

Strategic Plan: Non-Emergency Medical Transportation

Missouri Health Care for All Coalition:

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Executive Summary

Covering the health insurance gap is without question the most pressing health care issue facing this state. A symptom of this problem is limited access to Non-Emergency Medical transportation (NEMT). Missouri Health Care for All (MHCFA), seeking to fulfill its founding principles, has charged this group with researching NEMT and presenting some possible solutions.

Based on our research, Missourians have been affected by challenges with transportation in two different ways. First, those who have access to NEMT services through Medicaid have found the services inadequate and often inaccessible. Second, those in the gap are often left without any access to NEMT services. Our group has proposed strategies to address both problems with NEMT and has recommended campaigns that put forth solutions.

Reinstating a Coordinating Council

In the past, Missouri utilized a Coordinating Council, which acted as a brokerage system between beneficiaries and transportation service providers. Currently, eighteen states utilize a Coordinating Council. This strategic plan provides possible methods of reinstating Missouri's Coordinating Council. Reinstating the council could improve health care access through better oversight of NEMT. Additionally, it could serve as an achievable win for MHCFA, could help the organization to build or strengthen key relationships in the state legislature, thereby helping MHCFA to move towards its larger goal of Medicaid expansion.

Expanding Access to NEMT Services

For the 300,000 uninsured Missourians left in the gap, there is no viable option for NEMT services. With Medicaid expansion, these 300,000 Missourians will be able to access NEMT, saving the state countless dollars from unnecessary emergency medical care. However, Medicaid Expansion has yet to pass through the Missouri Legislature, so issues such as expanded

NEMT services give the Missouri Medicaid Coalition momentum while tending to the needs of the 300,000 in the gap. Our goal is to reinstate the Transportation Coordinating Council, as well as lobby legislators to join a newly created MO Health Rides coalition. As secondary goal, we believe this issue can be used to effectively lobby for Medicaid expansion. This is a problem that cuts across party lines, and will therefore resonate with residents from all corners of the state. Because rural Missourians will identify with this issue, an effective media campaign driving up support and awareness may tip the scale on passing Medicaid expansion in the future. Our group developed some media campaign tactics, as well as a proposed volunteer program to alleviate immediate issues.

Strategic Plan Issue

Missouri Health Care For All (MHCFA) divided the issue of NEMT into two broad subcategories. The first subcategory examines the reliability of NEMT for Medicaid recipients. The second subcategory explores the possible options for providing NEMT for individuals who are not covered by Medicaid. Several studies state lack of transportation to be a barrier to adequate health care, particularly in rural regions (Wilken, Ratnapradipa, Presley, & Wodika, 2014; Boekman, 2015; Syed, Gerber, & Sharp, 2014). A recent survey of rural Missouri residents found forty percent of respondents missed at least one health care appointment, and about a quarter of respondents with missed appointments stated it was due to lack of transportation (Boekman, 2015). Ten percent of respondents who missed appointments reported missing at least three in a 12-month period (Boekman, 2015). One should note that the surveys were conducted at medical centers, and only captured individuals who had transportation to their appointments on the day the surveys were administered (Boekman, 2015). This lack of transportation to medical care can create a ripple effect, eventually leading to increased health care costs. The available data indicates that almost one-third of children who missed a doctor's appointment because of transportation problems ended up needing more expensive hospital emergency room care for the untreated condition (Bersdale, 2016).

Individuals insured through Medicaid are entitled to transportation to and from medical appointments at low or no cost to them. Some individuals complain that the transportation services provided through Medicaid are difficult to access, particularly if the individuals are located in a rural region of the state. Currently, the evidence for the inadequacy of NEMT services in Missouri is mostly anecdotal. In fact, according to the MO HealthNet Oversight Committee (2014a), 99.98 percent of NEMT rides are completed without issue. However, the

MO HealthNet Oversight committee also found, through conversations with providers and patients who use the NEMT program, that there are challenges faced by NEMT users, for example: no-show drivers or drivers who arrive late, drivers who refuse to accommodate individuals with limited mobility, limitations on the number of dependents that can accompany the patient to his or her appointment, distance limitations on NEMT, complicated scheduling procedures, and unaffordable fees for service (MO HealthNet Oversight Committee, 2014a).

Another issue is the complicated logistics of moving users from their home to the provided vehicle. NEMT occurs on several levels, to include curb-to-curb, door-to-door, and door-through-door service. Medicaid-provided NEMT services generally operate on a curb-to-curb model, which means that drivers will not assist passengers with mobility limitations with door-to-door or door-through-door services unless there is a statement of medical necessity from the individual's medical provider (MDSS, 2015). If the proper coordination does not occur in advance, clients requiring additional assistance may be unable to reach the vehicle independently, thereby forfeiting their ride and missing their medical appointment.

In Missouri, door-to-door service is provided only with a statement of medical necessity. Missouri also regulates that the transportation provider may supply an attendant for clients' children. However, an attendant cannot take the place of a parent or guardian (MDSS, 2015). An evaluation of MO HealthNet's ability to offer door-to-door services to a greater number of NEMT users revealed that expanding this service would require structural changes. MO HealthNet would either need to alter the policy requiring certification of medical necessity for additional support, or streamline and simplify the process through which NEMT users are required to request additional assistance. Furthermore, Medicaid would need to cover increased expenses between standard curb-to-curb service and door-to-door or door-through-door service.

Such an increase in expenses could potentially be covered through Medicaid expansion.

Previously, citizens also raised concerns about LogistiCare, the state-provided Medicaid transportation service. According to Reine (2014b), LogistiCare engaged in unethical and illegal practices in order to maximize profits, including intentionally discouraging individuals with disabilities from using their services by creating unnecessary barriers to access. In 2012, KCTV5 in Kansas City reported that LogistiCare's failure to provide timely service led to serious medical emergencies and high costs to patients (Smith, 2012). In 2014, the United States Attorney's Office of Eastern Michigan determined that LogistiCare had violated the Americans with Disabilities Act by denying rides to disabled individuals with service animals (U.S. Attorney's Office, 2014). Evidence from other states reinforces these concerns, demonstrating that NEMT brokerage systems often lead to low-quality service (Curtis, 2013; Hilltop Institute, 2008).

Along with the challenges faced by Medicaid recipients, an additional challenge exists for individuals who are not insured by Medicaid and are unable to attend medical appointments due to lack of transportation. These individuals are ineligible for Medicaid, yet they face the same barriers as many Medicaid recipients. These obstacles can include not owning a vehicle, not being able to pay fuel costs to drive to distant providers, and not being able to pay for alternative transportation, such as a bus or taxi. Without Medicaid-provided NEMT, individuals may pay as much as \$175 for round-trip transportation to a medical provider (Boekman, 2015). Without transportation, these individuals are left with no choice but to forego needed medical care, often leading to increased risk of medical emergencies and increased medical costs.

Brief History of NEMT in the U.S. and in Missouri

The origins of Medicaid began with the passage of the Social Security Act in 1965. States became responsible for providing services when transportation was included in the initial

rulemaking issued by Centers for Medicare & Medicaid Services (CMS), and then again in the Department of Health, Education, and Welfare in 1968 (Garrity & McGehee, 2014). Prior to 2005, most NEMT programs operated as a fee-for-service program. These came to be seen as inefficient, so in 2005, the Deficit Reduction Act (DRA) created new options for establishing brokerage programs to manage NEMT (Hause Actuarial Solutions, 2014).

Upon the passage of the DRA, many states opted to institute a brokerage system, through which either a private company or a state agency would connect riders with transportation providers (Myers, 2015). Missouri instituted a private brokerage model that allowed it to deliver NEMT through the use of a competitive bidding process in order to procure a private for-profit company to work as an intermediary between transportation providers and eligible riders (Myers, 2015). States that implement a private brokerage model typically pay a fixed amount to the broker, with the assumption that a set payment will incentivize brokers to minimize costs and provide the most efficient service possible (Myers, 2015). Missouri currently provides NEMT services through LogistiCare, a for-profit brokerage service utilized by several states (MO HealthNet Oversight Committee [MHOC], 2014a).

In 2014, Albert Reine, Jr., the former owner of an NEMT company, presented several complaints against LogistiCare to the MO HealthNet Oversight Committee. These complaints included mistreating drivers, accepting bribes from NEMT providers, colluding with government officials, and intentionally minimizing utilization by providing low-quality services (Reine, 2014a). Reine also cited evidence from other states that LogistiCare held a record of violating the law in order to cut costs (Reine, 2014b). Following Reine's complaints, the Oversight Committee opened a working group to address his concerns. This working group reported meeting with LogistiCare and hospital providers, but has not taken any further action to date (MHOC, 2014b).

In order to address the needs of uninsured Missourians, the Missouri Gateway to Better Health demonstration project, called the Safety Net Pilot Program, was approved in 2010. The aim of this project is to preserve and improve the health care delivery system for uninsured adults in the St. Louis region who have a family income up to 200 percent of the federal poverty line (Myers, 2015). CMS gave the Missouri Department of Social Services (MDSS) the authority to limit the availability of transportation for the Safety Net Pilot Program from July 1, 2012 through December 31, 2013, which was subsequently extended to December 31, 2016. The arrangement makes NEMT services available to all participants in the pilot who have no other means of accessing Gateway-covered services (Garrity & McGehee, 2014).

However, as the Gateway program only serves the St. Louis region, it does not fully address NEMT-related challenges throughout the state of Missouri. While barriers to NEMT do exist in urban areas, they are often more pronounced in rural regions, where patients and providers are more dispersed and specialty services may be completely absent. Many states have implemented creative solutions to these challenges, including volunteer ride services, ride-share programs, telehealth or mobile clinics, and coordination with public transit providers (Rural Health Information Hub, n.d.). Actions have been taken in Missouri to address the NEMT needs of rural communities. In 2013, Missouri Foundation for Health funded a three-year pilot program, HealthTran, which partners with area health centers and public transportation services to provide low-cost NEMT to low-income residents (Boekman, 2015). Currently, there is little available information on the success of this program, but user feedback has been overwhelmingly positive, and some initial assessment and cost-benefit analysis suggests that this could be a sustainable model for rural NEMT (Boekman, 2015).

Norms and Stereotypes Associated with NEMT

One of the most damaging stereotypes associated with NEMT is the negative attitudes that many hold toward Medicaid recipients and low-income, uninsured individuals. Many see this group of people as lazy and undisciplined and as taking advantage of over-generous government supports. Under this characterization, these individuals have not earned the right to accessible health care. Similar stereotypes exist of people with certain stigmatized medical conditions, such as Type II Diabetes or addiction, leading to the assumption that they brought these problems upon themselves, and that it is therefore their responsibility to correct them. These stereotypes are major contributors to Missouri's failure to expand Medicaid, and will likely influence decisions about NEMT improvement or expansion.

Related to this issue is the perceived norm of low-income individuals' dependence on emergency transportation and emergency rooms for routine medical care. Since emergency services cannot be denied, regardless of ability to pay, these services often become the most convenient, and in some cases the only option available to those who have trouble paying for or getting to non-emergency care. If access to NEMT is improved, further education and support may be needed to facilitate the transition from dependence on emergency services to NEMT use.

Power Differentials Associated with NEMT

Financial standing is a strong determinant of power. As in most situations, low-income individuals have little control over the regulatory forces that determine availability or quality of NEMT services. Another important power dynamic is that which exists between the provider of NEMT services (in this case, LogistiCare) and the recipients. As the sole provider of Medicaid-funded NEMT services, and the recipient of a predetermined payment from the government, LogistiCare is not subject to market forces that would theoretically compel it to be responsive to

its customers' demands. In fact, since its revenue is fixed but its expenses are not, LogistiCare could stand to benefit from discouraging customers from using its services by creating unnecessary complications and providing a low-quality service. There is some evidence from other states that LogistiCare has engaged in unethical or illegal activity to prevent eligible riders from accessing their services, as well as anecdotal evidence from individuals in Missouri (Reine, 2014a; Reine, 2014b; U.S. Attorney's Office, 2014; Hilltop Institute, 2008).

