

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.

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