



Background Briefing:

Strategies to Address Transportation-Related Barriers to Health Care

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Briefing Purpose

- Define major study questions and research methods
- Describe the landscape of non-emergency health care transportation services in Virginia
- Discuss priorities for policy option development phase

Final report with policy options will be presented during October 2025 Full Commission Meeting

Agenda

Study questions and methods

Landscape of non-emergency health care transportation services in Virginia

Barriers impacting access to health care transportation services in Virginia

Next steps

Study Purpose

- Describe transportation barriers to health care in Virginia, the factors that contribute to those barriers, and the populations impacted
- Evaluate interventions and programs that address transportation barriers to health care in Virginia
- Identify strategies Virginia could implement to address transportation barriers
- Recommend policy options to reduce transportation barriers to health care for patients in Virginia

Major Study Questions

- What types of transportation barriers to health care exist and how do they manifest in Virginia?
- Which populations are most impacted by lack of access to adequate transportation to health care?
- How effective are current health care transportation programs that receive state funding?
- What policy levers exist at the state level to improve transportation barriers to health care?

Research Methods

- Literature review: to understand barriers to transportation and populations most impacted
- Document review and program evaluation: to identify and evaluate programs that receive state funding
- Stakeholder interviews: to obtain perspective and additional depth of understanding about transportation barriers and transportation programs in Virginia

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Transportation is a key component of accessing health care

- Lack of access to transportation can lead to poor health outcomes for patients
- In 2020, approximately 6 percent of households in Virginia did not have a vehicle available to them
- Services such as telehealth can alleviate the need for transportation for some health services but not all

Certain patient populations experience higher transportation burden

- Individuals requiring frequent engagement with health care providers
- Individuals with low income or limited resources
- Individuals who face longer travel distances to access health care services

