Since 2019, costs have increased for truck and bus bodies by over 38%¹. (Federal Reserve Bank of St. Louis, 2023) Local jurisdictions have increased their contributions to pick up the slack, but there is a limit to local funding capability.

State ADA program - Funding decreased by 17% in FY2016, remained flat for the next three years, and then decreased again by 9.4% in FY2020 (Maryland Transit Administration, 2021). Local contributions varied from year to year but remained consistently higher than the minimum required match.

SSTAP - Grant awards from have been flat statewide, the LOTS contribute considerably more local funds than the 25% minimum.

¹ (Federal Reserve Bank of St. Louis, 2023)

Section 5307 –State operating funds for Section 5307 were cut by 20% in FY 21. The state share is consistently less than 25% of the total, with local match considerably higher than 25%.

Section 5311 – State operating was cut by 20% in FY 21. Local funding far exceeds federal and State shares combined - ranging from 48.7% to 66.4% percent of the total.

Increased Demand for Medical Trips has Negative Impact on the LOTS - Attempting to serve all needed medical trips (especially dialysis trips) is having a significant negative impact on LOTS services and affecting their ability to service other needs for some LOTS. LOTS agencies indicate that it is difficult to serve other trip purposes because demand for medical trips used so much capacity. NEMT. LOTS provide transportation services to the public without regard to trip purpose and on most services do not track how many passengers are travelling to medical services.

Need for study to determine future of Paratransit funding – Current sources of funding are clearly inadequate to serve Maryland’s growing transit-dependent population, as decades of decreasing funding and increasing costs show. This task force will serve a critical role in determine the true scope of demand, the cause of funding shortfalls, and how to ensure that every Marylander has access to life-saving mobility in the future.

Sincerely,

John Duklewski
Executive Director, Transportation Association of Maryland

Letter of Support (SB331).pdf

Uploaded by: Kelby Brick

Position: FAV

SB331 TASK FORCE TO STUDY PARATRANSIT IN MARYLAND

**TESTIMONY OF
MARLENE HENDLER
BOARD MEMBER
SERVICE COORDINATION, INC.**

**SENATE FINANCE COMMITTEE
Senator Pamela Beidle, Chair
Senator Katherine Klausmeier, Vice Chair
February 7, 2024**

Greetings Chair and distinguished members of the committee. My name is Marlene Hendler. I am a member of the Board of Directors of Service Coordination, Inc. (SCI).

SCI is a leading non-profit organization providing award-winning case management services and advocacy for more than 15,000 individuals with disabilities, medically complex needs, older adults, and others across Maryland, the District of Columbia, and Northern Virginia. SCI's mission is to help people understand their choices and create pathways to community resources that respect their dignity and rights. The organization also provides companion care and aging life care management through Montcordia.

I am happy to be here to testify in support of SB 331 which establishes a task force to study paratransit in Maryland. I have long been an advocate for paratransit. As a result, many people with disabilities are limited in how they can get around. This increases isolation and reduces independence.

There are many gaps in paratransit services, and I can talk all day about those gaps. Many of us have experienced barriers in paratransit and we need a full study of those gaps so we can address those gaps and improve access.

There are people all over the state, especially on the eastern shore or in Western Maryland, who do not have access to paratransit. If they needed to come to Baltimore or Annapolis, it would cost them hundreds of dollars using private services. This is not acceptable.

Our biggest concern is that the bill does not require that a user of paratransit services be on the task force. There should be no decisions that affect us without involving us. I urge you to add persons with disabilities who use paratransit on the taskforce. This will strengthen the bill and improve the outcomes of the task force.

Please support SB331 with an amendment adding users of paratransit services to the task force.

Thank you.

Testimony in support of SB0331.pdf

Uploaded by: Richard KAP Kaplowitz

Position: FAV

SB0331_RichardKaplowitz_FAV
2/8//2024

Richard Keith Kaplowitz
Frederick, MD 21703

TESTIMONY ON SB#/0331 - FAVORABLE
Task Force to Study Paratransit in Maryland

TO: Chair Feldman, Vice Chair Kagan, and members of the Finance Committee

FROM: Richard Keith Kaplowitz

My name is Richard K. Kaplowitz. I am a resident of District 3. I am submitting this testimony in support of SB#0331, Task Force to Study Paratransit in Maryland

As a resident of Frederick County, where the senior population is over 20% and exceeds the school age population, my cohort faces many challenges as we age. Chief among them, after health care, is transportation to and from doctors and shopping and other activities we wish to participate in. As we age mobility decreases for some of us and having available transit options is no longer a need but a necessity.

We have a transit plus program, but their resources are constrained both by staffing and by the availability of the specialized transport vans needed to serve the critical needs of those people for whom this transport can be lifesaving. This bill is a commonsense idea, that studying all of the factors of the problem can lead to better definitions of its strengths and weaknesses. Absent a clear understanding of what we have, what we need, and paths we can develop to get us to an optimal condition are lacking. The proposed task force will give us that data to make intelligent decisions on the issue and put us on the glidepath to cost-effective and necessary solutions.