Research on Non-Emergency Medical Transportation

Literature Reviews

The Literature Review Table below summarizes literature from a variety of sources that provide background on NEMT both in and outside of Missouri, and the implications of the provided articles for MHCFA. The literature addresses NEMT within the context of Medicaid as well as through other community initiatives. The Legal Literature Review Table discusses legal and legislative concerns surrounding NEMT services. The sources are mainly derived from studies conducted by government agencies in response to inquiries and complaints about NEMT at state and federal levels. The Media Literature Review Table summarizes literature from a variety of media sources. This helps to identify existing public perceptions of NEMT and initiatives from a variety of stakeholders to address transportation barriers to health care. The Political Platforms and Speeches Literature Review Table summarizes some of the political discourse that exists surrounding NEMT within several states.

Literature Review Table

Citation	Summary	Implications for MHCFA
Borders, S., Blakely, C., Ponder, L., & Raphael, D. (2011). Devolution's policy impact on non-emergency medical transportation in state Children's Health Insurance Programs. <i>Social Work in Public Health</i> , 26(2), 137-157.	Proponents of devolution often maintain that the transfer of power and authority of programs enables local officials to craft policy solutions that better align with the needs of their constituents. This article provides one of the first empirical evaluations of this assumption as it relates to NEMT in the State Children's Health Insurance Program (SCHIP). NEMT programs meet a critical need in the areas in which they serve, directly targeting this single key access barrier to care. Yet states have great latitude in making such services available. The authors utilize data from 32 states to provide a preliminary assessment of devolution's consequences and policy impact on transportation-related access to care. Their findings provide mixed evidence on devolution's impact on policy outcomes. Proponents of devolution can find solace in the fact that several states have gone beyond federally mandated minimum requirements to offer innovative programs to remove transportation barriers to care. Detractors of devolution will find continued pause on several key issues, as a number of states do not offer NEMT to their SCHIP populations while cutting services and leaving over \$7 billion in federal matching funding unspent.	It is important to note that Missouri did not participate in this study. Missouri children covered by CHIP are not eligible for NEMT and this article is useful in understanding the provision of NEMT services for children covered or not covered through CHIP in other states.
Gateway to Better Health.	Gateway to Better Health is a temporary health	This is useful in understanding how a

Citation	Summary	Implications for MHCFA
(2016). Program overview. Retrieved from https://stlgbh.com/program_overview_and_H_Member_Handbook.pdf	care program for uninsured adults in St. Louis City and County. The program is designed to provide uninsured adults a bridge in care until they are able to enroll in health insurance coverage options available through the Affordable Care Act. One of the benefits of this program is NEMT on a limited basis for eligible participants, which would be scheduled by contacting the health center printed on the front of the participant's health card. Rides must be scheduled 5 days prior to the appointment	temporary health care program is working to provide NEMT for its participants outside the framework of Medicaid, and how this model could be adapted or expanded to other areas.
Kim, J., Norton, E. C., & Stearns, S. C. (2009). Transportation brokerage services and Medicaid beneficiaries' access to care. <i>Health Services Research</i> , 44(1), 145-161.	This study examined the effect of capitated transportation brokerage services on Medicaid beneficiaries' access to care and expenditures during a timeframe when Georgia and Kentucky implemented transportation brokerage services. Effects were estimated for asthmatic children and diabetic adults. For asthmatic children, transportation brokerage services increased NEMT expenditures and the likelihood of using any services; reductions in monthly expenditures more than offset the increased transportation costs. For diabetic adults, NEMT costs decreased despite increased monthly use of health services; average monthly medical expenditures and the likelihood of hospital admission for an ambulatory care-sensitive condition (ACSC) also decreased. The shift to transportation brokerage services improved access to care among Medicaid beneficiaries and decreased the expenditures. The increase in access	This is useful to understand how the move by many states to implement NEMT brokerage services resulted in improved access to health care as well as decreased expenditures, which will be important to highlight to legislators and decision-makers as MHCFA moves the issue of NEMT forward.

Citation	Summary	Implications for MHCFA
	combined with reduced hospitalizations for asthmatic children and ACSC admissions for diabetic adults are suggestive of improvements in health outcomes.	
LogistiCare. (2016). Retrieved from http://www.logisticare.com	This is the website for Missouri's current NEMT provider. According to the site, LogistiCare, Inc. is the nation's largest manager of NEMT programs for state governments and managed care organizations. Its services include call center management, networking credentialing, vendor payment management and NEMT management. The company ensures more than 54 million rides annually for some 17 million members in 40 states and the District of Columbia. LogistiCare reports that its 99 percent complaint-free service rate is unmatched in the medical transportation management industry.	This provides information on the company currently contracted to provide NEMT services for Missouri Medicaid clients. It would be helpful for MHCFA to better understand both how LogistiCare operates in providing NEMT services, as well as how NEMT actually works or does not work for Medicaid clients eligible for this service.
MacLeod, K. E., Ragland, D. R., Prohaska, T. R., Smith, M. L., Irmiter, C., & Satariano, W. A. (2014). Missed or delayed medical care appointments by older users of nonemergency medical transportation. <i>The Gerontologist</i> , 5(6), 1026-37.	This study identified factors associated with canceling NEMT appointments among older adult Medicaid clients. Over half of canceled trips were attributed to client reasons (e.g., no show, refusal) and while client characteristics (e.g., race, sex, functional status) were associated with cancellations, these differed based on the cancellation reason. Regularly scheduled trips were less likely to be canceled. Implications are that the evolving American health care system may increase service availability and additional policies can improve service accessibility and	This is useful to understand why certain patients cancel NEMT services, which could possibly be used by opponents to justify why NEMT services should be reduced or waived under Medicaid. Also, since regularly scheduled trips were less likely to be cancelled, this could serve as a basis for increasing utilization among those with recurring health care appointments, as well as for expanding services.

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	overcome utilization barriers.	
Missouri Rural Health Association. (2015). Missouri Rides to Wellness executive summit summary. Retrieved from http://www.morha.org/wp-content/uploads/2016/04/R2W-Report_Dec-1_2015.pdf	This report is a summary of the planning, execution and follow-up to the Missouri Rides to Wellness Summit held October 14, 2015 in Jefferson City, Missouri. Although Medicaid expansion has not yet passed in Missouri, the dialogue from a 2013 strategic planning session of the Missouri Public Transit Association (MPTA) board of directors resulted in a new initiative, HealthTran, which is funded by the Missouri Foundation for Health. HealthTran is administered by the Missouri Rural Health Association with support from the MPTA and is a research-oriented project designed to pilot a new model of transportation coordination to improve health care access. HealthTran began as a multipartner initiative in a nine-county area in south central Missouri.	This report is useful in that MORHA is already working to address NEMT issues in rural areas through HealthTran. It would be extremely beneficial for MHCFA to connect with MORHA in a partnership to address NEMT issues statewide.
Renfrew, M. J. (2006). 100% federal medical assistance percentage: a tool for increasing federal funding for health care for American Indians and Alaska natives. <i>Columbia Journal of Law and Social Problems</i> , 40, 173-227.	This article details the benefits of 100 percent federal funding of the Medicaid program for purposes of providing NEMT. When the state must provide matching funds, the state is unlikely to provide the service in order to reduce costs. The article explains that these services are critical to Alaska, as many of its residents are geographically isolated.	Analogy can be drawn to Missouri, though the case is not as strong, because there are many citizens located in rural areas. Thus, 100 percent federal funding is crucial in order to induce states to provide this critical service.
Rozier, M. D., & Singer, P. M. (2016). Money, politics,	This article looks at how four governors (John Kasich [R-Ohio], Bill Haslam [R-Tennessee],	This is useful in understanding the political motivations surrounding state Medicaid

Citation	Summary	Implications for MHCFA
<p>and morality in the framing of Medicaid expansion. <i>American Journal of Public Health</i>, 106(2), 203-204.</p>	<p>Steve Beshear [D-Kentucky], and Jay Nixon [D-Missouri] framed their arguments for Medicaid expansion. Kasich and Haslam framed their pitches around financial and economic reasoning first, followed by personal and moral arguments. They were both successful in adopting Medicaid expansion. Beshear and Nixon, who were not successful, framed their arguments first around political and legal frames (for instance, comparing their own state to others who had passed Medicaid expansion).</p>	<p>expansion, which for NEMT will likely be mirrored in state political discourse. The authors suggest that legislators respond more to financial arguments than anything else, but those financial arguments must also serve those legislators' self-interest in some capacity.</p>
<p>Simon & Co. (2014). Medicaid expansion and premium assistance: the importance of non-emergency medical transportation (NEMT) to coordinated care for chronically ill patients. <i>Community Transportation Association</i>. Retrieved from http://web1.ctaa.org/webmodules/webarticles/articlefiles/NEMTreportfinal.pdf</p>	<p>Millions of chronically ill Americans relied on the Medicaid program in 2013 for transportation to life-sustaining medical care, such as kidney dialysis and treatment for severe mental illnesses, as shown by new data. NEMT provides crucial access to health care for millions of Americans, the importance of which is delineated in this article; however, its funding is currently being threatened in some states (such as Iowa, Pennsylvania and New Hampshire) as they are proposing to waive the NEMT assurance requirement in premium assistance plans.</p>	<p>This article demonstrates how many states have initiated efforts to waive the NEMT assurance requirement under Medicaid, despite evidence that demonstrates how important NEMT services are in ensuring the management of chronic health care conditions. This highlights some of the challenges MHCFA may encounter in addressing NEMT services and expansion in Missouri.</p>
<p>Thomas, L. V., & Wedel, K. R. (2014). Nonemergency medical transportation and health care visits among chronically ill urban and</p>	<p>This study examines the effect of Medicaid-provided NEMT in Oklahoma on health care visits for the management of chronic illnesses. Analyses of claims data show that African Americans are the highest users of NEMT. Medicaid</p>	<p>This provides useful data for understanding NEMT use in both rural and urban settings, as well as the impact of access to NEMT services to manage chronic health conditions. MHCFA would benefit by being able to demonstrate to</p>

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rural Medicaid beneficiaries. <i>Social Work in Public Health</i> , 29(6), 629-639.	beneficiaries who use NEMT services are significantly more likely to make the recommended number of annual visits for the management of chronic conditions than those who do not use NEMT. Increased use of NEMT by making the services more accommodating and convenient for beneficiaries is proposed.	legislators and other decision-makers both positive health outcomes as well as health care cost avoidance through the provision and expansion of NEMT services.
Wilken, P., Ratnapradipa, D., Presley, D., & Wodika, A. B. (2014). An evaluation of the non-emergency medical transportation system of rural southern Illinois. <i>American Journal of Health Studies</i> , 29(2), 199-204.	This study determined if disparities existed in the NEMT system in the lower 34 counties of southern Illinois. Several research themes developed, including an underserved rural population by NEMT, negative health consequences, and an ineffective use of medical staff's time. Patients and medical staff alike had undue burdens placed on them because of missed appointments, lack of timely health care services, reduced effectiveness of patient care, and medical staff distress.	This is useful in understanding how rural clients are underserved and the impact to their health outcomes as well as the impact to the overall health care system. As stated above under Thomas and Wedel, it would be beneficial for MHCFA to demonstrate both positive health outcomes as well as health care cost avoidance through the provision and expansion of NEMT services.
Wright, D. B. (2008). No way to go: a review of the literature on transportation barriers in health care. <i>World Transport Policy & Practice</i> , 14(3), 7-23.	This article reviews published, peer-reviewed works addressing the effects of limited access to transportation on health care provision. It identifies what barriers are causing this limited access, whom it is affecting (both urban and rural), and what solutions have been instituted, as well as the costs of these solutions.	This is helpful to further understand the impacts of transportation barriers on individual health care that exist.

Legal Literature Review Table

Citation	Summary	Implications for MHCFA
42 CFR § 440 (2008). Medicaid Program; State Option To Establish Non-Emergency Medical Transportation Program. Retrieved from https://www.federalregister.gov/articles/2008/12/19/E8-29662/medicaid-program-state-option-to-establish-non-emergency-medical-transportation-program	The regulation issued by the Centers for Medicare & Medicaid Services of the U.S. Department of Health and Human Services provides the rules and regulations that “provides States with additional State plan flexibility to establish a non-emergency medical transportation (NEMT) brokerage program, and to receive the Federal medical assistance percentage matching rate.”	This information is crucial to understanding the current rules and regulations regarding state NEMT brokerage systems.
Burkhardt, J. E., Koffman, D., & Murray, G. (2003). <i>TCRP Report 91: Economic Benefits of Coordinating Human Service Transportation and Transit Services</i> (Vol. 91). Transportation Research Board. Retrieved from http://onlinepubs.trb.org/onlinepubs/tcrp/tcrp_rpt_91.pdf	This report identifies “agencies using innovative and successful coordination strategies and practices in rural, suburban, and urban regions. Based on the data collected, innovative and successful coordination strategies and practices that have wide applicability were identified. The report includes these strategies and practices, estimates of the national economic benefits of coordination, governmental actions that affect coordination, and ways to maximize the probability of successful coordination efforts.”	This report provides a beneficial overview of how agencies are handling NEMT issues, what strategies have been effective, and the economic benefits of coordinating NEMT-related services.
Farber, N., Reed, J., & Pound, W. T. (2010). State Human Service Transportation Coordinating	This reports contains an overview of coordinating councils in every state.	Gaining a thorough understanding of coordinating councils’ operation, successes, and failures would be crucial to instituting an effective coordinating council in Missouri.

