

# **RECRUITING INDIVIDUALS TO DRIVE OUR ELDERLY (RIDE) ACT**

## **Senator Franken**

**Senior Transportation.** State Medicaid programs are required to ensure that Medicaid beneficiaries, including seniors, have transportation to and from medical providers. Federal law requires that states provide this transportation in the most cost-effective way possible, and consequently, several states use volunteer drivers to transport seniors to and from doctor's appointments.

**Barriers to Recruiting Volunteer Drivers.** While states receive federal funds to help reimburse volunteer drivers for their mileage, those funds can only be used to cover the cost of loaded miles, or the miles the senior was in the volunteer's vehicle. Therefore, volunteer drivers – who are often older adults themselves – must bear the cost of the gas needed to cover the trip to the senior's home and the return trip to their own home when the senior isn't in the vehicle. In rural areas, these "no-load" miles can be a significant portion of the trip.

Rising gas prices have made it difficult for volunteer drivers to continue to bear this burden, putting volunteer driver programs in jeopardy. This forces states to resort to more expensive means, such as taxis and private transportation services, to ensure that seniors have access to transportation to and from their doctor.

**A Cost Effective Solution.** Senator Franken's RIDE Act would increase state flexibility by giving states the option to receive federal assistance to reimburse their volunteer drivers for no-load miles. This would enable states to more successfully use volunteer drivers as a cost-effective method for providing Medicaid-covered transportation services (see attached cost examples). While CBO has not yet scored the bill, the RIDE Act is expected to come at a minimal cost to the federal government and is fully offset.

**The Offset: Elective Induction.** Studies show that infants born between 37 and 39 weeks of gestation have greater risk for health complications and mortality. Although the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics have issued a medical standard of 39 weeks gestation prior to elective delivery, many deliveries in the U.S. are electively induced between 37 and 39 weeks. This has resulted in a dramatic number of avoidable health care complications, and with Medicaid paying for almost 40 percent of all births in the United States, early elective induction-related complications are costing taxpayers millions of dollars a year in unnecessary health care costs.

States that require hospitals to report the number of elective inductions performed between 37 and 39 weeks have seen a decrease in the number of elective inductions, and subsequently have had fewer related complications and lower costs. This bill would require the Secretary of HHS to collect data from hospitals on elective inductions of labor performed between 37 and 39 weeks of gestation, and could save as much as \$200 million per year.

## **Example 1: Regular dialysis about 30 miles from client's home.**

### **Situation:**

Volunteer driver 1's home: Montgomery

Volunteer driver 2's home: New Prague

Client's home: Montgomery

Dialysis provider: Shakopee

Client goes to dialysis three times per week. On Monday and Wednesday, a volunteer from the same town drives the client both ways, and waits 4.5 hours each time for the client's treatment to be provided.

On Friday, a volunteer from New Prague drives the client one way and returns home without the client. The client's daughter drives her home after work.

### Trip 1 & 2 (Monday & Wednesday) by Volunteer Driver 1:

Montgomery to Shakopee to dialysis provider (28 loaded miles)

Shakopee to Montgomery to return client home (28 loaded miles)

Wait 4.5 hours (in addition to 1 hour of travel time both ways).

### Trip 3 (Friday) by Volunteer Driver 2:

New Prague to Montgomery to pick up client (8 unloaded miles)

Montgomery to Shakopee to drop off client for dialysis (28 loaded miles)

Shakopee to New Prague for volunteer driver to return home (20 unloaded miles)

### **Total Costs:**

#### Volunteer Driver:

If pay for both loaded and unloaded miles at IRS rate: \$84.

Trip 1 to Volunteer 1: \$28

Trip 2 to Volunteer 1: \$28

Trip 3 to Volunteer 2: \$28

If pay only for loaded miles: \$70, with cost incurred by volunteer (Driver 2) that is not reimbursed: \$14.