I respectfully urge this committee to return a favorable report on SB#0331.

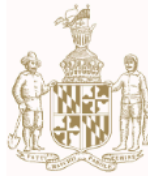
SB331 Paratransit - Cover Letter (written testimon

Uploaded by: Senator Karen Lewis Young

Position: FAV

KAREN LEWIS YOUNG
Legislative District 3
Frederick County

Committee on Education, Energy,
and the Environment



James Senate Office Building
11 Bladen Street, Room 302
Annapolis, Maryland 21401
410-841-3575 · 301-858-3575
800-492-7122 Ext. 3575
Karen.Young@senate.state.md.us

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

The Honorable Senator Beidle, Chair
The Honorable Senator Klausmeier, Vice Chair
Finance Committee
Maryland Senate
Annapolis, MD

February 7th, 2024

Testimony in Support of SB331: Task Force to Study Paratransit in Maryland

Chair Beidle, Vice Chair Klausmeier, and esteemed members of this committee,

I come before you seeking your aid in resolving a challenge that often goes unnoticed: paratransit service. Paratransit is a door-to-door demand-response service that is essential to getting older adults and people with disabilities to medical appointments and other locations; paratransit thus has a positive effect on the overall health of the elderly and disabled while allowing them to remain in their homes. My bill will establish a task force to study gaps in service and funding as well as make recommendations about how those can be improved.

Why is this bill necessary? Currently, the State offers a small amount of funding via the Specialized Statewide Transportation Assistance Program (SSTAP). This funding has not changed in 16 years while counties contribute more and more to try to meet the needs of the residents. With the level of growth we are experiencing in Frederick County comes a comparable growth in the need for paratransit services. We have worked to help users to access taxis to supplement demand as well as worked to access additional grant funding. Even so, Frederick County anticipates needing to deny more than 10,000 requests this fiscal year.

Frederick County is not alone in experiencing issues in meeting demand. Thousands of Marylanders use paratransit everyday and more than 186,000 trips were performed across the state last year. In June of last year, the U.S. Attorney's Office found the paratransit services in Anne Arundel County, Baltimore City, and Baltimore County was also struggling to meet demand as well as federal requirements under the Americans with Disabilities Act.

At a time when our budget is shrinking and demands for paratransit service grow, this task force will study current expected funding and service gaps. This is critical to allow for

long-term budget stability for our counties. With my bill, we can come together to find solutions. I urge a favorable report.

Sincerely,

A handwritten signature in blue ink that reads "Karen Lewis Young". The signature is written in a cursive, flowing style.

Senator Karen Lewis Young

SB 331 Paratransit Task Force - D. Pugh Written Te

Uploaded by: Daria Pugh

Position: FWA

SENATE FINANCE COMMITTEE**Senate Bill 331: Task Force to Study Paratransit in Maryland****Date: February 7, 2024**

Testimony of Disability Rights Maryland & Consumers for Accessible Ride Services
Position: Support with Amendments

Disability Rights Maryland, DRM (formerly known as the Maryland Disability Law Center, MDLC) is Maryland's designated protection & advocacy agency, which is part of a nationwide network established by Congress to protect and advance the rights of people with disabilities. We are also providing testimony on behalf of Consumers for Accessible Ride Services (CARS), a consumer group of people with disabilities who rely on paratransit. DRM and CARS are dedicated to advancing the civil rights of people with disabilities.

DRM and CARS support SB 331 with amendments, as the bill creates a task force to study paratransit across the state. Paratransit provides transportation for people with disabilities who cannot use fixed route transit because of a disability. Paratransit connects people with disabilities to their community, work, medical care, place of worship, and culture. Paratransit in Maryland has often fallen short of the requirements under the Americans with Disabilities Act (ADA) and leaves riders to carry the burden of poor service. Maryland paratransit riders can face long on-board and wait times, making them late to their appointments, and sometimes missing them entirely.

SB 331 with amendments creates an opportunity for the General Assembly to understand the challenges paratransit riders face and the resources available to the state. The bill sets the foundation for well-informed paratransit policy reform. We support SB 331 with amendments because the task force will provide insight on paratransit issues to the General Assembly and create a pathway to improve paratransit in Maryland.

We request the following amendments to ensure that SB 331 provides a well-rounded study to the General Assembly. The task force should be revised to include people with disabilities who use paratransit from each region of the state. Additionally, the study should include quality of service. Our suggestions prioritize the consideration of people with disabilities on the task force and service quality rather than focusing on financial metrics.