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Councils: An overview and State Profiles. <i>National Conference of State Legislatures</i> . Retrieved from http://www.ncsl.org/documents/transportation/hstccover.pdf		
Rosenbaum, S., Lopez, N., Morris, M. J., & Simon, M. (2009). <i>Medicaid's medical transportation assurance: Origins, evolution, current trends, and implications for health reform</i> . Washington, D.C.: Department of Health Policy, School of Public Health and Health Services, The George Washington University. Retrieved from http://hsrc.himmelfarb.gwu.edu/cgi/viewcontent.cgi?article=1035&context=sphhs_policy_briefs	This policy brief examines Medicaid's assurance of medical transportation in the context of medically necessary but non-emergency health care. The results of this analysis underscore Medicaid's unique capacity to not only finance medically necessary health care but also the services and supports that enable access to health care by low-income persons since Medicaid covers NEMT. This ability to both finance health care and enable its use moves to the forefront as Congress considers whether to assist low income persons in health reform through Medicaid expansions or via subsidies for traditional health insurance, which typically does not provide comparable transportation coverage.	This provides a policy-level perspective on NEMT in the context of Medicaid and Medicaid expansion, which will be useful in understanding the historic context at the federal level as it relates to Missouri's pursuit of expanded NEMT access.
United States Government Accountability Office. (2014). Transportation disadvantaged populations: nonemergency medical transportation not well	This report was devised by the US Governmental Accountability Office to address Medicaid NEMT problems. The study found that coordination of NEMT programs is limited, creating fragmentation, overlap, and potential for duplication, especially at the state and local level.	Greater coordination between state and federal Medicaid and VA NEMT program leaders could improve efficiency.

Citation	Summary	Implications for MHCFA
coordinated, and additional federal leadership needed. Retrieved from http://gao.gov/assets/670/667362.pdf		

Media Literature Review Table

Citation	Summary	Implications for MHCFA
Bhanoo, S. N. (2008, August 16). Medicaid transport firm trims drivers: patients say service has become unreliable. <i>The Washington Post</i> . Retrieved from http://www.washingtonpost.com/wpdyn/content/article/2008/08/15/AR2008081503301_pf.html	This news article discusses MTM, the Missouri-based former MO Healthnet NEMT provider, and its issues in 2008 in Washington, DC after contracting as the District's NEMT provider. The company downsized its pool of contract drivers, leaving some clients to complain that the service was too unreliable to get them to important health-care appointments. The article also noted the problems MTM has in Missouri several years before, leading to settlement and termination of its contract.	This article is useful in that it provides context for the previous Missouri NEMT provider and the historical issues that existed for clients, which could impact the perception of these services through present day. It also touches on the impact to clients when the number of drivers are reduced.
Brady, K.T. (2006, January 4). Lake Saint Louis-based Medical Transportation Management criticized in state settlement release. <i>St. Charles County Business Record</i> .	This article discusses Missouri's previous NEMT provider, Medical Transportation Management, Inc. (MTM), and its 2005 settlement with the state for a \$5.8 million payment the state owed the company for previously provided services. According to Gov. Blunt, "Missouri tax dollars would no longer be given to a scurrilous company that hindered the transfer of nonemergency medical transportation services to the state's new contracted company LogistiCare" and also complained that "by bilking the system MTM hurt low-income Missourians."	This article is useful in understanding the historical context of NEMT through its previous provider, MTM, and where some of the problems with its services may have existed in the past.
Cronk, I. (2015, August 9). The transportation barrier. <i>The Atlantic</i> . Retrieved from http://www.theatlantic.com/	This article addresses transportation barriers that exist for low-income individuals that sometimes serve as a hindrance to accessing needed health care. It demonstrates how hospitals are frequently	This is useful in understanding how the use of ambulance services may sometimes leave patients stranded at hospitals, where short-notice NEMT services would be appropriate in

Citation	Summary	Implications for MHCFA
health/archive/2015/08/the-transportation-barrier/399728/	ill-equipped to assist patients with transportation needs, particularly when brought by ambulance. A model is emerging that uses community health workers (CHWs), who typically don't have health care backgrounds, to help patients navigate the health care system, coordinate transportation for patients to and from appointments, motivate them to take their medications, and help them implement positive lifestyle habits.	getting the patient back home. This is important for unplanned hospital visits where transportation is still an issue for the patient. In addressing NEMT services, MHCFA may want to consider helping hospitals address this type of transportation gap for its patients.
Harnack, L. (2014, April 21). Non-emergency medical transportation needs. <i>Mass Transit</i> . Retrieved from http://www.masstransitmag.com/article/11369875/non-emergency-medical-transportation-needs	The article discusses the issue concerning NEMT needs and how it can affect mobility management in the U.S. Topics include the use of NEMT in physical and occupational therapy or dialysis and ways for health care providers and other stakeholders to work together to provide NEMT service. Also discussed is the importance of NEMT in providing good health care service and reducing health care costs.	This shows how members of the transportation community are engaged in the discussion of NEMT as it relates to the provision of transportation and highlights the importance of the transportation community in helping to address the NEMT issue.
Kerley, D. (2015, January 16). Millions lost yearly to ambulance companies acting like a 'taxi service'. <i>ABC News</i> . Retrieved from http://abcnews.go.com/blogs/politics/2015/01/millions-lost-yearly-to-ambulance-companies-acting-like-a-taxi-service	This article paints a negative picture of ambulance companies committing Medicare fraud by knowingly transporting patients with non-emergency needs and then charging Medicare for ambulatory trips, when patients are healthy enough to travel by other means.	While this is not directly related to NEMT and Medicaid, although some of these trips may have been better accommodated through NEMT, issues highlighted in this new story could serve to detract from the valid transportation barriers and challenges that exist and the importance of providing NEMT services to those who need them. It's important that MHCFA understands that these types of sentiments may exist and be prepared to defend NEMT with research, data, and patient stories.

Citation	Summary	Implications for MHCFA
<p>LogistiCare. (2014, October 23). LogistiCare earns nation's most comprehensive URAC accreditation for medical transportation, healthcare organizations. <i>PR Newswire US</i>. Retrieved from http://www.prnewswire.com/news-releases/logisticare-earns-nations-most-comprehensive-urac-accreditation-for-medical-transportation-healthcare-organizations-522935765.html</p>	<p>This article discusses how LogistiCare, the medical transportation provider for MO Healthnet, recently became the first and only manager of non-emergency medical transportation to earn nationally-recognized URAC accreditation for quality in all of its operations, meeting rigorous standards for operational integrity, consumer protection and patient engagement.</p>	<p>This is helpful for MHCFA to understand the background of LogistiCare and its current accreditation status, which demonstrates the organization's credibility in the eyes of the agency that contracted its services, despite negative feedback the company may receive.</p>
<p>Taxicab, Limousine & Paratransit Association. (2009). Non-emergency medicaid transportation: how to maximize safety and cost effectiveness through better use of private for-hire vehicle operators. Retrieved from https://www.tlpa.org/news/Medicaid_Paper_112409.pdf</p>	<p>Members of the Taxicab, Limousine & Paratransit Association (TLPA) developed this paper. The paper serves two purposes: first, educating members of the TLPA on the issues involved with NEMT; and second, as a tool to encourage public entities to develop better RFP processes for these types of services. The paper includes two Appendices. Appendix A is intended to illustrate how NEMT is essential because without transportation services, people who rely on Medicaid are placed at risk of missing routine or preventive care, the absence of which can lead to</p>	<p>In addition to the Harnack article, this shows how members of the transportation community, in this case TLPA, are extremely engaged on the NEMT issue and may be key partners in an effort to move NEMT service access and expansion forward in Missouri. For example, the Missouri Public Transit Association (MPTA) is already engaged with the HealthTran initiative and could serve as a key partner on MHCFA's work to move NEMT forward statewide.</p>

Citation	Summary	Implications for MHCFA
	more costly care and hospitalization. Appendix B includes the summary of a rule on the use of brokers by states: Medicaid Program: State Option To Establish Non-Emergency Medical Transportation Program and the summary of a proposed rulemaking that would allow states to opt out of the obligation to provide NEMT if they offered Medicaid clients higher levels of insurance coverage.	

Political Platforms and Speeches Literature Review Table

Citation	Summary	Implications for MHCFA
Lawlor, J. (2013, October 11). Vermont avoided Medicaid transportation problems occurring in Maine. <i>Portland Press Herald</i> . Retrieved from http://www.pressherald.com/2013/10/11/vermont_avoided_medicaid_transportation_problems_occuring_in_maine_	This article discusses Vermont's NEMT system and compares it to Maine's system. Several Maine legislators tout Vermont's system as a model and believe Maine should operate NEMT like Vermont. Both states revised their Medicaid transportation system to satisfy federal requirements but Vermont maintained a system of local nonprofits to provide rides to low-income residents who have no other transportation. Maine hired contractors to coordinate, but not provide, the rides in a regional system. Vermont officials say the changes have generated hardly any complaints, while in Maine the result has been thousands of complaints about disjointed service and patients missing rides to medical appointments.	This is helpful to understand models that other states are using to successfully operate NEMT, and could serve as a model for MHCFA to consider moving forward.
Miskell, S. (2015, December 2). Arkansas and Arizona drive in different directions on Medicaid transportation benefit. <i>Georgetown University Health Policy Institute</i> . Retrieved from http://ccf.georgetown.edu/all/arkansas-arizona-diverge-medicaid-transportation-	This article discusses how a few states are seeking to make changes to Medicaid through NEMT waivers and how these same ideas keep popping up in several states despite evidence that they are not good policy. These states include Arizona, Michigan, Indiana, and Iowa. Arkansas reversed course on its waiver recommendation based on research that showed the NEMT benefit in Arkansas is "very cost effective" and found that offering the NEMT benefit actually provides a sound return on investment for states.	This information will help MHCFA understand the arguments that states use when proposing reductions to NEMT services. It is possible that Missouri may use some of these same arguments against NEMT services and expansion, for which MHCFA should be prepared to counter.

Citation	Summary	Implications for MHCFA
benefit/		
<p>Ramsey, D. (2014, February 9). Republican backers of private option hope to get waiver of non-emergency medical transportation. <i>Arkansas Times</i>. Retrieved from http://www.arktimes.com/ArkansasBlog/archives/2014/02/09/republican-backers-of-private-option-hope-to-get-waiver-of-non-emergency-medical-transportation</p>	<p>This article discusses how key Republican architects of the Arkansas private option health care expansion are pressing for an additional waiver of federal Medicaid rules to end the mandate that the state must provide NEMT to private-option beneficiaries without the means to get to their health care provider.</p>	<p>This is useful to understand current political efforts to eliminate Medicaid-provided NEMT services and the legislative environment that exists, which may also pose challenges for Missouri as MHCFA moves forward with this issue.</p>

Discussion on Use of Research in NEMT Campaign

The research above provides a host of information that MHCFA can use in its campaign moving forward. This includes background information on individuals facing transportation barriers to health care, including socioeconomic status, age, race, rural versus urban residence, and patient functionality. This also includes research on the benefits of NEMT services and utilization on patient health outcomes and the health care system, as well as legislative and policy background of NEMT at the state and federal levels.

MHCFA may find that NEMT service delivery models that work in other states could also be beneficial to Missouri. However, Missouri has the advantage of two pilot programs, Gateway to Better Health and HealthTran, that will demonstrate how NEMT outside a Medicaid framework is being tested for use in Missouri. MHCFA should obtain data from these pilots to better inform decision-makers on innovative approaches that actually work for NEMT users, while also demonstrating cost savings, cost avoidance, and return on investment.