Patients can use different modes of transportation to access health care



Personal Vehicle



Rail Systems



Fixed-Route Public Transit

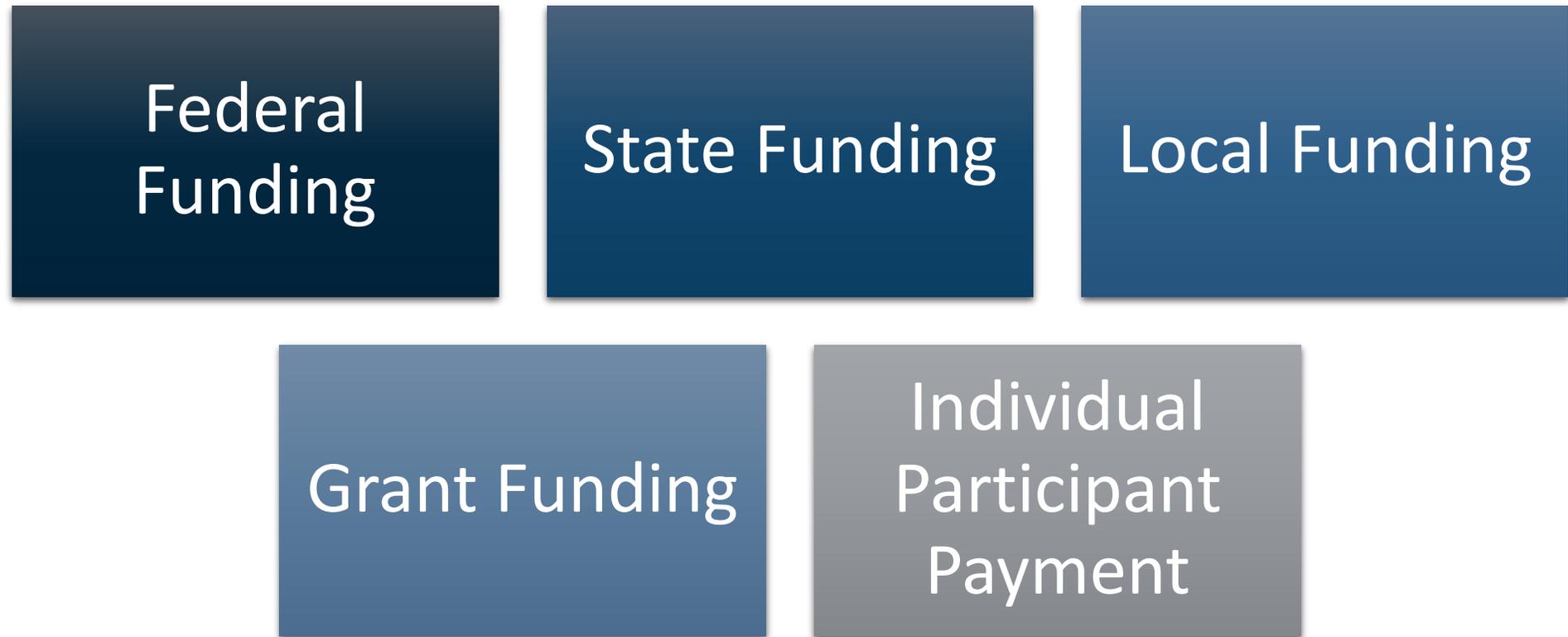


Deviated Fixed-Route Paratransit



Demand Response Programs

Transportation programs are funded through various sources



Different types of transportation providers offer transportation services

- Human service transportation providers
- Non-profit organizations
- Public transit agencies
- Private transportation providers

Two state-funded programs serve those with high transportation burden

- Medicaid Non-Emergency Transportation (NEMT) Program
- Enhanced Mobility of Seniors and Individuals with Disabilities (Section 5310) Program

Federal law assures medical transportation for Medicaid enrollees

- NEMT brokers coordinate member trip requests with NEMT providers who transport Medicaid enrollees to health care services
- DMAS selected a mixed model to deliver NEMT services
 - ModivCare serves as the state-wide transportation broker for the Fee-for-Service program
 - MCOs select their own broker for transportation services

DMAS = Department of Medical Assistance Services; MCO = Managed Care Organization

NEMT program is supported with a mix of federal and state funds

- In FY24, DMAS paid \$71.1 million for Fee-for-Service NEMT services, including \$32.7 million SGF and \$38.4 million federal funds
- NEMT is a carved in service for the MCOs and is therefore included in their capitated rate

SGF = State General Funds

Section 5310 program enhances the mobility of seniors and individuals with disabilities

- FTA Section 5310 program provides funds to paratransit providers for:
 - Capital projects to replace or expand vehicle fleets
 - Mobility management projects to coordinate transportation
 - Operating projects to provide transportation
 - Other capital projects to support programs serving the eligible populations
- In FY25, 34 grant recipients received Section 5310 program funding for 50 projects across the Commonwealth

FTA = Federal Transit Agency

Section 5310 program requires a mix of federal, state, and local funds

- State match funding for the 5310 program comes from the Commonwealth Mass Transit Fund
- Virginia has designated a portion of the Commonwealth Mass Transit Fund for paratransit services
- In FY25, Virginia's state share of Section 5310 program funding was \$1,376,884

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Patients in Virginia experience barriers accessing transportation services

- Program restrictions or eligibility requirements may limit patients' use of services
- Patients with recurring, complex, or specialty care needs may struggle to fund appropriate transportation services
- System fragmentation and siloing of programs creates a complex system for patients to navigate with limited education on available service options

Existing programs struggle to meet demand due to limited capacity

- Increasing costs of operations and vehicles requires programs to stretch resources
- Programs rely on volunteer or part-time drivers and have difficulty competing with other driver opportunities

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Program evaluation is still in progress and will inform policy development

- JCHC staff will evaluate program's implementation, reporting requirements, performance metrics, and participant satisfaction

Final report with policy options will be presented during October 2025 JCHC Full Commission Meeting

Questions/Discussion

Opportunity for public comment

- Submit written public comments by close of business on Friday, June 27th

Email: jchcpubliccomments@jchc.virginia.gov

Mail: 411 E. Franklin Street, Suite 505
Richmond, VA 23219

NOTE: All public comments are subject to FOIA and must be released upon request.