- 1. The composition of the task force should include people with lived experience of using paratransit.**

SB 331 does not include people with disabilities on the task force. People with disabilities have often been left out of conversations about policies that directly impact them. Paratransit

riders' voices must be heard, as riders have a critical understanding of the service, as well as their own needs. The task force should include at least one paratransit rider from each of Maryland's five regions. We recommend amending the bill accordingly:

(b)(8) ONE CURRENT PARATRANSIT RIDER FROM EACH OF MARYLAND'S FIVE REGIONS: WESTERN, CAPITAL, CENTRAL, SOUTHERN, AND EASTERN SHORE.

Paratransit service delivery, quality, and cost varies across the state. The General Assembly will receive a more comprehensive study if paratransit riders across Maryland's diverse regions are at the table.

2. The task force should study paratransit service quality.

SB 331 only requires the task force to study the "current, needed, and expected funding for paratransit; (2) reasons for current funding and spending gaps; and (3) the role public-private partnerships could play in meeting funding and service gaps." The bill should be explicit in studying overall paratransit service quality, so the state can have the information necessary to improve paratransit. The task force should consult with the Federal Transportation Administration's (FTA) guidelines for transit agencies to make complementary paratransit service compliant with the ADA.¹

We advise the addition of the following amendment to section F:

(f)(4) SERVICE QUALITY ISSUES ADDRESSED IN THE FEDERAL TRANSPORTATION ADMINISTRATION'S AMERICANS WITH DISABILITIES ACT GUIDANCE INCLUDING: RESERVATION SYSTEM AND RESPONSE TIME, UNTIMELY PICK UPS, TRIP DENIALS, EXCESSIVE TRIP LENGTH, POOR TELEPHONE PERFORMANCE, PRACTICES THAT DISCOURAGE USE OF SERVICE, AND ANY ADDITIONAL MATTERS THE TASK FORCE IDENTIFIES AS IMPORTANT TO PARATRANSIT SERVICE QUALITY.

This revision requires the task force to study critical factors in paratransit performance. The FTA criteria should be considered to holistically analyze paratransit service across Maryland.

For these reasons, DRM and CARS support SB 331 with amendments. These amendments add perspectives from people with disabilities to study paratransit issues, and require the task force to focus on paratransit quality, in addition to finances. The amended composition of the

¹ Federal Transit Administration, Americans with Disabilities Act: Guidance, (November 4, 2015), Chapter 8: Complementary Paratransit Service. Available online: <https://www.transit.dot.gov/regulations-and-guidance/fta-circulars/americans-disabilities-act-guidance-pdf>.



Empowerment. Integration. Equality.

1500 Union Ave., Suite 2000, Baltimore, MD 21211

Phone: 410-727-6352 | Fax: 410-727-6389

www.DisabilityRightsMD.org

task force and scope of the study will provide the state with key information to implement policies for better paratransit.

For these reasons, DRM and CARS supports Senate Bill 331 with the above-mentioned amendments.

For more information or if questions, contact: Daria Pugh, Staff Attorney, Disability Rights Maryland, DariaP@DisabilityRightsMD.org or (443) 692-2487, or Floyd Hartley, Chair of Consumers for Accessible Ride Services, hartleyfloyd_ssf@yahoo.com or (410) 276-3258.

SB 331 - Task Force to Study Paratransit in Maryland

Uploaded by: Donna Edwards

Position: FWA



MARYLAND STATE & D.C. AFL-CIO

AFFILIATED WITH NATIONAL AFL-CIO

7 School Street • Annapolis, Maryland 21401-2096

Balto. (410) 269-1940 • Fax (410) 280-2956

President

Donna S. Edwards

Secretary-Treasurer

Gerald W. Jackson

**SB 331 - Task Force to Study Paratransit in Maryland
Senate Finance Committee
February 5, 2024**

SUPPORT WITH AMENDMENT

**Donna S. Edwards
President
Maryland State and DC AFL-CIO**

Madame Chair and members of the Committee, thank you for the opportunity to provide testimony in support of SB 331 if amended to include crucial worker and rider input. My name is Donna S. Edwards, and I am the President of the Maryland State and DC AFL-CIO. On behalf of the 300,000 union members in the state of Maryland, I offer the following comments.

SB 331 creates a Task Force to Study Paratransit in Maryland with representation appointed from the General Assembly, state departments, and local transit agencies. SB 331 excludes important representation necessary for any full discussion on the future of paratransit in the state of Maryland. There are thousands of dedicated paratransit workers currently working for private contractors. They experience firsthand the failures of the system to respond adequately to the paratransit riders. Workers deserve a seat at the table when there are study groups that impact the future services they provide.

To fix this issue, we propose the following amendment:

Insert the following text after Section (B)(7), moving all subsequent text down:

“(8) three members representing paratransit workers, appointed by the Maryland State & DC AFL-CIO.

(9) one current paratransit rider from each of Maryland’s five regions: Western, Capital, Central, Southern, and Eastern Shore.”