The research highlights the importance of developing key partnerships with state and regional transportation agencies, such as the Missouri Public Transit Association (MPTA), MetroLink - St. Louis, Kansas City Area Transportation Authority, MO RIDES, and other regional transportation systems and services. MPTA is currently in partnership with the Missouri Rural Health Association for HealthTran, so these are two agencies MHCFA should strongly consider for future partnerships.

Additionally, MHCFA should understand positive and negative impressions of NEMT and how opponents may construct arguments against NEMT based on negative perceptions. Issues not specifically related to NEMT may impact attitudes towards it, such as general sentiments toward Medicaid expansion and the Affordable Care Act. Political discourse on

NEMT is limited when compared to discussions of Medicaid itself. The discourse that does exist within the states that received or sought waivers to NEMT varies and generally is not grounded in evidence, which demonstrates that NEMT provides a sound return on investment (Georgetown University Health Policy Institute, 2015).

Legislation

Federal Legislation

With the 2005 passage of the DRA, states are no longer required to submit a waiver if they want to change the way they administer NEMT. As stated above, there are several requirements that all Medicaid NEMT programs must follow. They must be available in all political subdivisions of the state, be provided with reasonable promptness to all eligible individuals, be provided in the same amount, duration, and scope, and individuals must be allowed the “freedom of choice” of their transportation provider (Myers, 2015). After the DRA, many states chose to broker out their NEMT system. Through brokerages, either a private or state agency connects riders with transportation providers. Brokerages must be cost-efficient, be audited, and the process for selecting brokers must be competitive. Brokerages must also comply with the self-referral requirement (Myers, 2015).

The regulation governing NEMT is 42 CFR § 440, *Medicaid Program; State Option To Establish Non-Emergency Medical Transportation Program* (2008). This CMS-issued regulation “provides States with additional State plan flexibility to establish a non-emergency medical transportation (NEMT) brokerage program, and to receive the Federal medical assistance percentage matching rate.” This information is crucial to understanding the current rules and regulations regarding state NEMT brokerage systems.

State Legislation

According to Myers (2015), states provide NEMT through one or a combination of many different strategies: private brokerage, public brokerage, fee-for-service, public transit, or managed care. Brokerages and combining different strategies require coordination. Eighteen states have the Medicaid transportation agency on their state coordinating council. In Kentucky,

Massachusetts, and Vermont, NEMT is fully embedded in their coordinated transportation approach. Twenty-eight states do not have a coordinating council. Listed below are some examples of transportation coordinating councils as well as the legislation that enacted the council. These can be used as a reference when talking with legislators about reinstating this council. States or regions with transportation coordinating councils typically have better delivery of NEMT services.

State Legislation Table

State	Legislation	Summary
Missouri	Mo. Rev. Stat. §226.805, first enacted in 1988	This statute enabled Missouri's coordinating council. In 2014, its enabling statute was repealed by House Bill 1245. The statute outlined the council's member agencies, as well as the agency heads who must make up the committee.
California	Cal. Public Utilities Code §99238	California does not operate an official coordinating council. Under this statute, California operates metropolitan and regional transit planning associations. At the state level, these groups work with a social and human service transportation committee that oversees the entire state.
Florida	Fla. Stat. Ann. §§427.012 et seq. for the council; Fla. Stat. Ann. §320.03[9] for funding sources	"The goal of this coordination is to assure the cost-effective provision of transportation by qualified community transportation coordinators or transportation operators for the transportation disadvantaged without any bias or presumption in favor of multi-operator systems or not-for-profit transportation operators over single operator systems or for-profit transportation operator" (Fla. Stat. Ann. §§427.012) This council is an independent agency, is active (with regular meetings), and the committee includes agency heads, state residents who utilize the service, and persons with experience in the industry
Kentucky	Ky. Rev. Stat. §281.870	Provides assistance, information, and policy recommendations to the Transportation Cabinet.
Massachusetts	No enabling statute. Operates under Memorandum of Understanding	Recent activities include formation of voluntary regional coordinating councils that address service gaps at the local level and creation of a

State	Legislation	Summary
	between MassDOT and the Executive Office of Health and Human Services (EOHHS)	statewide mobility manager within Massachusetts Department of Transportation.
Ohio	Ohio Administrative Code 173-39-02.13, Non-emergency medical transportation service	Sets criteria by which beneficiaries may be admitted into the program. Service providers are required to provide back-up plans when the vehicle is unavailable for transport. Establishes minimum qualifications for drivers, vehicles, and also sets exceptions to these criteria. The code also sets rates of charge and limits what constitutes “one job” for the service provider. Furthermore, the code indicates how the beneficiaries are admitted into the service program and certain exceptions that apply. This code is beneficial as a template for structuring a proposed bill for how the service would be administered.
Vermont	Vt. Stat. Ann. tit. 24, §5084	The advisory council serves as an advisory group to the Agency of Transportation on all matters related to transportation services for those with special needs, including transportation brokerage. Members of the council are from various agencies and one citizen is appointed by the Governor.

State Transportation Coordinating Councils

Transportation Coordinating Councils serve to advise and develop transportation services such as NEMT. State transportation coordinating councils vary in three different ways: membership, core duties and responsibilities, and whether they were established by a legal mandate. In some cases, voluntary councils are effective, such as in Louisiana, New Jersey, and Washington. The most active state coordinating councils have funds provided by the Department of Transportation or a similar state entity as well as diverse membership from varying government agencies. States with active coordinating councils report better access to information, better service delivery, and improved mobility and access to community benefits (Myers, 2015).

Missouri's transportation coordinating council, originally established through a legal mandate in 1988, is currently inactive. Missouri's remaining transportation coordinating council, the "Interagency Committee on Transportation," does not report to any agency. Previously, Missouri had two coordinating councils, one called "The Coordinating Council on Special Transportation", which also remained inactive for several years. House Bill 1245 disbanded the Coordinating Council on Special Transportation in August 2014 (Myers, 2015).

Missouri's Council Prior to Inactivation

Interagency Committee on Special Transportation (Myers, 2015)	
Stated Purpose	Required Membership
Designated substate special transportation planning and service areas within the state.	Assistant for transportation of the Missouri Department of Transportation or designee, who shall serve as chair;
Designated special transportation planning council shall be composed of the following: <ul style="list-style-type: none"> ● The area agency on aging; ● The regional center for developmental disabilities; ● The regional planning commission; ● Other organizations responsible for funding. The special transportation planning council will oversee and approve plans. Staff that will support the council will be provided by Department of Transportation.	Assistant commissioner of the Department of Elementary and Secondary Education, responsible for special transportation, or designee; Director of the Division of Aging of the Department of Social Services or designee;
Jointly establish a uniform planning format, budgeting, and reporting standards. These standards shall be adopted into the administrative rules of each member agency.	Director of the Division of Family Services of the Department of Social Services or designee;
Establish annual allocations of funds to support services in each of the designated planning areas that shall be ultimately reviewed and adopted.	Deputy Director for the developmental disabilities and the Deputy Director for administration of the Department of Mental Health or their designees;
Adopt a five-year budget for capital and operating needs.	Executive secretary of the Governor's Committee on Employment of the Handicapped; and
Develop and adopt administrative rules.	Other state agency representatives as the Governor deems appropriate for temporary or permanent membership by executive order.
Submit proposals of expenditures to agency for review, which shall be made in accordance with the plans or by special action of the interagency committee.	

Commonalities that Exist Among States with Success

When considering the success of transportation coordinating councils, a number of ideals emerge that are commonly embraced in states in which the council is actively implemented. Principally, a crucial element is that key decision-makers buy into the program upon implementation of the council. Examples of these decision-makers include governors, executives, agencies, local leaders, and stakeholders. Another element that is present in states that have successfully implemented a council is the presence of an accountability apparatus that keeps members of the council on-track. The Council should focus on small goals that can be attained in order to meet a larger goal and create some momentum that can then boost the morale of council members. This overarching goal needs to be set from the start in order for members of the council to have something to strive for from the start, which helps combat any sort of complacency that may be present when working toward smaller and more incremental goals (Myers, 2015).

Discussion on How Past Actions Will Affect NEMT Change

The lack of involvement at both federal and state levels leaves Missouri NEMT without a consistent controlling authority to ensure quality and effectiveness. Disbanding the Coordinating Council for Special Transportation left Missouri NEMT with almost no oversight over the private brokerage firm, Logisticare. Reinstating the Coordinating Council is a crucial step toward improving and maintaining safe and effective NEMT service in Missouri. Missouri may use other states' successes and pitfalls as a guide to managing Missouri NEMT.

Strategy

Goals for NEMT Change

Based on MHCFA's stated goal of finding effective legislation that has improved access to NEMT in another state and designing a Missouri plan for advancing a similar law, we recommend a set of short-term, intermediate, and long-term goals for MHCFA to adopt. Given the evidence detailed above, we propose two separate strategies. The first strategy aims to improve NEMT services for current Medicaid recipients by reinstating the Missouri Coordinating Council on Special Transportation. The objectives of this strategy are depicted under the first goal chart below. The second strategy endeavors to expand NEMT access to uninsured Missourians, depicted under the second goal chart below.

Goal Chart 1 - Reinstate Coordinating Council on Special Transportation

Short-Term Goals	Intermediate Goals	Long-Term Goals
Design and conduct a survey to determine full range of reactions to/critiques of NEMT in MO and identify problems within current NEMT services	Reinstate state-level Coordinating Council for Special Transportation with reporting guidelines	Reliable, effective, and accessible NEMT for all Missourians
Identify which policies other states have implemented to make NEMT more efficient and adapt to MO	Pass a law to resolve one issue of NEMT (depending on survey outcomes): <ul style="list-style-type: none"> ● Driver training: certification to assist passengers ● Increase number of dependents who can accompany clients ● Improve patient-driver-provider communication to avoid missed appointments ● Provide for volunteer driver reimbursement ● Expand distance 	Universal access to health care
Gain legislative support/sponsorship for NEMT improvements		
Create community education campaign on what clients' NEMT benefits are		

Short-Term Goals	Intermediate Goals	Long-Term Goals
Research/conduct study to gain understanding of how LogistiCare operates: costs associated with transportation, distance traveled to reach customers (rural), etc.	limitations	

Goal Chart 2 - Expanding NEMT Access

Short-term	Intermediate	Long-term
<p>Educate communities about the issue of NEMT</p> <p>Research existing volunteer driver programs</p> <p>Research liability</p> <p>Develop and provide information to potential community organizations about starting a volunteer driver program</p> <p>Identify community organizations that would be strong early partners</p> <p>Reach out to companies that provide NEMT to request ride donations</p> <p>Identify/reach out to potential coalition members</p>	<p>Provide for volunteer driver reimbursement and organization</p> <p>Build coalition of volunteer drivers, entitled MO Health Rides, as a way to expand access to NEMT</p>	<p>Reliable, effective, and accessible NEMT for all Missourians</p> <p>Universal access to health care</p>

Organizational Considerations

MHCFA should understand its organizational considerations, which include resources to invest into the campaign, desired organizational gains from the campaign, and any internal problems that may need to be resolved or at least acknowledged. Below is an assessment of these organizational considerations for MHCFA as it relates to NEMT.

Resources MHCFA Brings	Steps to Develop Campaign and Ways It Will Strengthen MHCFA	Internal Considerations
6 full-time staff members, including a newly-hired Policy Director; full-time St. Louis Organizing Fellow	Build membership base Expand leadership group	Lack of clear-cut Missouri data on the current NEMT issue
Staff representation throughout the state in St. Louis, Jefferson City, Springfield, Joplin, and Southeast Missouri	Increase experience of existing leadership Expand into new constituencies	Decentralized organizing model resulting in dispersed staff that does not operate in a single physical location
Existing 501(c)3 nonprofit status and organization	Develop NEMT issue campaign message	Concerted communication efforts among dispersed staff and coalition members needed to move issues forward
Exploring 501(c)4 lobbying and advocacy status	Develop lobbying plan Develop media plan	
Existing agenda and platform of priority issues, documented through current 2016-2018 strategic plan	Develop community education plan Develop fundraising plan	
Existing membership base and volunteer leaders through Medicaid expansion efforts		
Organized and coordinated lobby days in Jefferson City		
Social media presence		

Resources MHCFA Brings	Steps to Develop Campaign and Ways It Will Strengthen MHCFA	Internal Considerations
(Facebook, Twitter, Instagram) Established website Email distribution list Membership in MO Medicaid Coalition 160+ endorsing organizations		

Constituents, Allies, and Opponents

Below is an assessment of constituents, allies, and opponents to the NEMT issue.

