

Testimony for information relating to AB21/SB21

Transportation and mobility for effective service delivery and promotion of independence for older adults.

Adults over 60 years old make up about 22% of the population in WI. In some districts, this number is as high as 30-40%. One in five Wisconsin residents aged 65 and older does not drive and will be seeking transportation options. In Wisconsin, 53% of non-drivers over the age of 65 stay isolated in their homes.ⁱ There are several items in the Governor's budget proposal that directly relate to mobility and transportation and have significant impacts on older adults.

To promote independence and self-sufficiency and provide effective delivery of healthcare and long term care programs, we need to address our fragmented system of transportation and coordinate among specialized transportation, public transit, Medicaid non-emergency medical transportation and pedestrian and bicycle modes. Investing in the transportation and mobility infrastructure in our communities and across the state stimulates economic growth (every \$1 investment in transit, yields a \$4 return) and allows people to receive the right healthcare or long term care services in the right settings.

All the issues below should be viewed as comprehensive, integrated parts of our infrastructure that build strong communities and supports citizens as they age.

Specialized Transportation Program – 85.21

Each county receives a percentage of 85.21 funding based on their proportion of older adults and individuals with disabilities to the rest of the state. This funding has not been increased since 2011. The proposed inflationary increase of 1% or \$437,600 over the biennium does not keep up with the rapidly increasing population of older adults. According to the population projections from the WI Dept. of Administration, by 2025, adults over 60 will comprise 26.9% of the population in WI. Older adults overwhelmingly want to age in place, transportation is one service that allows them to do so. Investment is needed to create accessible and affordable transportation systems.

Public Transit

Public transit provides a significant amount of transportation to older adults in WI and often coordinates with 85.21 programs. Specialized transportation programs alone cannot meet the needs of older adults. The service provided by public transit systems are just as important to older adults. Public transit includes buses as well as shared ride taxi programs in rural areas. Many of the shared ride taxi programs in rural communities are used primarily by older adults. Buses and transit vehicles desperately need to be replaced to continue operating and meet demands for expanded service.

The 4% increase in this budget proposal is the promised increase from the 2013-2015 budget. Funding in the 2015-2017 budget remains at this level with no further increases and does not even restore funding to levels prior to the 10% cut in 2011-2013.

Public transit is infrastructure that needs increased investment. Public transit is important to economic development and jobs and provides mobility for those who cannot or choose not to drive.

Tribal Transportation Program – 85.215

The Tribal Transportation Program provides \$247,500 a year divided among all 11 tribes which equates to \$22,500 for each tribe. This program has not been increased since its inception in 2009. Tribal communities are disproportionately rural and low income.

American Indian and Alaska Native communities face many health challenges including higher mortality rates from tuberculosis, chronic liver disease and cirrhosis, accidents, diabetes, pneumonia, suicide, and homicide compared with other racial and ethnic groups. The U.S. Commission on Human Rights asserted in 2003 that “one of the largest barriers to adequate health care for Native Americans is access.”

Walking and Biking

The second most used mode of transportation for older adults is walking. The Governor’s budget proposal removes all funding for transportation alternatives such as pedestrian and bike amenities. It also repeals what is commonly known as Complete Streets, a requirement that alternative modes of transportation, like bicycling and walking be considered when constructing or reconstructing a road.

Sidewalks street crossings and enhanced signals are examples of infrastructure that help older adults and others walk safely. About 9 percent of all trips taken by those over age 65 are walking trips; among older adults who don’t drive (almost all of whom are women), walking accounts for almost one out of every four trips, and its importance increases with age.ⁱⁱ Investing in this infrastructure is also an investment in improving public health.

Non-emergency Medical Transportation (NEMT) service

Though funded in the DHS budget and not DOT, the provision of NEMT transportation has had a significant effect on all transportation programs in the state. NEMT is a valuable benefit that enables those on Medicaid access to their medical appointments.

Since the brokerage was implemented in 2009 and expanded statewide in 2011, there have been significant and ongoing issues with service delivery and customer satisfaction. This statewide system of administering the Medicaid transportation benefit has not been successful. It has not contained costs or slowed expenditure growth (contract costs have increased every year), nor provided consistent, quality service throughout the state. **The proposed budget includes an additional \$14.4 million dollars over the biennium to continue this program.** At the same time, the number of private, local tax paying transportation providers across the state has declined. The Legislative Audit Bureau has been studying this system for several months and it is hopeful their findings will be available to inform the budget process as was initially requested.