Additionally, strike (f) (3) and insert the following in its place, moving all subsequent text down:

“(3) service quality issues addressed in the Federal Transportation Administration’s Americans with Disabilities Act guidance including: reservation system and response time, untimely pickups, trip denials, excessive trip length, poor telephone performance, practices that discourage use of service, and any additional matters the task force identifies as important to paratransit service quality; and

(4) workforce issues that may impact paratransit service including: turnover rate, average length of employment, accident and preventable rates, workplace injury rates, workers' compensation claims rates, career training opportunities, career advancement opportunities, average wages and benefits, morale and satisfaction, and any other additional matters the task force identifies that impact the paratransit workforce."

The Task Force's proposed scope is excessively focused towards cost savings through public private partnerships. We strongly feel quality of services, ridership levels, trip lengths, and the presence of a dedicated well paid workforce that encourages higher retention rates must be part of the Task Force's work and recommendations.

For these reasons, we urge the committee to only support SB 331 if it has been amended to address these concerns.

SB331_paratransit study group_KennedyKrieger_Suppo

Uploaded by: Emily Arneson

Position: FWA

SB331 - Jodi Glock Testimony.pdf

Uploaded by: Jodi Glock

Position: FWA

Paratransit in Rural Operating Environments

The image of public transit for most people is a Baltimore city bus or the MTA mobility buses. I present the following view of Maryland's rural public transit opportunities to support the need behind the proposed study.

Harford Transit LINK provides 1.3 million miles annually, more than 200,000 provided with paratransit services. This year we are on course to exceed pre-pandemic ridership by more than 15%. In addition to fixed route service, we provide ADA Complementary paratransit within $\frac{3}{4}$ of a mile of fixed routes for qualified riders and Demand Response services outside of the $\frac{3}{4}$ of a mile, with assistance through SSTAP. These services require operating longer distances to reach our riders and transport them to their medical appointments, work, and other services. The nature of the trips is the same as city transportation, but the challenges of a rural environment add to the cost of operating.

In a city, residents may be able to walk or use a taxi to reach their destinations. In rural areas, our residents cannot easily walk to their desired destinations, with many living surrounded by or on farms. As our residents age, more are losing the ability to drive. Their children have moved away, and Transit is their only support system. We have been requesting more welfare visits as we know the riders well enough to note a decline in physical, mental or emotional health. A growing population are seniors who are primary caregivers for their children with developmental delays and disabilities who will also need our services. They are trying to secure transportation for their children as they know they will not always be able to care for them.

Aging in Place has a cost associated with it. In rural transit operations, the distances are longer to reach the riders, increasing the cost of providing the trips. Clients are declining without family present, resulting in more non-ambulatory trips and a greater need for lifts and increased mobility device positions. We now order 18 passenger small Ford buses with 4 wheelchair placement to accommodate this increase. There are corresponding costs for the programs that support these seniors with wrap-around-services. We are everyone's "low-cost option" to reassign transportation responsibility to us.

Health Department is incentivized not to provide trips for eligible clients, instead stating public transit is the "lowest-cost option" and sends riders to public transit. Additionally, we cannot bill for these services but provide them if they decline. The lowest cost is the rider's lowest cost, not the operator's lowest cost. Revisiting the ability to allow transit to bill for services provided to MA eligible clients is an area we would see as beneficial.

The Developmental Disabilities Administration (DDA) provide programs and supports clients within home and community-based services. Under the fee for services model, transportation is not an eligible billable item. In group home setting, when a car or van is available for resident's use, the care providers are opting not to provide the trip, directing their clients to paratransit services. They are motivated to do so because they would have to pay a nurse/aide to drive the vehicle and fund another person to remain in the home to maintain the resident's level of care. It is cheaper and easier to direct the rider to public transit paratransit services. For many of our cognitively impaired clients, we will be providing service to them for their whole lives.

Medical services including Dialysis and Cancer treatments are the largest trip purpose we serve. The largest subsection is dialysis. In Harford County we service all five Dialysis centers, making up approximately 30% of our trips. Though Safe Harbor is stated as a reason they cannot offer financial compensation, these services are specifically noted as not eligible. Additionally, the closing of the Christiana Cancer center in Cecil County has resulted in an increase in riders coming into our county in need of transportation to seek treatment at the Kaufmann Center. We try to accommodate these requests, but it is very difficult with limited funds, varying request times, and varying individual needs. From the hospitals to the small family practices, the pandemic created a decline in the health of Marylanders. Long haulers and others who could not be seen are now our riders.

Paratransit is not a declining ridership segment of public transit. In our operations, we have see New rider

Applications for service have increased from 10 a month, pre-pandemic to 10-15 per week now. A demand we simply cannot keep up with without stable and supportive funding. The State provides Harford County \$170,371 dollars to provide these SSTAP trips. An amount that has not increased for over two decades, though demand and the cost to provide these services has increased. Jurisdictions must increase local funding if they are committed to fully fund these services and support the aging in place populations. The County provides \$1.5 million to fully fund the service. This year, the SSTAP clients will contribute more than the state towards this service.

