

# Devolution's policy impact on non-emergency medical transportation (NEMT)

**Stephen Borders, PhD**

**Grand Valley State University – Nonprofit and Public Administration**

**Craig Blakely, PhD**

**Texas A&M Health Science Center – School of Rural Public Health**



# Context of Research

- Transportation has not been seen as a major barrier to accessing care
- Growing recognition that transportation is a major impediment to health care
  - Urban
  - Rural
- No empirical information available about the use of SCHIP resources to assure access to medical services



# Devolution

- In 1932, Justice Louis Brandeis argued that states freed from federal regulations could become laboratories to experiment with policy change.
- Experimentation would bring about successful programs and policies that could be widely adapted to other localities, replacing poorly performing programs and policies.



# Devolution

## ■ Pros

- Local officials can craft policy solutions that better align with the needs of their constituents

## ■ Cons

- Do states have the personnel, information systems, facilities and funds to manage large scale programs?
- Problems are exacerbated in poor states because of reduced capacities to deal with important policy issues
- “Race to the bottom”



# SCHIP Flexibility

- Options for expanding health insurance to children
  - Expand existing Medicaid program
    - 75% of all children are enrolled in this model
  - Set up a separate state program
  - Establish a hybrid of these strategies



# History of NEMT

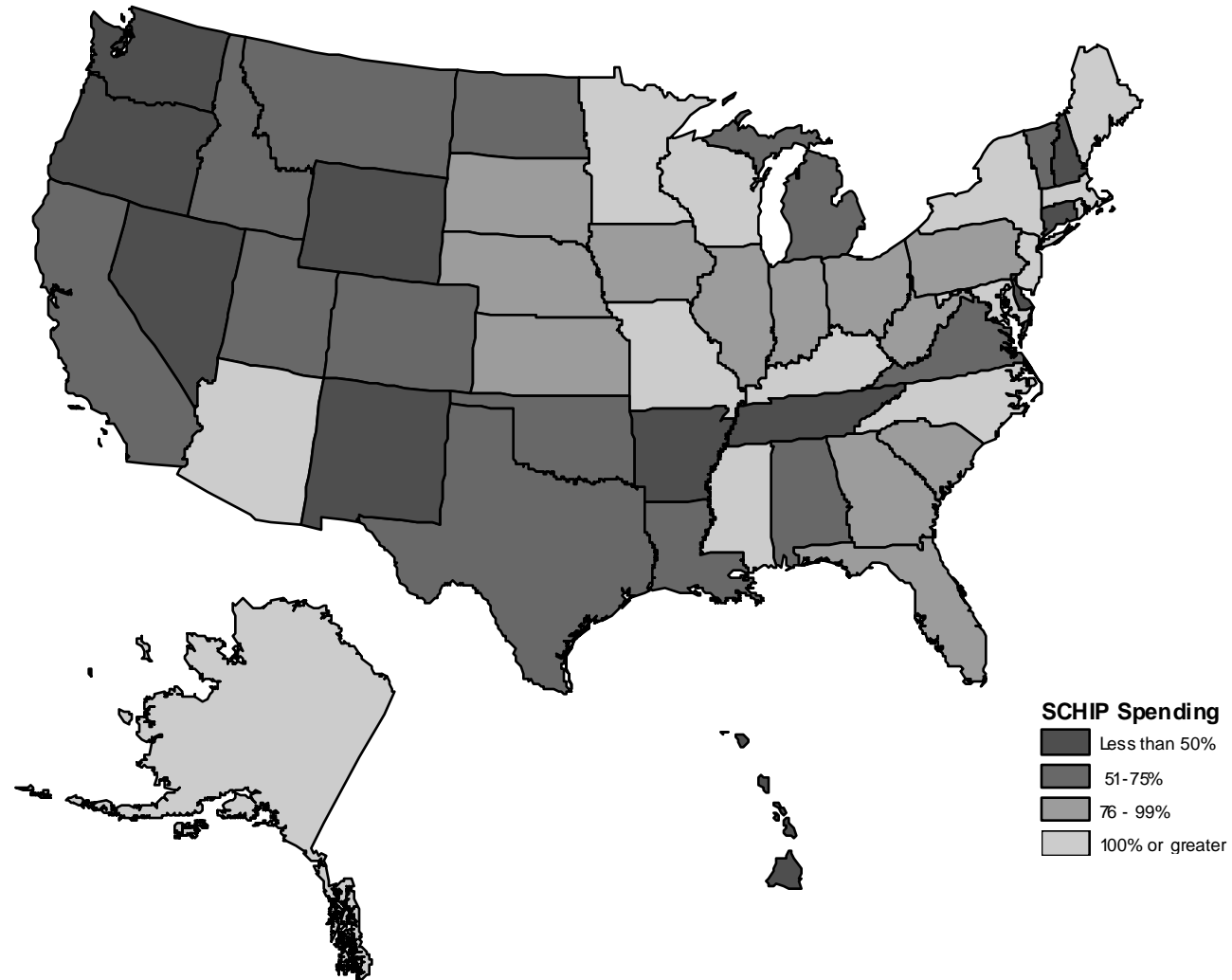
- The original Title XIX legislation that created Medicaid did not include language that requires states to provide NEMT to and from routine medical appointments.
- NEMT exists only because of court decisions that ruled states must assure access to Medicaid covered services.
- Federal regulations now assert that states must “ensure ***necessary*** transportation for recipients to and from providers” as codified in 42 C.F.R § 431.53