Constituents	Allies	Opponents
Current NEMT users Friends, families, and loved ones of patients requiring NEMT Medicaid-eligible patients who currently cannot or do not access NEMT services Uninsured individuals who currently cannot afford NEMT services	Medical service providers of NEMT users (doctors, nurses, emergency room staff, ambulance drivers) HealthTran Community transportation agencies and providers: Missouri Public Transit Association, MetroLink - St. Louis, Kansas City Area Transportation Authority, MO RIDES, other regional transportation systems and services Non-profit and community agencies providing alternative NEMT services	LogistiCare NEMT drivers/service providers Legislators opposed to Medicaid expansion, including: Senator Bob Onder, R-MO 2nd District; Senator Rob Schaaf, R-MO 34th District; Congresswoman Ann Wagner, R-MO 2nd District; Representative Chrissy Sommers, R-MO 106th District MO HealthNet Division of the MO Department of Social Services (may also be a target)

Constituents	Allies	Opponents
	<p>MO health care advocates, including ones focused on seniors and people with disabilities: see Coalition Building Plan below</p> <p>Legislators in favor of/supporting Medicaid expansion: see Coalition Building Plan below</p> <p>Individuals falling in the Medicaid gap</p>	

Detailed Coalition Building Plan

The following details recommended individuals and agencies to invite to the NEMT, “MO Health Rides” coalition:

1. *Sen. Ryan Silvey (R-MO 17th District)*: Senator Silvey has introduced a bill supporting Medicaid expansion. As one of the few Republicans endorsing Medicaid expansion, his involvement in the coalition could be useful in generating bipartisan support the issue of NEMT. He is someone that MHCFA typically targets on lobby days. Additionally, Silvey’s largest campaign donations in 2010 and 2012 came from health care coalitions and organizations including the Missouri Healthcare Association, Supporters of Health Research and Treatments, the Missouri Health and Hospital Association, and Pyramid Health Services. These groups could also be allies in leveraging his support and active participation in reinstating the Coordinating Council for Special Transportation, as well as in improving NEMT services for both Medicaid recipients and individuals in the gap (Ballotpedia, n.d.).

2. *Sen. Jill Schupp (D-MO 24th District)*: Senator Schupp has championed health care issues throughout her time in the Missouri House of Representatives as well as the Senate. She has also received campaign donations from Supporters of Health Research and Treatment.
3. *Rep. Bill Otto (D-MO 70th District)*: Representative Otto is an outward supporter on Medicaid expansion and attends events surrounding improved health care services. He is challenging incumbent Congresswoman Wagner for the Missouri 2nd Congressional district. With his support at the federal level, he could put pressure on state legislators to be active in improving health care systems in Missouri.
4. *Rep. Anne Zerr (R-MO 18th District)*: Representative Zerr currently sits on the Health and Mental Health Policy Committee. In past elections, the Missouri Health Care Association was a large donor to Representative Zerr's campaign. MHCFA is holding a meeting with her in May 2016 to talk about health care issues, so she appears receptive to supporting these issues in the future. Representative Zerr could be a key champion to bring together conservatives and liberals to improve NEMT services (Ballotpedia, n.d.).
5. *Rep. Deb Lavender (D-MO 90th District)*: In addition to her duties to the state, Representative Lavender is a health care professional and physical therapist with her own private practice in Des Peres. Medicaid expansion is on the top of her issues list, so NEMT services would likely be a priority for her as well. Because of her experience working with physical therapy patients, which is not emergency care, so she would likely be supportive of any actions surrounding improved NEMT services (Ballotpedia, n.d.).
6. *Rep. Stacey Newman (D-MO 87th District) & Planned Parenthood*: Representative Newman is a vocal advocate for women's health issues and works closely with Planned

Parenthood. A proper NEMT program provides women the opportunity to receive transport to important health care services (Ballotpedia, n.d.).

7. *Prof. Timothy McBride, MO HealthNet:* Professor McBride currently serves on the MO HealthNet board and is very knowledgeable about NEMT service. He has connections to Washington University as well as many professionals in the field of health care.
8. *Former MO Medicaid Coalition Chairman Kevin Gritzky:* Mr. Gritzky is an individual who worked in health care for several decades, including at Barnes Jewish Hospital. Mr. Gritzky is well-educated around issues related to Medicaid and has been highly active in the MO Medicaid Coalition. He also falls into the Medicaid gap. Due to his own mobility issues, he could also be a potential recipient of NEMT services. Mr. Gritzky is also affiliated with Metropolitan Congregations United, which organizes church groups to political action.
9. *MO Medicaid Coalition Members and Supporters, including Interim Executive Director Julie Terbock:* This coalition currently leads the way in Medicaid expansion activities, with regional coalition chapters involved in canvassing, actions, community education efforts, lobby days, and letters to the editor.
10. *HealthTran and Missouri Rural Health Association:* HealthTran researched the needs for NEMT in rural southeast Missouri. As a result of their research, they won a grant to implement a pilot program with the Ozarks Medical Center to increase accessibility to medical centers through transportation. For the last three years, with funding from the Missouri Foundation for Health, they have served 11 counties in Missouri and Arkansas, which have a total of 160,000 residents. Their counsel will be key in developing

alternative services to NEMT (*HealthTran: Linking Health Service Coordination and Transportation*, 2013).

11. *St. Louis and Kansas City Metro Public Transportation*: Representatives from these agencies would likely understand the barriers to creating effective transportation services, as well as serve as potential partners for regional NEMT public transportation initiatives.
12. *LogistiCare*: LogistiCare currently serves as the state's brokerage firm for individuals with Medicaid who utilize NEMT services. However, the service is often ineffective, not accommodating for service animals or individuals with multiple children. Currently, only 7 percent of Missourians on Medicaid utilize LogistiCare services, indicating they are not accessible or that constituents simply do not know of LogistiCare's existence (Hilltop Institute, 2008). If LogistiCare services were to expand and improve, there would be no need to develop competitive alternative services.

Strategies to Confront Actual or Potential Opponents

There are several individuals and agencies that may be opposed to changes in NEMT. First, those who are currently against Medicaid expansion in any capacity may view NEMT expansion as a veiled attempt to expand Medicaid services in Missouri. To minimize this, MHCFA and other collaborating parties should avoid the use of the term "Medicaid" as much as possible in any informational literature, ads, and proposals.

Second, state senators and representatives who are budget-conscious are typically very opposed to spending on health care services that may cost the state and taxpayers more money. In order to address these concerns, MHCFA and the MO Health Rides Coalition should present such legislators with detailed budget information, federal funding and grant options, and

statistics that illustrate how much less it costs the state to fund preventative and regular care over expensive emergency care.

Third, some legislators may see increased regulation or expanded programming as too much government intervention and involvement. This will be especially true for legislators who are against “working class welfare.” Again, the MO Health Rides coalition should avoid using the term “Medicaid” when lobbying and collaborating with conservative parties. Demonstrating to potential opponents that preventative and routine health care saves the state money may allow them to support this issue without sacrificing their own self-interest, or that of their constituents.

Finally, LogistiCare may resist recommended changes to their training or services, and may also be wary of increased governmental oversight and regulation. It will be important to convince LogistiCare that improved services can result in higher demand and greater volume of business. Therefore, while there will be a short-term adjustment, the company will see long-term gains after implementation. Additionally, LogistiCare’s success through expanded NEMT could lead to extended state contracts.

Targets

Primary targets should include conservative legislators who are likely to support NEMT improvements, including Senator Ryan Silvey, who has previously supported Medicaid expansion in Missouri, as well as Representative Anne Zerr. Because reinstating the Coordinating Council on Special Transportation would require legislative action to reverse the work of House Bill 1245 that disbanded the Council in 2014, gaining the support of legislators will be key. Another primary target should be the Chair of the MO Healthnet Oversight Committee, Professor Timothy McBride of the Brown School of Social Work, who could exert

pressure on the committee as well other high-level members of the MDSS, such as the director, for the purpose of advocating for the return of the Coordinating Council.

Secondary targets may include future survey participants, via hospitals or other large health care providers, who could exert political pressure on the primary targets to adopt changes in NEMT, as well those with insider knowledge of NEMT operations, such as LogistiCare, transportation providers, and health care provider representatives.

Tertiary targets for NEMT should include community leaders, such as pastors (possibly affiliated with faith-based organizing groups such as Metropolitan Congregations United and Missourians Organizing for Reform and Empowerment), and community members who are willing and able to volunteer, such as retirees and stay-at-home moms with school age children.

Tactics

Given the relative lack of public attention to the specific issue of NEMT, we recommend that MHCFA focus first on goals related to community education. The benefit of a community education campaign is two-fold. First, the campaign will allow MHCFA to ensure that Medicaid participants understand their eligibility for benefits under their insurance program. Second, connecting directly with community members will allow MHCFA to identify more clearly and assess the gaps in service with NEMT, which can then inform the content and design of the proposed survey. Furthermore, gaining a broad base of community support will make it easier to put pressure on elected officials, who are generally motivated by the support of their constituents. Solidifying this base of support prior to addressing elected officials is critically important as well in identifying the most salient challenges with NEMT through the recommended survey. This will allow MHCFA to approach politicians with solid data based on demonstrated concerns of actual constituents.

Tactics for Community Education

1. Town Halls

Town halls can serve as a valuable forum for community education, as they have the benefit of bringing an issue into individual communities. Since we envision a network of drivers operating out of existing community centers, churches, and potentially schools, these locations can be used to advertise and recruit town hall participants. Other potential advertising sources include radio stations and local newspapers. We recommend separate town halls that reflect the two-pronged approach to this issue. One type would focus on building the coalition of volunteer drivers, entitled MO Health Rides. The other would be to inform Medicaid patients of their right to NEMT and to generate support toward the goal of reinstating the Coordinating Council.

The content of these meetings should include easy-to-read materials detailing available resources on how to access NEMT materials for Medicaid recipients, as well as information about building a coalition of volunteer drivers. Materials should include fact sheets on the benefits of NEMT (an example is included in the Advocacy section), pledge cards to garner the support of attendees, and contact information for local representatives. As a way of generating momentum, we recommend starting these town halls within the districts of identified allies and targets. Potential locations include Senator Silvey's district of Kansas City and Representative Zerr's district of St. Charles. However, the primary target for town halls should be rural regions where transportation is more difficult to obtain. Inviting elected officials to attend the town hall meetings will demonstrate to them that this is an issue that resonates with their constituents, and will also give them the opportunity to hear first-hand some of the challenges people encounter when utilizing NEMT.

Though these events are meant to be informative, it is also important that educational meetings lead to specific action (Bobo, Kendall, & Max, 2010). The “ask” of attendees would likely be different, depending on the goals of that specific town hall.

For town halls emphasizing the establishment of MO Health Rides, the primary objectives should be educating participants on the details of the program and generating support. Attendees of the town hall meetings can be asked to sign a pledge to talk to two neighbors about the new coalition. Alternatively, participants who are ready to make a larger commitment can sign up to become a coordinator or driver for MO Health Rides in their community.

For town halls emphasizing the rights for current Medicaid recipients, we recommend that MHCFA have printed postcards that attendees complete to send to their legislators. Postcards should leave room for the author to write in a brief story and their connection to the

issue. For example, the postcards might read: “I support oversight of non-emergency medical transportation because _____” or “I believe in accountability for my medical transportation provider because _____. ” Town hall attendees should also be given the opportunity to sign up to attend a lobbying day, or participate in a calling campaign to their representatives.

Other action steps relevant to either emphasis might include:

- Encouraging participants to write letters to the editor to generate attention around the issue (samples can be found within the Media section).
- Promoting a social media campaign to raise awareness about challenges associated with NEMT (outlined further under the Advocacy section).
- Recruiting participants for public demonstrations, like the Hitchhike2Health Day detailed below.

2. Hitchhike2Health Day

When done in coordination with lobbying, public demonstrations can be a useful tool in drawing public attention to an issue (Bobo, Kendall, & Max, 2010). In this case, our proposed demonstration has the benefit of both generating public curiosity around the issue of NEMT and raising the issue’s salience to elected officials.