In transit, we are all problem solvers... it's what we do every day. We view challenges as opportunities and strategize how to resolve with the best possible outcomes. We care about our riders and serving our residents. Please consider some of these opportunities when you develop the scope of this study. Locally Operated Transit systems, the rural systems are all available to assist you with this process. Partnering is how we accomplish our greatest successes. We care about our riders and serving our residents. We are dedicated transit professionals who need your help.

2024 TCC SB 331 Senate Side.pdf

Uploaded by: Megan Bassett

Position: FWA



THE COORDINATING CENTER
INSPIRED SOLUTIONS

Committee: Senate Finance Committee

Bill Number: Senate Bill 331 - Task Force to Study Paratransit in Maryland

Hearing Date: February 7, 2024

Position: Support with Amendment

The Coordinating Center supports *Senate Bill 331 – Task Force to Study Paratransit in Maryland*. This is a topic of vital importance to the clients we serve, and we would request an amendment to add a seat for a care coordinator with experience in coordinating transportation for people participating in a Medicaid home and community-based services waiver.

Our organization provides care coordination to clients enrolled in Community First Choice and many of Maryland Medicaid’s home and community-based service waivers. Many of our clients have mobility issues and rely on transportation program to travel for medical appointments, work, and family obligations. However, the paratransit services are not consistently available, making it challenging for our clients to get their basic needs met.

Care coordinators at The Coordinating Center and other similar providers have in-depth experience with the challenges of paratransit. For this reason, we request the following amendment:

On page 2 after line 2, insert:

“ONE CARE COORDINATOR WHO WORKS FOR AN ENTITY COORDINATING SERVICES FOR INDIVIDUALS ENROLLED IN A MEDICAID HOME AND COMMUNITY-BASED SERVICES WAIVER.”

We ask for a favorable report with our amendment. If we can provide any additional information that is helpful, please contact Robyn Elliott at relliott@policypartners.net.

ATU Testimony SB 331 2-6-24.pdf

Uploaded by: Raenelle Cole

Position: FWA



Amalgamated Transit Union

10000 New Hampshire Avenue, Silver Spring, MD 20903-1706
(301) 431-7100 Fax (301) 431-7117

Statement of Amalgamated Transit Union (ATU) LD 331 – Task Force to Study Paratransit in Maryland February 6, 2024

Thank you for the opportunity to testify today on behalf of the Amalgamated Transit Union (ATU), the largest labor organization representing transit workers in the United States and Canada. The ATU is comprised of nearly 200,000 members in 267 local unions spread across 46 states and nine provinces. ATU Locals 689, 1300, 1764 and 1777 collectively represent nearly 2,000 paratransit operators in Maryland who work in WMATA's MetroAccess system, and at MTA Mobility and Anne Arundel County Office of Transportation.

My name is Raenelle Cole and I am a paratransit operator and shop steward for ATU Local 1764's paratransit unit at MV Transportation, a subcontractor for MTA in the Baltimore area.

I take pride in the vital paratransit service my coworkers and I provide to community members who rely on it to get to work, school, medical appointments and back home safely. But unfortunately, systemic issues make it difficult for us to do right by the community.

Here are some of the issues I see every day at work:

- Low wages and insufficient benefits lead to high turnover and understaffing. That means passengers can't always get rides in a timely manner because there simply aren't enough operators.
- There hasn't been investment in the paratransit fleet or in the GPS routing technology, which means buses aren't able to operate at full capacity.

We believe that at this point we know the issues facing Maryland's paratransit system, and it's time to reach consensus on solutions. To that end, we have several suggestions to improve SB 331 that we would appreciate if the committee considered.

The task force formed by SB 331 would benefit from the voices of paratransit workers and riders. We do this work every day and my colleagues and I care deeply about ensuring we are serving our customers as well as possible and want to be part of the solution. We therefore support amendments to **include labor representatives and paratransit riders on the task force.**

In addition, while funding is an important consideration when thinking about paratransit, it is not the only one the task force should study. We also support amendments to **ensure that the quality of paratransit service and the role that working conditions play are also studied.**

Finally, we do not believe that public-private partnerships are the answer to the issues faced by Maryland's paratransit. In fact, we believe that bringing the service in-house with the transit agencies will help with staff retention and the quality of service. We have been working together with members of the disability community to introduce SB 891 which will study contracted and in-house models of paratransit service to compare what is best for Marylanders.

In closing, the Amalgamated Transit Union supports SB 331 with the amendments discussed. We appreciate the Committee's interest in this issue and commitment to improving paratransit service for workers and riders.

Proposed Amendments:

(b)(8) three representatives from the labor organization representing the plurality of transit workers in the state of Maryland, designated by the labor union.