# NEMT in SCHIP

- In contrast to Medicaid programs, NEMT is not a required service under the SCHIP program
  - Most states cover emergency transportation
- States electing to expand their Medicaid programs to reach uninsured children must follow current federal requirements with regard to current NEMT laws,
  - they must assure that recipients can get to and from covered medical services
- States operating exclusively separate SCHIP programs are not required to provide NEMT
  - Some voluntarily provide NEMT, but most do not

# Sum of FY 1999-2005 State SCHIP Spending as a Percentage of Original Federal Allotments





# Monitoring Access

## Consumer Assessment of Health Plan Satisfaction Survey (CAHPS)

- Not part of the core questionnaire
- Supplemental item

### TRANSPORTATION

*Insert T1 to T3 after Q-68 in "Your Child's Health Plan" section of the CAHPS 3.0 Child Commercial Questionnaire*

*For Medicaid, reference period should be stated as "In the Last 6 Months"*

- T1. Some health plans help with transportation for your child to doctors' offices or clinics. This help can be a shuttle bus, tokens or vouchers for a bus or taxi, or payments for mileage.

In the last 12 months did you call your child's health plan to get help with transportation for your child?

- Yes  
 No → If No, Go to Question 69 of the CAHPS 3.0 Child Commercial Questionnaire

*T2 – For Medicare, the response category "I didn't need help with transportation for my child in the last 12 months" should be added following "Always"*

- T2. In the last 12 months, when you called to get help with transportation from your child's health plan, how often did you get it?

- Never → If Never, Go to Question 69 of the CAHPS 3.0 Child Commercial Questionnaire  
 Sometimes  
 Usually  
 Always