Trip 1 to Volunteer 1: \$28

Trip 2 to Volunteer 1: \$28

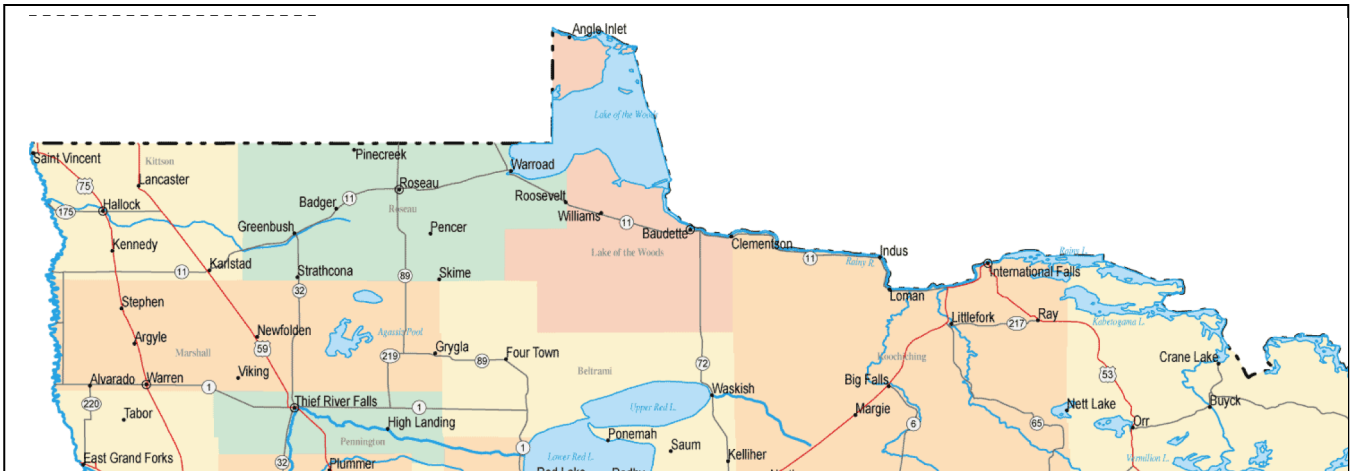
Trip 3 to Volunteer 2: \$14

#### Taxi (if one is available):

Payment for loaded miles only: \$130.05

(At following existing rates: \$10.00 base through first five miles + \$1.45 per mile after first five





## Example 2: Long distance between available volunteers and clients and providers

### Situation:

Home of nearest volunteer driver willing to drive long distances:

Grand Rapids

Client's Home: Northome

Provider: Duluth (nearest specialty provider)

### Trip:

Grand Rapids to Northome to pick up client ( 62 unloaded miles)

Northome to Duluth for client appt. with specialist (145 loaded miles)

Duluth to Northome to drop off client at home (145 loaded miles)

Northhome to Grand Rapids for volunteer driver to return home (62 unloaded miles)

Loaded miles: 290 miles

— Unloaded miles: 124 miles

- - Time: 8 hours, including 1 hour wait during client appointment

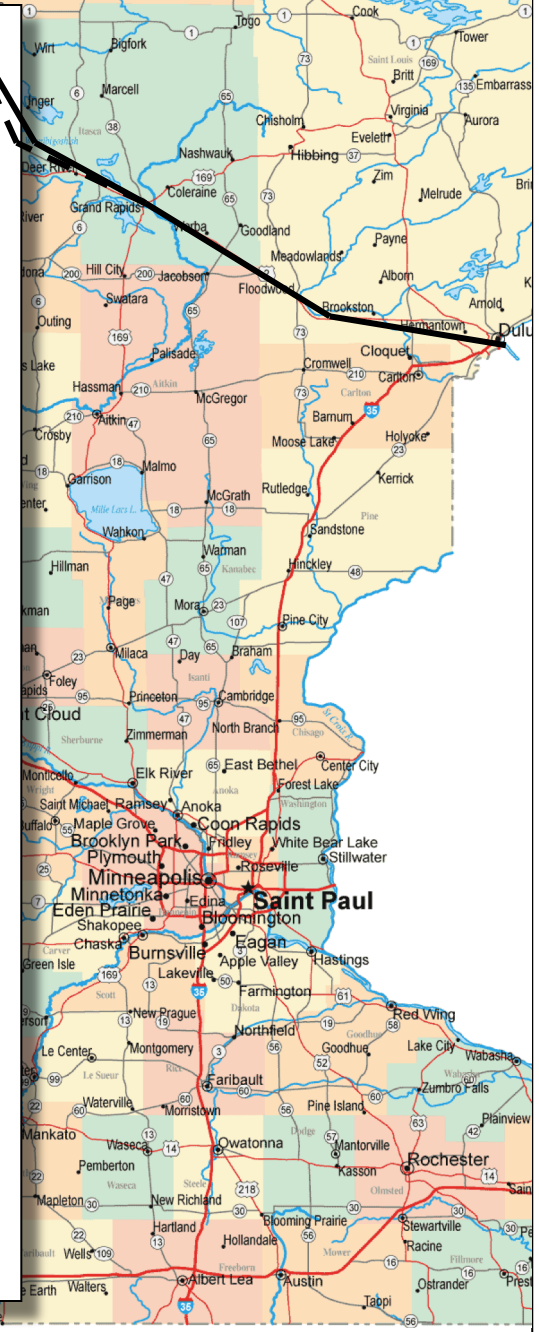
### Total Costs:

#### Volunteer Driver:

If pay for both loaded and unloaded miles at IRS rate: \$207

If pay only for loaded miles: \$145, with cost incurred by volunteer driver that is not reimbursed: \$62

No taxi available. Bus available, but only on Fridays –which is not an option with this provider.