(b)(9) one current paratransit rider from each of Maryland's five regions: western, capital, central, southern, and eastern shore

(f) The Task Force shall study paratransit in the State, including:

(1) current, needed, and expected funding for paratransit;

(2) reasons for current funding and spending gaps;

~~(3) the role public-private partnerships could play in meeting funding and service gaps.~~

(3) service quality issues addressed in the Federal Transportation Administration's Americans with Disabilities Act guidance including: reservation system and response time, untimely pick ups, trip denials, excessive trip length, poor telephone performance, practices that discourage use of service, and any additional matters the task force identifies as important to paratransit service quality; and

(4) workforce issues that may impact paratransit service including: turnover rate, average length of employment, accident and preventable rates, workplace injury rates, workers' compensation claims rates, career training opportunities, career advancement opportunities, average wages and benefits, morale and satisfaction, and any other additional matters the task force identifies that impact the paratransit workforce.

SB 331 National MS Society Testimony FWA Shannon W

Uploaded by: Shannon Wood

Position: FWA

SB 331: Task Force to Study Paratransit in Maryland
National MS Society Testimony: Favorable with Amendment (FWA)
Shannon Wood, Director of Advocacy and Policy
2/7/2024: Senate Finance Committee

Chair Beidle, members of the Senate Finance Committee: I'm Shannon Wood with the National Multiple Sclerosis Society and we support SB 331, to establish a task force to study paratransit in Maryland. The Society appreciates Senators Charles and Lewis Young's leadership on the important issue of improving the paratransit rider experience and strengthening access to this critically needed method of transportation for Marylanders with disabilities. While we support this study, we strongly urge the inclusion of riders with disabilities in this Task Force's work.

MS is an unpredictable disease of the central nervous system. Currently, there is no cure. Symptoms vary from person to person and may include disabling fatigue, mobility challenges, cognitive changes, and vision issues. An estimated 1 million people live with MS in the United States, and early diagnosis and treatment are critical to minimize disability.

When people with MS face challenges with mobility, the accessibility of the environment can be a major factor in determining their ability to be active and engaged. To remain as mobile as possible, transportation options must be suited to meet the needs of people affected by MS.

The Americans with Disabilities Act (ADA) prohibits discrimination and protects the rights of people with disabilities; it applies to both public and private ground transportation providers, including paratransit. The ADA requires public transportation systems to offer ADA paratransit service to those unable to use local bus service due to their disability. ADA complementary paratransit service provides origin-to-destination service where fixed-route service exists. The ADA paratransit service minimum requirements include:

- Service area: generally, within three-quarter miles on either side of a fixed route,
- Hours and days of service: same hours and days as fixed route,
- Fare: fares may not exceed twice the fare that would be charged to an individual paying full fare for a fixed-route trip of similar length, at a similar time of day. A personal care attendant shall not be charged
- Response time: Paratransit service must be provided at any requested time on a particular day in response to a request for service made the previous day. Real time scheduling, in which a call to the transit provider would result in pickup the same day, is allowed but not mandated,
- Trip purpose restrictions: No restrictions or priorities based on trip purpose are allowed.

A federal investigation in June 2023 found Maryland's paratransit program, MobilityLink, not in compliance with the intent and standards of the ADA. Specifically, Department of Justice investigators found that MTA's MobilityLink "fails to provide service that is 'comparable to the level of designated public transportation services provided to individuals without disabilities using such system,'" in violation of the ADA¹. The Department outlined several areas for potential reform, which the Society supports:

¹ https://www.justice.gov/d9/2023-07/letter_of_finding-maryland_transit_administration_0.pdf

- Investing in more vehicles and drivers
- Ensuring adequate staffing to the service's call center
- Providing better data metrics to the Department of Justice

This Society is supportive of these recommendations, and SB 331, to study Maryland paratransit. In particular, the Society supports studies into current, needed and expected funding; reasons behind funding and spending gaps; and the role private/public partnerships could play in addressing any gaps. The findings from this study would help shed light on potential solutions to address the challenges with paratransit in Maryland – challenges the Society routinely hears about when assisting Marylanders affected by MS.

Chandra, of Fort Washington, has used paratransit throughout her journey with MS in order to return home from hospital stays, to reach doctor and therapy appointments, and for routine life activities such as working out, shopping, movies, dining out and work. Paratransit enables Chandra to leave the house, see new places and meet new people, but she encounters barriers along the way – including timeliness and ensuring that vehicles can fully accommodate her accessibility needs.

David Brooks, of Owings Mills, provides care for his wife Letha. Letha lives with secondary progressive MS and requires the use of a power wheelchair having lost the ability to modulate herself on a push chair a decade ago. Letha relies on paratransit for all medical appointments, lab work, and MRIs. David travels with her as a personal care associate. In their experience, drivers frequently get lost, with David needing to provide directions since Letha does not drive and would not be able to do so. David and Letha always wait outside for their ride, but David consistently must run after the driver for pick-up. While small improvements have been made, such as the new app that allows for tracking drivers, David and Letha continue to face barriers to paratransit as recently as last month.