We recommend that MHCFA hosts an event entitled “Hitchhike2Health Day,” during which supporters line up along main thoroughfares displaying signs and holding out a thumb as though hitchhiking. The messaging on the signs should be clear enough to give drivers a sense of the issue, but short enough that signs are readable to someone driving. Examples include, “Honk for Missourians’ right to get to the doctor,” “Support medical transportation for all Missourians,” and “#Hitchhike2Health.” Some signs might also have the date, place, and time of the next town

hall. The hope is that drivers curious enough will then engage with the social media campaign as well, thus attracting more supporters to the coalition.

Strategic location will be key for this demonstration. Though it should occur on a street that is busy enough that there will be cars driving by, it is important that it is a street with a lower speed limit (probably not over 30 or maybe 35 miles per hour) so that drivers will be able to read demonstrators' signs. In rural towns, we recommend hosting this event on a street leading to a commercial or main street area, if possible.

We recommend hosting these events in opponents' districts. Opponents we have identified include Senator Onder, Senator Schaaf, Congresswoman Wagner, and Representative Sommers. The demonstration should include a debrief session afterwards for participants. This session should be held in a location within walking distance to the actual demonstration so that people are more likely to attend. Food might be an incentive. The debrief should give people the opportunity to voice their opinions on the demonstration, and organizers should have the next event lined up in order to recruit support.

3. Distribute materials to targeted community agencies

Recruiting participants to the MO Health Rides coalition will involve gaining the support of community members. As stated above, it will be important to focus on those organizations that could serve as hubs for volunteers in the future. We recommend targeting prominent religious organizations, community centers, and schools (where parents may be able to serve as drivers). As MHCFA does with the "Health Stories" section of its website, flyers distributed in these locations should personalize the issue of medical transportation by detailing individual stories. Sample flyers can be found within the Community Education section.

Distributing educational materials to regional health information exchanges may also be an effective way to reach wide numbers of people. As a regional network of key stakeholders in health care (U.S. Department of Health and Human Services, n.d.), these exchanges could give MHCFA the opportunity to spread information throughout particular geographic area relatively quickly.

Advocacy

Issue Framing Options

Because our recommended goals regarding a coordinating council and a coalition of volunteer drivers are not inherently attention-grabbing or even exciting to the general public, it is important to humanize this issue using individual stories and an emotional approach. This framework also fits within the approach MHCFA has been taking with its current campaign for Medicaid expansion. In framing this campaign, it is also essential to combat the stereotypes of Medicaid recipients outlined above. This is why humanizing individuals becomes so important. Any individual stories presented must be relatable, creating a sense of familiarity and sympathy with the target audience.

A relevant core value from this issue is equality as it relates to access for all citizens to needed medical services, authorized by law but which is fundamentally an issue of basic human rights. The recommended narrative, then, is that all Missourians deserve equal access to medical services. Transportation plays a key role in ensuring that access. The campaign should paint a picture of the “deserving” poor, ill, and disabled who are trying to navigate through an inefficient and insufficient government program. Though this will need to be confirmed through survey data, research suggests that NEMT poses more of a challenge in rural settings. We therefore recommend focusing on images and stories that will resonate with these communities.

Though both identified goals should be explicated within a framework of equality, the emphasis of the campaign and the definition of equality will differ slightly depending on the specific objective. For the goal of reinstating the coordinating council, “equal access” lies within the availability to all Medicaid users of reliable, high-quality transportation to medical appointments. Campaign products should emphasize the need for accountability, and make the

connection between lack of oversight and resulting injustices such as late drivers and distance limitations. For the goal of creating MO Health Rides, “equal access” resides within the right of all people to access needed appointments. Campaign products should emphasize that volunteer drivers are the only option for this group of individuals. In both cases, the consequences of a lack of medical attention should be made clear. This portion of the campaign can be tailored especially to the intended target. For those more concerned about economic issues, the financial consequences of a lack of medical care can be highlighted. For those more empathetic to human suffering, products can accentuate emotional stories.

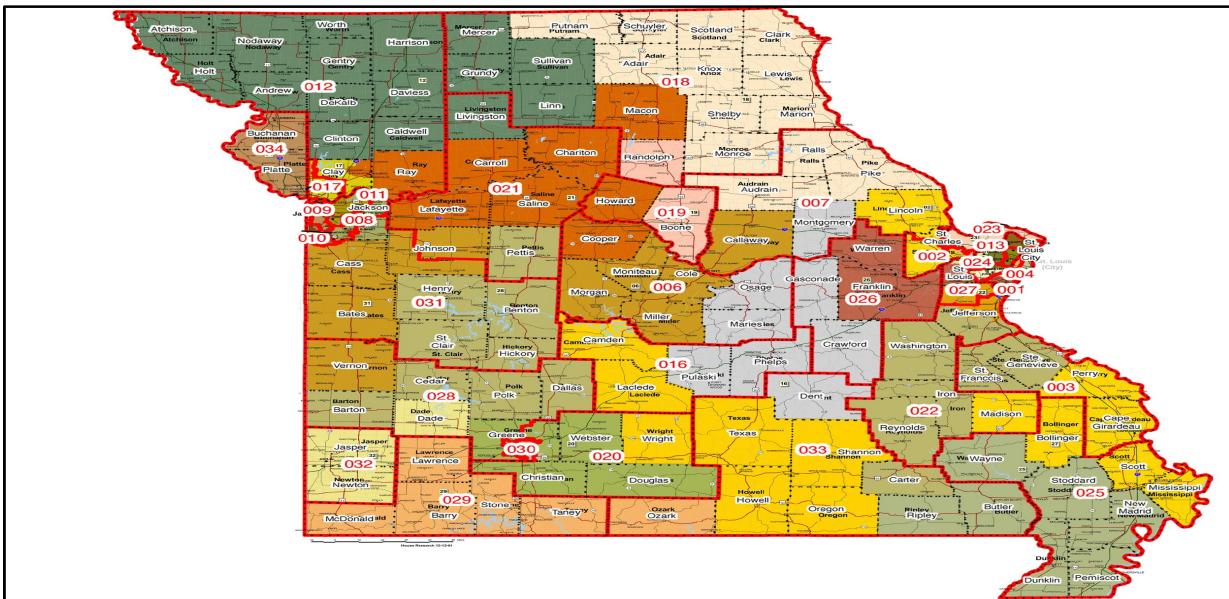
Detailed Lobbying Plan

To see a more comprehensive list of legislative targets, see the Constituents, Allies, and Opponents section above. Below are the priority targets and plan for lobbying, tied to the actions and goals of improving and expanding NEMT services. As stated above, we recommend targeting these legislators following the community education campaign so as to better understand the actual challenges of constituents. Knowing those challenges will allow MHCFA to design a more targeted approach.

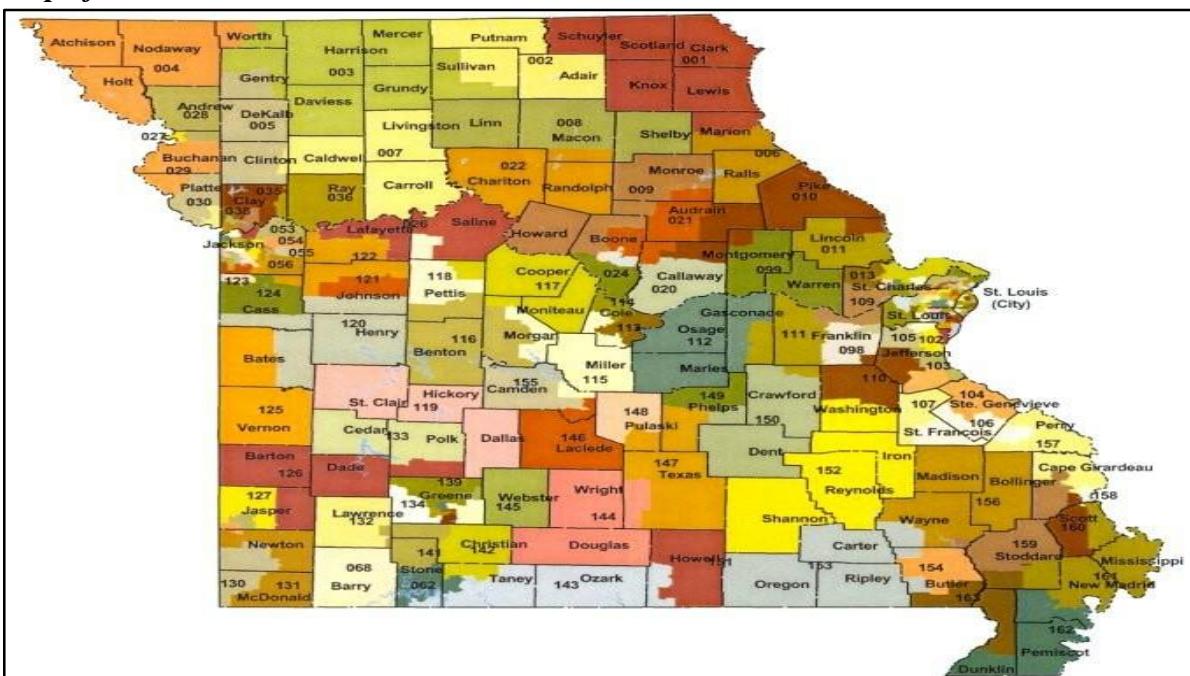
Targeted Legislators

Legislator	District	Likely Level of Support of NEMT (not supportive, mildly supportive, moderately supportive, very supportive)	Rationale	Action Requested
Sen. Ryan Silvey (R)	38	Moderately supportive	He has sponsored similar Medicaid expansion bills in the past	Participate as a legislative representative and help to reactivate the Coordinating Council on Special Transportation
Rep. Anne Zerr (R)	65	Moderately supportive	Behind closed doors, Rep. Zerr has spoken out in favor of Medicaid expansion and publicly on similar health care issues	Actively participate (or nominate someone from her office to participate) in the MO Health Rides Coalition
Rep. Chrissy Sommers (R)	106	Mildly Supportive	Supports privatized health care and improved services for seniors	Participate as a legislative representative on the Coordinating Council for Special Transportation
Sen. Jill Schupp (D)	24	Very Supportive	Health care is listed as a priority	Actively participate (or nominate a rep from her office) in the MO Health Rides Coalition

Map of Missouri Senate Districts



Map of Missouri House Districts



Sample Legislative Fact Sheets



Missouri Health Care For All

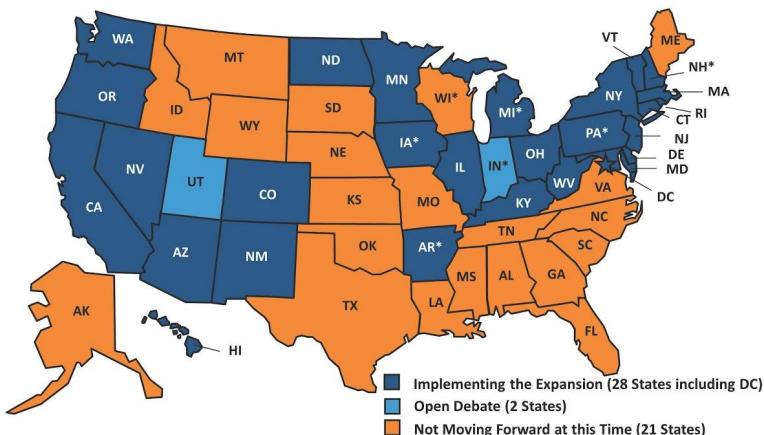
Expanding Medicaid Coverage and Access to NEMT

What is ‘expanding Medicaid coverage and access to NEMT’?

Provisions of the Affordable Care Act (ACA) required each state to expand Medicaid to the population under age 65 whose family income is at or below 133 percent of federal poverty guidelines. However, the Supreme Court’s ruling made Medicaid expansion a voluntary action by states. Given this choice, more than 25 states expanded Medicaid by weighing their costs and savings.

Also, through the expansion, more beneficiaries can have opportunities to receive benefits of Non-Emergency Medicaid Transportation (NEMT) through which the beneficiaries will get to and from medical facilities.