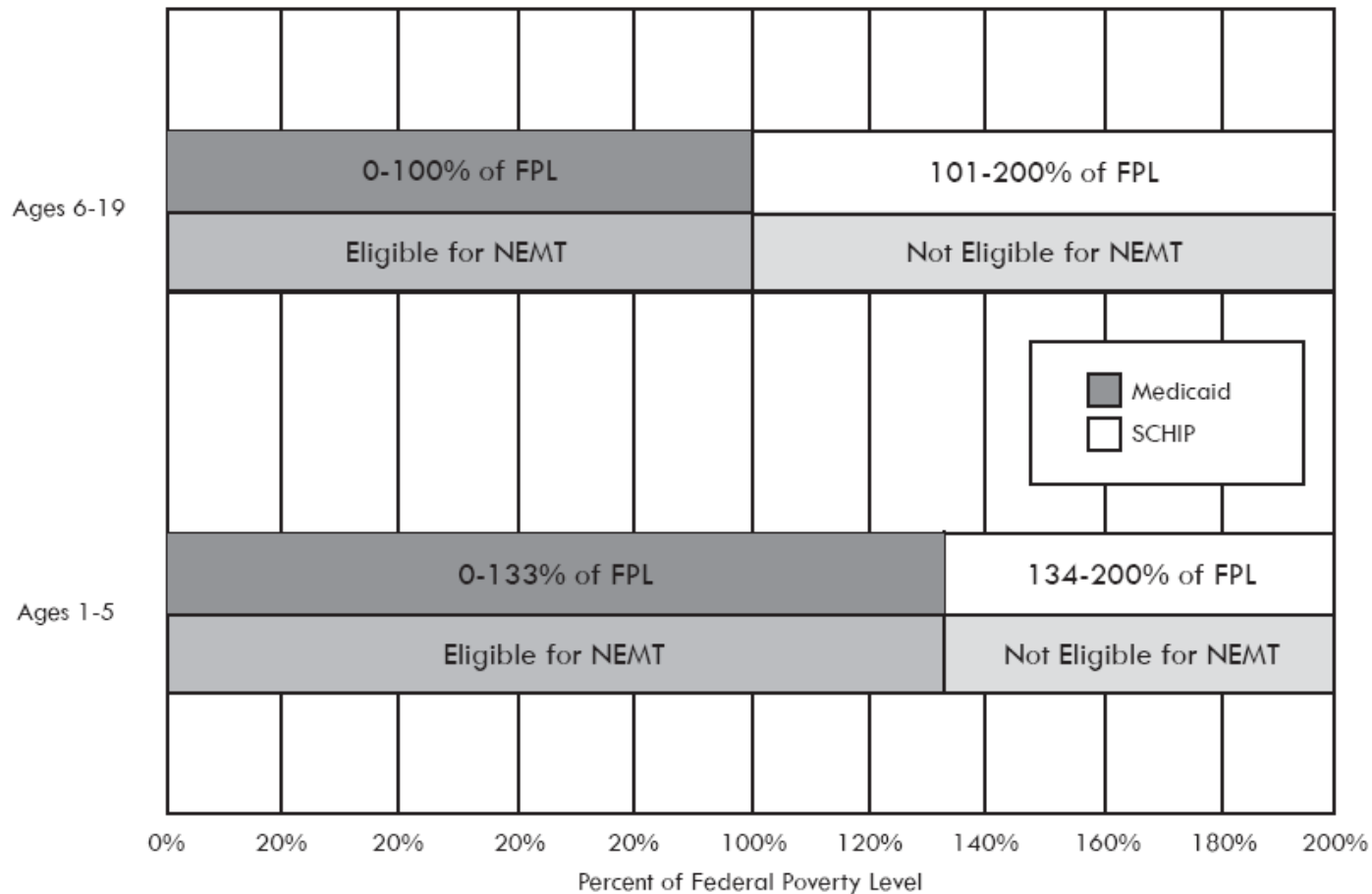
*T3 – For Medicare, the response category "I didn't need help with transportation for my child in the last 12 months" should be added following "Always"*

- T3. In the last 12 months, how often did the help with transportation for your child meet your needs?