On January 18, David and Letha were being picked up from Letha's neurologist appointment, which David had booked five days in advance through the app. The size and weight of Letha's large power wheelchair is indicated in her profile, to eliminate surprises at pickup and ensure space, given that there is only room in most trucks for two scooters or smaller chairs. To David and Letha's surprise, upon pick-up, there was already a rider using a wheelchair strapped into the back. After being lifted into the truck it was clear that there was not enough space for Letha and her chair to be secured. David solved the issue by lifting his wife off the chair and placing her into the seat next to him, so that her wheelchair could fit with only 1 side buckled and secured. The driver had panicked and didn't know what to do, so David acted – because otherwise, he and Letha would have been left stranded for hours. Letha and David had experienced enough challenges over the years that David was able to problem solve, but many others in a similar situation would have had no real solution.

The very next week, David and Letha went to LabCorp for blood work. Their ride picking them up at home was on time and without issue, but when waiting for the return ride that had been pre-scheduled for between 4:05 and 4:35, the app malfunctioned and showed that the pick-up wouldn't occur until after 5:30 PM. LabCorp and the adjoining building both closed at 5, leaving them standing outside alone in the dark. David called the call center and talked to an understanding operator who told them that with the Ravens Game Sunday, they were short staffed that evening and she could not locate another driver. They were ultimately picked up at 5:45, more than an hour after their original pickup window closed.

The Society appreciates David and Letha allowing us to share their story in an effort to improve paratransit in Maryland and thanks Senator Shelley Hettleman, who has strongly advocated on David and Letha's behalf over the last several years. We thank Senators Lewis Young and Charles for their attention to this important issue but strongly urges the Task Force to engage with paratransit riders throughout its work. The Society supports the inclusion of riders with lived experience on the Task Force itself. This would ensure the voices and perspectives of those most impacted by paratransit, like David and Letha, are at the forefront during the decision-making process.

Thank you for the opportunity to comment. We urge the committee to favorably report with amendment, including riders with lived experience.

Shannon Wood

Director of Advocacy and Policy

National Multiple Sclerosis Society

Paratransit Taskforce SB331.pdf

Uploaded by: Sharon Maneki

Position: UNF

Subject: Unfavorable SB331

Date: February 6, 2024

From: National Federation of the Blind of Maryland

15 Charles Plaza, #3002, Baltimore, MD 21201

president@nfbmd.org

To: Senate Finance Committee

The members of the National Federation of the Blind of Maryland strongly oppose SB331, a bill to study paratransit in Maryland. There are no senior citizens and persons with disabilities on this task force. How can a service such as paratransit be studied without the input of the users? This task force should be reconstructed to include the groups that use the service. Persons with disabilities certainly have something to contribute about paratransit, and their views should be considered. “Nothing about us, without us” is more than a slogan, this phrase is a call to action.

The task force should be reconstructed to include senior citizens and persons with disabilities in a meaningful way, so that their input can be determined and used in the resulting report. If it is not, please vote unfavorable.

SB331_The Maryland DD Council_Letter of Informatio

Uploaded by: Ande Kolp

Position: INFO



MARYLAND DEVELOPMENTAL DISABILITIES COALITION

Dedicated to the rights and quality of life for people with developmental disabilities in Maryland

SB331- Task Force to Study Paratransit in Maryland

Finance Committee

February 7, 2024

Letter of Information



8601 Robert Fulton Dr
Suite 140
Columbia, MD 21046



1500 Union Avenue
Suite 2000
Baltimore, MD 21211



8835 Columbia 100 Pky
Suite P
Columbia, MD 21044



Maryland Developmental
Disabilities Council

217 E Redwood Street
Suite 1300
Baltimore, MD 21202



7000 Tudsbury Road
Windsor Mill, MD
21244

In 1997, the Governor formed the **State Coordinating Committee for Human Services Transportation** (Executive Order 01.01.1997.06). It was reconstituted in September 2006 and again in April 2010 (Executive Order 01.01.2006.09; Executive Order 01.01.2010.10). Subsequently, **in the 2023 Maryland Legislative Session, SB511 (CH331): Health and Human Services Transportation Improvement Act of 2023** passed, establishing the State Coordinating Committee for Health and Human Services Transportation.

The duties of the State Coordinating Committee for Health and Human Services Transportation are to 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.”

Specific responsibilities of the Committee include:

- (a) 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.
- (b) Conduct an inventory and assessment of health and human services transportation providers in the state.
- (c) Devise a 5-Year Health and Human Services Transportation Plan that sets goals and objectives to help transportation-disadvantaged residents of the state access jobs, education and training programs, healthcare services, and other activities by providing cost-effective, affordable, high-capacity, high-quality, easily understood, and safe and accessible transportation; and

(d) 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. The effective date of the Act was October 1, 2023.