Current Status of State Medicaid Expansion Decisions



NOTES: Data are as of August 28, 2014. *AR, IA, MI, and PA have approved Section 1115 waivers for Medicaid expansion. In PA, coverage will begin in January 2015. NH is implementing the Medicaid expansion, but the state plans to seek a waiver at a later date. IN has a pending waiver to implement the Medicaid expansion. WI amended its Medicaid state plan and existing Section 1115 waiver to cover adults up to 100% FPL in Medicaid, but did not adopt the expansion.

SOURCES: Current status for each state is based on data from the Centers for Medicare and Medicaid Services, available [here](#), and KCMU analysis of current state activity on Medicaid expansion.

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How about Missouri?

The Missouri State Senate rejected a bill for Medicaid eligibility expansion requested by the ACA by voting 25-9 against the expansion.

What are the benefits to Medicaid expansion?

Through Medicaid expansion, around 300,000 Missourians with a multitude of health problems can access health insurance. Lack of insurance and access to healthcare is regarded as one of the main reasons for death of individuals with chronic health conditions. Uninsured Missourians cannot pay catastrophic medical expenses and cannot treat their chronic diseases such as diabetes or high blood pressure. This expansion will give opportunities for healthcare to eligible working families, people with mental illness, rural Missourians, students, people with disabilities, and children.



Who are stakeholders for this issue?

This issue has a diverse range of stakeholders, including Missouri senators, representatives, union members, faith-based groups, healthcare providers, non-profit safety net providers, and health advocacy groups.



Missouri Health Care For All

Non-Emergency Medical Transportation

What is non-emergency medical transportation?

Medicaid non-emergency medical transportation (NEMT) is an important benefit for Medicaid beneficiaries who need to get to and from medical services, but have no means of transportation.

What action is needed?

The reinstatement of the Coordinating Council for Special Transportation is necessary to ensure quality of service standards are met and maintained for NEMT in Missouri.

What are the benefits to reinstating the Coordinating Council for Special Transportation?

As a recipient of Medicaid funding, Missouri must meet federal Medicaid standards. Under Medicaid, states are responsible for the daily oversight of their NEMT programs and the Centers for Medicare & Medicaid Service (CMS) oversees states' operations using a range of regular oversight activities. However, CMS has not updated oversight and accountability guidance for state Medicaid NEMT programs in many years, meaning states like Missouri need to step up and take action to create effective oversight programs in order to maintain federal standards.

Who currently provides NEMT transportation in Missouri?

Missouri has a private brokerage NEMT system. LogistiCare is the current contract-holder for Missouri. States hold non-governmental brokers accountable to their contracts and the State Medicaid rules through regular audits and monitoring. Once a broker has obtained a transportation contract, the staff is responsible to ensure that transport personnel are licensed, qualified, competent, and courteous. An active Coordinating Council is necessary to ensure LogistiCare is held accountable and to guarantee that Missouri stays in good standing with federal Medicaid regulations.

Sample Legislative Testimony from Resident in the Gap

Thank you Chairman/woman and members of the Senate/House Committee on [____]. My name is [____] and I am a native Missourian and proud resident of [____] community. I would first like to say that I am grateful for the opportunity to speak on this important issue, one that is very close to my heart and my community.

I strongly believe the state of Missouri has a moral obligation to pass Medicaid expansion and close the coverage gap. The current system has left 300,000 Missourians without health insurance, producing a multitude of problems for the state's residents and putting pressure upon the state's budget.

I am one of these 300,000; a part of the 5% of Missourians falling in the coverage gap. Failure to pass Medicaid expansion has left me unable to obtain transportation for critical doctor's appointments to treat my [genetic disorder requiring specialized doctor]. I see myself as a productive member of my community. [Details of job and involvement in community]. Yet the state has left me, and so many other hard working Missourians, in the shadows: uncared for, and unrepresented. Because I cannot obtain transportation to the doctor, I have been forced to wait until my condition worsens and rely upon emergency care. These costs have unnecessarily taken my hard earned money. But this burden is not just carried by myself. Being forced to receive [emergency medical treatment/emergency medical transportation] costs the state [\$X].

My story is an all too common story in Missouri. Too many hard-working Missourians, valuable members of society, are forced to face economic hardships and worsening medical conditions, imposing large costs upon the state they love. This problem transcends politics' partisan lines. It consumes lives and families. It turns a hard-working, contributing member of society into a shell of their former self, burdening the state. End this unnecessary tragedy, and pass Medicaid expansion.

Sample Legislative Testimony from Missouri Doctor

Thank you Chairman/woman and members of the Senate/House Committee on [____]. My name is [____] and I am a native Missourian and proud resident of [____] community. I have come to this committee to speak on an issue of great urgency; an issue that affects my work, my patients, and my community.

Failure to pass medicaid expansion has moral and economic consequences for the entire state. And, as a Missouri Doctor, I strongly urge the state legislature to act now and address this growing emergency.

A symptom of this growing problem is the limited access to Non-Emergency Medical Transportation: 300,000 hardworking Missourians have been left behind in the gap. As a result, many residents have no access to transportation for crucial medical appointments. As a [doctor of ____ specialty], I have witnessed numerous patients of mine suffer worsening conditions and financial burden, as they are unable to attend their regular checkups at my office and are forced to rely on expensive emergency medical care. Watching my patients suffer is heartbreaking and emotionally draining. Furthermore, this issue has caused my business to suffer, as I have seen a loss of [\$X] due to missed appointments.

Limited access to Non-Emergency Medical Transportation is bad for Missouri health and bad for Missouri business. End this problem, and pass Medicaid Expansion.

Missouri Legislators Who Would Support or Oppose NEMT

Missouri legislators who may support this issue. Because the support for NEMT is an emerging issue for MHCFA, there are presently no Missouri senators or representatives who show direct interest on this issue. However, based on their party, constituency, ideology, and past activities, it is assumed that some legislators will support NEMT.

Missouri legislators who may oppose this issue. There are no Missouri legislators who showed direct opposition to NEMT because NEMT has not been their interest so far. However, many Republicans have been opposed to Medicaid expansion. On April, 2015, State senators voted 25-9 against Medicaid expansion, which implied many legislators has possibilities of having negative idea on NEMT as well because both issues tend to be closely related as mentioned earlier.

Legislators Who May Support NEMT

Legislator (Constituency)	Ideology	Committee Membership	Relevant Activities
 <p>Senator Dan Hegeman (District 12, Republican) (Term: 2014-2018)</p>	Conservative/ Progressive	Agriculture, Food Production and Outdoor Resources Financial and Governmental Organizations and Elections Generals Laws and Pensions Jobs, Economic Development and Local Government, Vice- Chairman Joint Committee on Tax Policy	SB 1072: An eligible MO HealthNet provider may receive a supplemental reimbursement, in addition to the MO HealthNet reimbursement such provider would otherwise receive for ground emergency medical transportation services, provided that such reimbursement shall not exceed 100% of actual costs.

Legislator (Constituency)	Ideology	Committee Membership	Relevant Activities
 <p>Senator Ryan Silvey (District 17, Republican) (Term: 2012-2016)</p>	Conservative/ Progressive	Appropriations, Vice-Chairman Commerce, Consumer Protection, Energy and the Environment, Chairman Governmental Accountability and Fiscal Oversight, Vice-Chairman Veterans' Affairs and Health Joint Committee on Administrative Rules	<p>“Sen. Silvey has created legislation that will expand Medicaid for veterans and their families up to 138 percent of the federal poverty level” (Fines, 2015).</p>

Legislator (Constituency)	Ideology	Committee Membership	Relevant Activities
 <p>Senator Scott Sifton (District 1, Democrat) (Term: 2013-2017)</p>	Progressive	Commerce, Consumer Protection, Energy & the Environment Financial & Governmental Organizations & Elections Veterans' Affairs and Health Ways and Means Joint Committee on Administrative Rules Joint Committee on Legislative Research Task Force for Examining Statewide Medicaid Delivery Models Missouri Consolidated Health Care Plan	SB 925: The Ticket to Work Health Assurance Program provides medical assistance through MO HealthNet for employed, disabled persons who meet certain qualifications, including asset limits and earned, net, and gross income calculations.

Legislators Who May Oppose NEMT

Legislator (Constituency)	Ideology	Committee Membership	Relevant Activities
 Senator Will Kraus (District 8, Republican) (Term: 2014-2018)	Conservative	Commerce, Consumer Protection, Energy & the Environment Financial and Governmental Organizations and Elections Jobs, Economic Development & Local Government Ways & Means, Chairman Joint Committee on Government Accountability Joint Committee on Tax Policy	On 2 hours debate before vote for Medicaid expansion, he said “I do not know if (the expansion proposal) will ever move forward,” Kraus said. “I know that there are some Republicans that are working on a compromise. But straight up expansion, the way it was proposed, the answer is no” (Pellish, 2015).

Legislator (Constituency)	Ideology	Committee Membership	Relevant Activities
 <p>Senator Bob Onder (District 2, Republican) (Term: 2014-2018)</p>	Conservative	Judiciary and Civil and Criminal Jurisprudence, Vice Chairman Education General Laws & Pensions Veterans' Affairs and Health Ways and Means Joint Committee on Tax Policy	He opposed Medicaid expansion by mentioning, “to expand Medicaid would only put further stress on a system that’s already strained” (Hancock, 2015).

Legislator (Constituency)	Ideology	Committee Membership	Relevant Activities
 Senator Rob Schaaf (District 34, Republican) (Term: 2014-2018)	Conservative	General Laws and Pensions, Chairman Gubernatorial Appointments Veterans' Affairs and Health, Vice-Chairman Joint Committee on Child Abuse and Neglect Joint Committee on Public Employee Retirement Commission on the Special Health, Psychological and Social Needs of Minority Older Individuals Governor's Council on Physical Fitness and Health	<p>He tweeted on December 17, 2014, “Let me be crystal clear: We won’t be expanding Medicaid.”</p> <p>When the Missouri Senate was shut down temporarily by a group of protesters, he mentioned, “Medicaid expansion proponents are lawlessly stopping the proceedings of the Senate screaming and yelling” (Chokshi, 2014).</p>

Legislator (Constituency)	Ideology	Committee Membership	Relevant Activities
 <p>Representative Nate Walker (District 3, Republican) (Term: 2012-2016)</p>	Conservative	Pensions, Chairman Higher Education Joint Committee on Public Employee Retirement Select Committee on Financial Institutions and Taxation Workforce Standards and Development	<p>He said that to expand Medicaid without any reform will not happen. “The leadership in both the house and senate has said the Medicaid expansion is not a priority” (KSMU, 2015).</p>

Media

Video

We recommend the use of televised and/or online video advertisements, as these will provide MHCFA will an opportunity to humanize this issue in a way that print media and other tools such as letters to the editor cannot. The chance to depict some of the struggles related to NEMT both visually and orally may garner some empathy from those unconvinced about the importance of this issue. A sample video can be found here: <http://tinyurl.com/zqyjjax>.

Web Presence and Social Media

We recommend that MHCFA create a website for the MO Health Rides Coalition, as well as a Twitter handle (@MOHealthRides). The purpose of the website will be to provide general information about MO Health Rides and the issue of NEMT, and provide opportunities and resources for individuals and organizations who want to get involved. The purpose of the Twitter handle will be to keep individuals actively engaged in the MO Health Rides community, to collect personal stories and photos, and to provide updates to allies. We believe that a separate Facebook page would be superfluous, but that MHCFA should incorporate important updates and stories related to NEMT on their existing Facebook page.

Website. A draft website for the MO Health Rides Coalition is included in this strategic plan, and can be viewed at <http://wix.to/lgCJAAI>. The website should include information about MO Health Rides, ways to get involved (including social media and link to MHCFA website), resources for those who want to learn more, and resources for those who need NEMT.

The website is structured as follows:

- Home Page: includes a brief description of the MO Health Rides Coalition and links to Facebook and Twitter pages.

- Join Us: offers multiple options for how people can get involved, including a link to the MHCFA website, information on starting a local NEMT volunteer program, ways to connect and share personal stories, and ways to donate.
- Need a Ride?: list of volunteer NEMT providers associated with MO Health Rides
- Events: list of upcoming MO Health Rides and MHCFA events

Website Screenshots

A network of community volunteers committed to ensuring access to healthcare for all Missourians

MO Health Rides is a coalition of volunteer drivers, community leaders and Missouri citizens who believe that all Missourians deserve access to high-quality, affordable medical care. Transportation is recognized as one of the main barriers to non-emergency medical care, especially for people in rural communities. A recent study found that 23% of rural Missourians have trouble finding transportation to their medical appointments, and that 25% of missed appointments are due to lack of transportation. Missed non-emergency appointments can have serious, and expensive, consequences, including medical complications and emergencies. Help us build strong, healthy Missouri communities by joining our coalition or volunteering as a MO Health Rides driver.