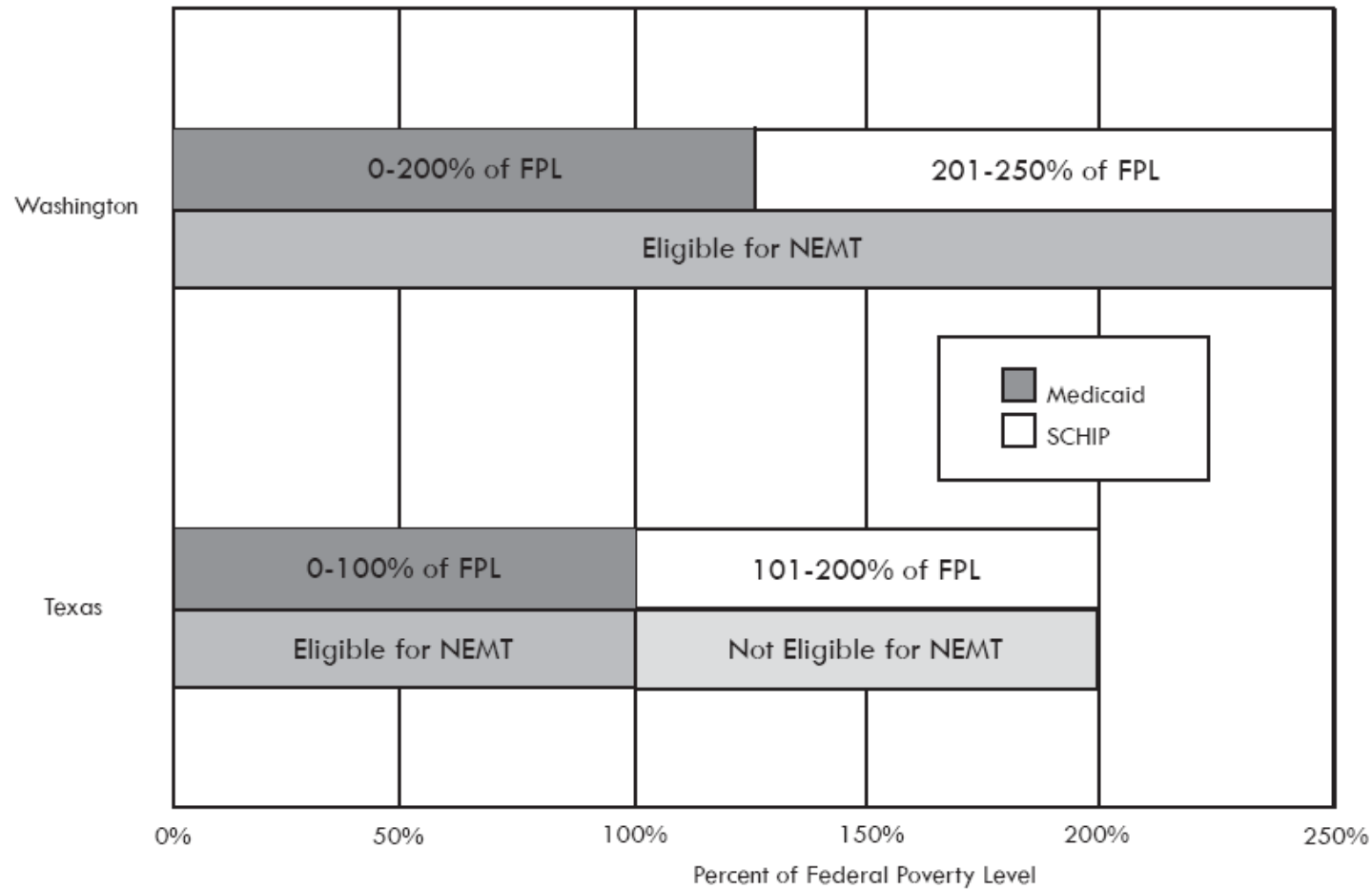
- Never  
 Sometimes  
 Usually  
 Always



# Medicaid and SCHIP Eligibility by Age Group: Colorado, Florida, Mississippi, Texas and Utah



# Comparison of Medicaid and SCHIP Eligibility by for Children Ages 6-19: Washington and Texas





# Summary

- Mixed evidence on devolution
  - Good and not-so-good!
- Agency for Healthcare Research and Quality (AHRQ) develop expanded battery of questions for assessing transportation to CAHPS
- Not providing NEMT seems to violate the intent of the law



# Contact Information

Stephen Borders, PhD  
Grand Valley State University  
School of Nonprofit and Public Administration  
616-331-6569  
[borderss@gvsu.edu](mailto:borderss@gvsu.edu)