Paratransit is an important part of the transportation system for adults with disabilities. It can be presumed that a responsibility, of the State Coordinating Committee for Health and Human Services Transportation, is to review the efficacy, safety, affordability, and accessibility of Paratransit services. Therefore, SB331 may not be necessary.

In the **State Coordinating Committee for Health and Human Services Transportation (established)** and in a new **Task Force to Study Paratransit in Maryland** (if passed), there should be meaningful involvement and input from people who have a lived experience with Paratransit, including members with developmental disabilities. Should SB331 advance, we recommend Task Force membership be amended to include **people with developmental disabilities who use Paratransit services in Maryland.**

For more information, please contact a member of the Maryland Developmental Disabilities Coalition.

SB 331 Testimony Paratransit.docx.pdf

Uploaded by: Lisa Belcastro

Position: INFO



DATE: February 7, 2024
BILL: SB 331: Task Force to Study Paratransit in Maryland
COMMITTEE: Finance
POSITION: Letter of Information

Dear Chair Beidle,

The Maryland Department of Disabilities (MDOD) thanks the committee for the opportunity to submit this Letter of Information regarding Senate Bill 331: Task Force to Study Paratransit in Maryland.

SB 331, establishes a Task Force to Study Paratransit in Maryland and is charged with evaluating funding for paratransit, identifying service gaps, and exploring the role of public-private partnerships in meeting funding and service gaps.

MDOD has a strong and long-standing relationship with the Maryland Department of Transportation (MDOT) and the Maryland Transit Administration (MTA). Through a Memorandum of Understanding with MTA, MDOD houses a Director of Transportation Policy. This individual works in collaboration with MTA to coordinate and improve the delivery of all transportation services, including paratransit, for people with disabilities.

SB 511/HB596 (2023) established the State Coordinating Committee for Health and Human Services Transportation (SCCHHST) under the MTA. This Committee is charged with examining the Statewide transportation needs of elderly individuals and those with disabilities, as well as devising a 5-year plan that sets goals to help transportation-disadvantaged residents of the State access jobs, education and training programs, health care services, and other activities.

MDOD agrees that the issues referenced in SB 331 warrant close review, and as members of the SCCHHST, will work to incorporate them into the 5-year plan.

Thank you for the opportunity to submit this Letter of Information. If you have any questions please contact Lisa Belcastro, Deputy Secretary, Lisa.Belcastro@maryland.gov.

Sincerely,

Carol A. Beatty, Secretary

SB0331 -MTA - Task Force to Study Paratransit - LO

Uploaded by: Patricia Westervelt

Position: INFO

February 7, 2024

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis Maryland 21401

RE: Letter of Information – Senate Bill 331 – Task Force to Study Paratransit in Maryland

Dear Chair Beidle and Committee Members:

The Maryland Department of Transportation (MDOT) offers the following letter of information for the Committee's consideration on Senate Bill 331.

Senate Bill 331 establishes the Task Force to Study Paratransit in Maryland, charged with reviewing funding for paratransit throughout Maryland, as well as the role that public-private partnerships (P3s) could play in addressing funding and service. MDOT is to staff the Task Force.

The Maryland Transit Administration (MTA) provides Mobility services to people who, because of a disability, are functionally unable to get to a bus stop, wait unassisted at a stop or station, or board a bus or train by themselves. Mobility is a shared ride service offered from the first exterior door of a rider's home or pick up location to the first exterior door of their destination. Mobility is regulated by the Federal Americans with Disabilities Act (ADA), and provides service to individuals who qualify, whose origins and destinations are within three-fourths of a mile on each side of MTA's fixed route services. Additionally, the MTA's Office of Local Transit Support provides Federal and State funding and technical assistance to the Local Operating Transit Systems (LOTS), who also provide paratransit services to riders within their jurisdictions.

As required by Senate Bill 511/House Bill 596 (2023), the Maryland Transit Administration is charged with establishing and staffing the State Coordinating Committee for Health and Human Services Transportation (SCCHHST). This Committee is charged with examining the Statewide transportation needs of elderly individuals and those with a disability, as well as devising a 5-year plan that sets goals to help transportation-disadvantaged residents of the State access jobs, education and training programs, health care services, and other activities. While the work of the SCCHHST and the proposed Task Force is not identical, it is anticipated that the SCCHHST will review, discuss, and set goals for paratransit riders across the State. Many of the representatives identified as serving on the Task Force to Study Paratransit in Maryland are also named as serving on the SCCHHST; additionally, MTA has already identified the funding needed for the SCCHHST.

The Maryland Department of Transportation respectfully requests that the Committee consider this information when deliberating Senate Bill 331.

Respectfully submitted,

Melissa Einhorn
Director of Governmental Affairs
Maryland Transit Administration
410-767-0820

Pilar Helm
Director of Government Affairs
Maryland Department of Transportation
410-865-1090