The brokerage model destroyed coordinated service delivery when it was implemented by making it impossible to coordinate MA trips with other trips going to the same location and resulted in the reduction of local, tax paying transportation businesses and loss of efficiency across all transportation programs. In the early 2000’s there were over 300 Specialized Medical Vehicle (SMV) providers, and now there are just over 80 – a 75% reduction in small businesses providing this service. Equally important is the loss of mobility for those who rely on it. SMV transportation businesses provide a higher level of assistance to riders. Nothing has replaced the loss of these providers and the very existence of the SMV industry in WI is severely threatened. Rock County lost private SMV providers in 2014 leaving those who need transportation, especially those who use a wheelchair, without resources. This is especially dire for individuals in nursing homes and privately paying for transportation who are asked to pay as much as \$100 each way to appointments like dialysis which can add up to over \$600 a week. These people are not on public benefits, and they have no other options. They may end up in long term care facilities prematurely or re-hospitalized – just because they lack transportation.

Coordination of healthcare and long term care can only take place if individuals can get to their appointments, obtain outpatient care when needed, and receive treatments that prevent hospitalization and lead to overall health and wellbeing, often keeping them in their own homes. Reports indicate that people without

transportation options have 15% fewer doctor visits, 59% less trips for shopping or going out to restaurants, and 65% fewer trips for social, family and religious purposes. ⁱⁱⁱ

With the incidence of chronic conditions, dialysis treatments and dementia, the challenges for transportation providers is growing. In the 2014 facts and figures report released by the Alzheimer's Association, Wisconsin had over 110,000 residents over 65 diagnosed with Alzheimer's disease and that number is projected to grow to 130,000 by 2025 – a 30% increase.

The incidence of dialysis treatments has increased as well. During the 30 years from 1980 to 2009, incidence of end stage renal disease have increased by 900%.^{iv} The majority of these patients need dialysis. According to the Renal Network of the Upper Midwest, there were over 5,800 people receiving dialysis treatment at the end of 2013. If each of these individuals needed transportation to appointments 3 times/week that equals over 900,000 one-way rides per year – just to receive dialysis. The capacity in all of the transportation programs combined; specialized transportation, public transit and NEMT simply cannot accommodate all the rides needed.

Drivers licensing

The final issue about mobility is the proposal related to drivers licensing. Despite the growing need for transportation alternatives, there are a substantial number of older adults who still drive. This budget permits electronic license renewals once every 16 years for certain class “D” licenses, therefore eliminating the in-person and photograph requirement for that renewal.

It is important to note the data below relating to older adults and driver licensing policies. If safety is a priority for this administration, these facts should be considered when changing licensing requirements. The AAA Foundation for Traffic Safety recently reported that requiring license renewal to be conducted **in-person** is associated with a **9% reduction** in fatal crash involvement rates for drivers 55+ and a 25% reduction for drivers ages 85+. Requiring in-person assessments was the only policy or law researched with statistically significant reductions in fatal crash involvement rates.

Transportation and mobility of WI residents has significant impacts on the economy, job access, health and long term care. Investment is needed in this infrastructure and changes considered to accommodate the needs of the growing population of older adults in Wisconsin.

ⁱ Bailey, Linda. “Aging Americans: Stranded Without Options.” April 2004. Surface Transportation Policy Partnership. March 2015 <http://www.t4america.org/docs/SeniorsMobilityCrisis.pdf>

ⁱⁱ U.S. BTS. 2004. Travel Patterns of Older Americans with Disabilities. Working Paper 2004-001-OAS. By Meg Sweeney. Washington, D.C

ⁱⁱⁱ Bailey, Linda. “Aging Americans: Stranded Without Options.” April 2004. Surface Transportation Policy Partnership. March 2015 <http://www.t4america.org/docs/SeniorsMobilityCrisis.pdf>

^{iv} Bogren, Scott. “Dialysis Report: Transportation Demand Outstrips Supply.” 2011. Community Transportation Association of America. March 2015. <http://web1.ctaa.org/webmodules/webarticles/articlefiles/Fall Winter 11 The Dialysis Report.pdf>