



## IOWA HEALTH AND WELLNESS PLAN PUBLIC COMMENTS

October 2014

The Child and Family Policy Center (CFPC) would like to take this opportunity to provide our comments related to the Department of Human Services' request to extend the waiver of non-emergency medical transportation (NEMT) services in the Iowa Health and Wellness Plan. The Child and Family Policy Center strongly disagrees with the Department's request to extend the waiver. Non-emergency medical transportation (NEMT) is a critical service that plays an essential role in helping our most vulnerable population access necessary and appropriate healthcare.

Research has consistently shown that transportation is one of the most common barriers faced by low-income populations in accessing timely and necessary medical care.<sup>1</sup> Access to affordable and reliable transportation plays a critical role in ensuring access to necessary medical (particularly preventive) care, improving outcomes, and reducing healthcare costs—all objectives that align with the objectives of title XIX and the purpose of Iowa's demonstration.

Due to the wealth of research supporting the need for non-emergency transportation, the rural nature of the state of Iowa (rural residents have a lower rate of transportation access than urban residents<sup>2</sup>), and the extremely small financial burden that providing non-emergency transportation places on the state (transportation is, on average, less than 1% of a state's Medicaid expenses<sup>3</sup>), it is extremely important for continuing Iowa's waiver that the state present data from a scientifically rigorous evaluation, demonstrating how not providing non-emergency transportation impacts members' access to care, outcomes of care, and whether or not the state experiences any significant cost savings.

Unfortunately, the state has not yet conducted such an evaluation. The University of Iowa Public Policy Center (PPC) recently conducted a survey with members of the Iowa Health and Wellness Plan. According to the Public Policy Center, this preliminary assessment was not able to assess the actual impact of not providing NEMT services. As such, this preliminary assessment should not serve as justification for granting an extended waiver.

Even in examining the preliminary data, however, the Department's claim that lack of NEMT services is not impeding access to healthcare is disputed. The survey data submitted with the waiver request shows that within the past 6 months, 20% of Medicaid beneficiaries with incomes under 100% of the FPL

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<sup>1</sup> Wallace, R., Hughes-Cromwick, P., & Mull, H. (2006). Cost-effectiveness of access to nonemergency medical transportation: Comparison of transportation and health care costs and benefits. *Transportation Research Record: Journal of the Transportation Research Board*, 1956(1), 86-93.

<sup>2</sup> Yang, S., Zarr, R. L., Kass-Hout, T. A., Kourosh, A., & Kelly, N. R. (2006). Transportation barriers to accessing health care for urban children. *Journal of Health Care for the Poor and Underserved*, 17(4), 928-943.

<sup>3</sup> Burkhardt, J. E. (2006). Medical transportation: Challenges of the future. *Community Transportation*, 24(4), 32-35

(\$11,670/yr for an individual) and 10% of beneficiaries with incomes between 100-138% of the FPL could not get transportation to or from a health care visit. Nationally, NEMT is used by 10 percent of the Medicaid population.<sup>4</sup> Based on the results from this preliminary assessment, Iowa Health and Wellness Members need NEMT *more* than the average patient nationwide.

The burden of proof for continuing a waiver restricting NEMT is upon the state. If anything, the University of Iowa study indicates that some share of the Medicaid population being served by the waiver is being disadvantaged by the absence of NEMT. Whether 20, 10, 5 or a smaller percentage of the population, this disadvantage is not trivial. Given that a more rigorous analysis was not conducted, the information presented by the state moves the state even farther away from its burden of proof in requesting continuation of the NEMT waiver.

In sum, CFPC strongly encourages CMS to reject the Department's request to extend the NEMT waiver based on the below three points:

- The wealth of historical data demonstrating the important role NEMT services play in ensuring access to necessary medical care, improving outcomes, and reducing healthcare costs.
- The lack of a robust evaluation that is able to assess the actual impact of the policy change in Iowa.
- The preliminary Iowa-specific data that we do have demonstrates a continued need for NEMT services.

In order to meet the stated goals of the Iowa Health and Wellness Plan (ensure access to high-quality local provider networks and modern benefits that work to improve health outcomes)<sup>5</sup> it is essential that the state provide the NEMT services to *all* Iowa Medicaid members.

We thank you for this opportunity to share our comments with you. Please feel free to contact us with any further questions or information requests.

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<sup>4</sup> David Raphael, *Medicaid Transportation: Assuring Access to Health Care-A Primer for States, Health Plans, Providers and Advocates*, prepared by the Community Transportation Association of America, January 2001

<sup>5</sup> [http://dhs.iowa.gov/sites/default/files/IA\\_NEMT\\_WaiverAmendment090414.pdf](http://dhs.iowa.gov/sites/default/files/IA_NEMT_WaiverAmendment090414.pdf)