

April 1, 2015

Dear Senator Dibble:

The Nonemergency Medical Transportation Advisory Committee is comprised of a variety of stakeholders including advocates, providers, counties, ambulances and the affected departments. The committee has been meeting for several years to address the issues raised in the 2011 NEMT report from the Office of the Legislative Auditor. We have made several recommendations that speak to nearly all of the recommendations from the report and have introduced bills to implement them both last year and this year.

We are writing to urge you to pass and fund the NEMT bill so that we can begin to implement these recommendations. There are two important components to the bill. The first is to require the same standards for vehicles and drivers for all NEMT providers. This brings us one step closer to having a unified system and the costs will be covered over time by the charge for the decal.

The second component is to increase the rates in three different ways. The first is to increase the personal mileage rate to 80% of the IRS business deduction rate and to offer an increased mileage rate of 200% of the IRS business deduction rate for volunteer transport. We are hoping this will create an incentive for more people to use their own cars or to have family members drive them and that it will eliminate the burden of no-load miles for volunteer drivers. These two modes are the cheapest modes of transportation.

The second rate change is to eliminate the 4.5% reduction to providers and managed care. Providers were cut by 4.5% during the recession. This has been very difficult for them, especially when gas prices were high. Many other Medical Assistance providers are asking for rate increases, while NEMT providers are simply asking that the rates be restored to pre-recession amounts. Losing NEMT providers will result in people not being able to access needed medical care.

The third rate change is to implement the rate changes associated with the new modes of transportation. The new modes eliminate ATS and STS and move into a simpler categorization of modes including: client reimbursement, volunteer transport, unassisted transport, assisted transport, life-equipped/ramp transport, protected transport, and stretcher transport. The new modes cannot be implemented until the rates for each mode are established.

The legislature has directed the committee to develop recommendations to address the OLA report and we have done that. To move forward, we need your support to increase the funding for the system in order to implement these needed changes.

Sincerely,

Sue Abderholden, MPH
Co-Chair of the NEMT Advisory Committee
R80 Coalition
Minnesota Ambulance Association
MTPA