## Example 3: Surgery located long distance from client's home.

### Situation:

☆ Home of nearest volunteer driver willing to drive this distance: Trimont, MN  
Client's home: Fairmont, MN  
Provider: Rochester, MN (for surgery and multi-day hospital stay)

### Trip 1:

Trimont to Fairmont to pick up client (20 miles)  
Fairmont to Rochester to drop off client for surgery (119 miles)  
Rochester to Trimont for volunteer driver to return home (136 miles)  
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Loaded miles: 119 miles  
Unloaded miles: 156 miles  
Time: @ 5 hours

### Trip 2:

Reverse of Trip 1, to pick up client from hospital two days later.

### Total Costs:

#### Volunteer Driver:

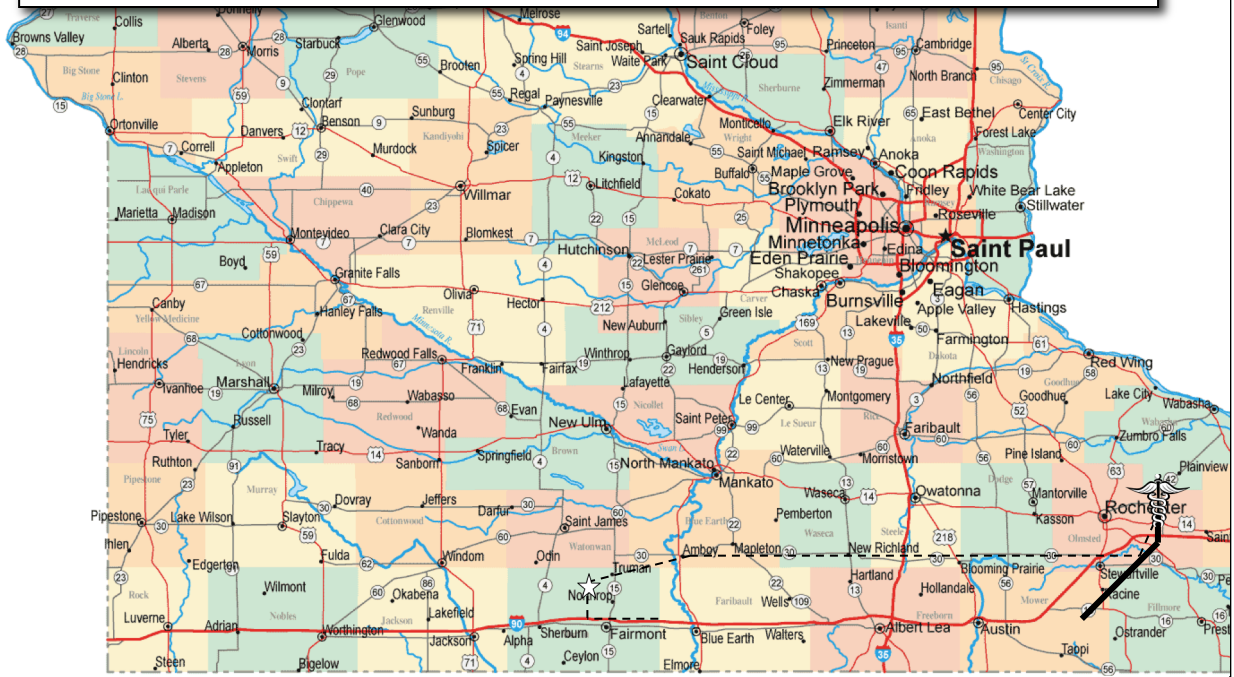
If pay for both loaded and unloaded miles at IRS rate: \$275.00.

If pay only for loaded miles: \$119.00, with cost incurred by volunteer that is not reimbursed: \$156.00

#### Taxi (if one is available):

Payment for loaded miles only: \$350.60.

(At following existing rates: \$10.00 base through first five miles + \$1.45 per mile after



**Minnesota organizations supporting the RIDE Act include:**

Aging Services of Minnesota

Alzheimer's Association Minnesota-North Dakota

Association of Minnesota Counties

Care Providers of Minnesota

DARTS, West St. Paul, MN

Dementia Care Foundation

Hmong American Partnership

Jewish Community Relations Council

Kittson County Social Services

Lakeview Ranch, Inc.

Land of the Dancing Sky Area Agency on Aging

Lutheran Social Service of Minnesota

Mature Voices Minnesota

Meeker Area Care Connections

Meeker Council on Aging

Metro Meals on Wheels

Minnesota Ambulance Association

Minnesota Association of Area Agencies on Aging

Minnesota Association of County Social Service Administrators

Minnesota Board on Aging

Minnesota Homecare Association

Minnesota Network on Abuse Later in Life

Minnesota Social Service Association

Red Lake County Social Services

Southeastern Minnesota Area Agency on Aging

Tubman

Volunteer Services of Carleton County, Inc.