Follow us on Twitter @MOHealthRides

Connect with us on Facebook at Missouri Healthcare for All

Join Us

Become a Driver

Find a [MO Health Rides Coordinator](#) near you.

Become a Coordinator

[Find out more](#) about starting a MO Health Rides program in your community.

Become an Advocate

Missouri Health Care for All is working to pass legislation that would enable MO Health Rides to reimburse volunteer drivers for their mileage.

- [Visit their website](#) to learn more about what Missouri Health Care for All is doing to improve healthcare access for all Missourians.
- [Come to a community event](#) to find out what you can do to help.

Share your story

Are you a MO Health Rides driver, rider or supporter? Are you a provider whose patients use MO Health Rides? If so, we want to hear from you! Connect with us on and share your story.

[Facebook Link](#)

[Twitter Link](#)

[E-Mail Link](#)

Donate

Currently, there is no reimbursement for volunteer drivers. Your support will help us show our drivers how much they mean to us. Help us pay for gas cards, thank-you gifts, volunteer recognition events, and community education.

List of MO Health Rides Coordinators



MO Health Rides Coordinator 1

Contact name
Address
Phone
e-mail



MO Health Rides Coordinator 2

Contact name
Address
Phone
E-mail



MO Health Rides Coordinator 3

Contact name
Address
Phone
E-mail

Events

Information Session
01/02/23 12:00 PM
St. Peter's Basilica, 123 Main St, Small Town, MO
Come learn about what MO Health Rides is doing to improving access to healthcare for thousands of Missourians. Connect with drivers, coordinators and advocates. Find out how you can become a MO Health Rides driver or advocate.

Missouri Health Care for All Lobby Day
02/22/23 8:30 AM
Jefferson City, MO
Join Missouri Health Care for All in lobbying for important healthcare legislation. Meet with Missouri law makers and let them know why you support improving healthcare access for all Missourians.

Hitchhike2Health Demonstration
05/27/23 12:00 PM
Columbia, MO
Help raise awareness of the importance of Non-Emergency Medical Transportation in Missouri. Dress comfortably and wear sunscreen. Water and snacks will be provided.

Twitter. Twitter should be used to keep constituents engaged and informed. Individuals can use Twitter to share personal stories of NEMT challenges and MO Health Rides successes. As part of the Hitchhike2Health campaign, MHCFA should encourage individuals and health care providers to tweet photos of themselves “hitchhiking” and stories of their NEMT challenges using #hitchhike2health. Sample tweets:

- You thought your colonoscopy was bad? Bet you didn't have to take a Greyhound home afterward. #hitchhike2health
- [Photo of family of three with pregnant mom] Cab fare from home to OB/GYN and back: \$87.32. Ultrasound: \$263. Our weekly income: \$760 #hitchhike2health
- I almost canceled my mammogram because the bus fare was too high. Turns out I have stage I breast cancer. @MOhealthrides saved my life.
- [Photo of doctor hitchhiking] If my patients can't get to me, maybe I can get to them...#hitchhike2health

Sample Press Release

For Immediate Release

[Contact Information]

Missouri Health Care for All Raises Awareness with Hitchhike2Health Day

[Name of town], Missouri. Residents of [Name of town], Missouri lined the main street on Saturday morning in support of Hitchhike2Health Day, an initiative of the grassroots organization Missouri Health Care for All. Holding signs with messages such as “I deserve reliable medical transportation” and “NEMT for all Missourians,” demonstrators encouraged passers-by to honk in support of their cause.

Missouri Health Care for All has been organizing community support around the issue of non-emergency medical transportation (NEMT) with the goal of increasing access and improving existing services operated through MO HealthNet. Missouri Health Care for All’s Executive Director, Jen Bernsdale, calls this a wide-reaching issue with consequences beyond a single missed doctor’s appointment. “For those without consistent transportation to their doctors, the accrued effects of irregular treatments can be devastating,” she said. “Think of it in terms of chronic diseases. Routine medical care can mean the difference between disease management and a trip to the emergency room.”

Kevin Jones, [Name of town] resident and Hitchhike2Health Day participant, experienced just that scenario. Since being diagnosed with acute renal failure in 2012, he has had dialysis treatments three times a week to maintain his kidney function. However, since his car broke down three months ago, he has been unable to make his appointments regularly. Twice since then, he has been hospitalized following missed dialysis treatments. Jones, who qualifies for the NEMT benefit through MO HealthNet, says that the provided transport has been erratic. “Sometimes they just don’t show up,” Jones said. “If I’m a few minutes late, they have the right to leave, but if they’re late, there’s nothing I can do except call and talk to an automated message.”

Jones says he is supporting this cause in hopes of getting the Coordinating Council on Special Transportation reinstated. This council would oversee MO HealthNet NEMT services, including creating budgets and developing administrative regulations. “When I go to work I have to answer to my boss,” Jones said. “I see no reason why this company shouldn’t have to answer to anyone.”

Beyond tightening regulations of existing services, Missouri Health Care for All is building a coalition of volunteer drivers, entitled MO Health Rides. This network will utilize volunteers to provide medical transportation for uninsured Missourians.

More information on the initiatives of Missouri Health Care for All can be found on their website, www.missourihealthcareforall.org.

Sample Letters to the Editor

Sample Letter to the Editor Advocating for Oversight Council

[Name of Publication]
[Address of Publication]
[City, State] [Zip Code]

Dear Editor:

The Coordinating Council on Special Transportation needs to be reinstated due to the shortcomings of the system that is currently in place and the injustices that result because of the gap in oversight. The Council is supposed to oversee and approve the use of Non-Emergency Medical Transportation (NEMT), which includes transportation services that are provided to individuals who qualify through a government-provided insurance program and are unable to afford transportation to see their doctors.

Many of the same individuals that the program is meant to help are currently being penalized under the system that is in place. For instance, individuals who require NEMT can only have one other individual in the mode of transportation. This number can be particularly harsh given that it would disproportionately affect households that have more than one child. A parent who has two children would not be able to bring his or her other child to accompany the sibling due to the limitation on the number of passengers for those who utilize the NEMT services. The parent would have to pay for a babysitter or possibly forego a day of work, and both options would negatively impact the individual's family.

I call on the residents of Missouri to get in touch with their state representatives and urge them to reinstate the Council. The problems that plague the NEMT service in Missouri particularly affect children as voiceless members of Missouri's population. In Missouri, children are eligible if they live in a household in which the family income is below \$60,000 for a family of three.

Sincerely,
[Signature]
[Type Name of Writer]
[Writer's Title]
[Writer's Organization]

Sample Letter to the Editor Advocating for MO Health Rides

[Name of Publication]
[Address of Publication]
[City, State] [Zip Code]

Dear Editor:

Growing up, I was taught the value of hard work and community. As important as it is to provide for your family, it is also important to look out for your neighbor. When my father needed to put up a new fence, our next door neighbor sent his oldest son over to help. The woman down the street used to watch us kids when our parents went out to dinner, and when our family car broke down, it was a neighbor who stepped in to take my sister to her annual checkup.

The problem with the current debate about benefits connected to medical insurance is that it confuses the two issues of hard work and community. Missing a doctor's appointment due to a car breakdown is not a failure in personal responsibility. It's a failure in community values. As a community, we should be exploring alternatives for medical transportation in non-emergency situations.

One solution would be a volunteer network of drivers. Organized through churches, community centers, or schools, this network could help fill in the gap for those of us who need some extra help getting to the doctor. We know what is best for our own community, and so it is important to remember that medical transportation is not a political issue. It's about taking care of each other.

[Name]
[Town of residence]

Community Education and Engagement

Since NEMT is a new issue to many legislators and constituents, community engagement will be essential to the MO Health Rides campaign. Along with educating community members about NEMT and recruiting advocates, community engagement will also involve gathering information from patients who use NEMT (or would if it were available) and providers who work with populations that are especially vulnerable to NEMT challenges. This section is divided based on these two goals: the first subsection discusses tactics for educating patients and providers and gathering information, and the second discusses educating the general public about NEMT and engaging community members as drivers and advocates.

Patient and Provider Outreach

Patients and providers who experience the direct consequences of an inadequate NEMT program will be essential allies for raising awareness and gaining support. As discussed earlier, this campaign would benefit from more information about how patients and providers experience NEMT challenges, who is affected, and what the consequences are. We recommend that MHCFA connect with providers who work with patients who are especially vulnerable to transportation barriers, including uninsured patients and patients insured by Medicaid, especially those with chronic illness or who are otherwise at greater risk of complications due to missed appointments. This could include primary care providers, dialysis clinics, emergency rooms, free or reduced cost clinics, and psychiatrists. Specialists that are underrepresented in rural areas, such as pediatric endocrinologists, would also be good targets. MHCFA should conduct surveys and interviews with providers in order to collect data regarding the consequences of ineffective or inaccessible NEMT.

Once MHCFA has built relationships with these providers, MHCFA should use providers to connect with patients. MHCFA may interview patients or distribute surveys in the office, as well as leave informational materials and advertise community events in the waiting room. Since many individuals who experience transportation barriers never get to a doctor's office, canvassing should also be used to educate constituents and conduct surveys. Providers in rural communities may help MHCFA identify regions that are most likely to lack access to medical appointments. Stories and data collected from these activities can be used in further community education, as well as in communicating with legislators.

Driver and Advocate Recruitment

In order to raise awareness of the need to improve NEMT among the general population, we recommend that MHCFA connect with faith leaders in rural communities and use churches as a venue for recruiting advocates and volunteer drivers. We believe that faith leaders will be effective messengers for promoting a volunteer driver program by emphasizing the value of community and the need to take care of each other. Churches also offer an existing structure and social network within which to develop a network of volunteer drivers. Advocates and drivers who are recruited through their faith communities will form the base of a grassroots advocacy effort, which can continue to build through town hall meetings, canvassing, media presence and demonstrations.

Sample Community Education Flyers



"When I was diagnosed with Stage II breast cancer, I knew I had to be accountable to my family and get the best possible medical care. Now I want my transportation provider to be accountable to me."

Transportation to life-saving treatments can be a major barrier to quality health care. Even for those who qualify for transport through a government-provided insurance program, a lack of oversight adds up to little accountability for the quality of transport services.

Call your legislator today and ask them to
**reinstate the Coordinating Council on
Special Transportation**

- because all Missourians deserve quality medical transportation.



**Missouri
Health Care For All**



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at MoHealthCareAll



***How will you get to
your next doctor's
appointment?***

Transportation to life-saving treatments can be a major barrier to quality health care. MO Health Rides is a coalition of volunteer drivers who believe that all Missourians deserve access to high-quality, reliable medical transport.

Join MO Health Rides for
Hitchhike2Health Day

on **May 23rd**

- because all Missourians deserve
quality medical transportation.



**Missouri
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Conclusion

Inaccessible health care services represents one of the most urgent issues facing Missourians today. Whether impeded by inefficient bureaucracy or by a lack of coverage due to the low income threshold set for Medicaid eligibility, access to reliable NEMT has become a symptom of the overall deficit of adequate health care. Inconsistent transport to needed medical appointments can lead to added expenditures at both the individual and the state level, as people are forced to utilize emergency services as their primary source of care. These challenges are especially pronounced in rural regions, where doctors in general and certain specialists in particular may be scarce or non-existent.

Though Medicaid expansion would contribute greatly to resolving this issue of access for the greatest number of Missouri residents, the recommendations we laid out in this strategic plan can help to address the immediate need for medical transportation services. Reinstating the Coordinating Council for Special Transportation to oversee the budgeting and policies of existing NEMT services will provide accountability to a system that currently has little. At the same time, building a MO Health Rides coalition that solidifies a network of volunteer drivers able to provide medical transportation will provide some relief to uninsured Missourians now. Taking these measures while emphasizing a community education campaign that generates support and clarifies consumers' most salient challenges will position MHCFA well to move this issue toward expanded access of NEMT.

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