

MAINE STATE LEGISLATURE

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132nd MAINE LEGISLATURE

FIRST SPECIAL SESSION-2025

Legislative Document

No. 1835

S.P. 717

In Senate, April 30, 2025

An Act to Improve Nonemergency MaineCare Transportation

Reference to the Committee on Health and Human Services suggested and ordered printed.

A handwritten signature in black ink, appearing to read "D M Grant", is positioned above the printed name of the Secretary of the Senate.

DAREK M. GRANT
Secretary of the Senate

Presented by Senator BENNETT of Oxford.

Cosponsored by Senators: MOORE of Washington, TIPPING of Penobscot, Representatives: GRIFFIN of Levant, MATLACK of St. George, MCINTYRE of Lowell, ROEDER of Bangor, SHAGOURY of Hallowell.

1 **Be it enacted by the People of the State of Maine as follows:**

2 **Sec. 1. 22 MRSA §3197** is enacted to read:

3 **§3197. Nonemergency transportation reporting and quality assurance**

4 **1. Definitions.** As used in this section, section 3198 and section 3199, unless the
5 context otherwise indicates, the following terms have the following meanings.

6 A. "Broker" means an entity with which the department has contracted to manage,
7 authorize, coordinate and reimburse the provision of necessary nonemergency
8 transportation for eligible MaineCare members.

9 B. "Nonemergency transportation" means transportation services provided to
10 MaineCare members through one of the state-designated transportation brokers to
11 allow members to access nonemergency MaineCare-covered services.

12 C. "Transporter" means any entity, organization or individual that provides
13 transportation services reimbursable by a broker under the nonemergency
14 transportation program. This includes agents of the broker with which the broker has
15 entered a service agreement, public transportation, commercial taxis, volunteers and
16 friends and family.

17 **2. Nonemergency transportation dashboard.** The department shall post on a publicly
18 accessible website information relating to broker performance indicators and results. The
19 department shall post the following on a quarterly basis, and no later than 45 days following
20 the close of a fiscal quarter:

21 A. Broker contact information; and

22 B. Audited data from at least the 2 prior calendar years, including:

23 (1) The total number of trips by month and region;

24 (2) The number of trips sortable by mode of transportation, broker, month and year.
25 Mode of transportation must include trips by agency providers; trips by
26 commercial providers, volunteer drivers, contract taxis, ad hoc taxis and specialty
27 transit; trips in which the driver is the member or close associate; public transit;
28 and broker-provided trips;

29 (3) The total number of trips by trip destination;

30 (4) The number of complaints, categorized by type and sortable by month and
31 region;

32 (5) The total number of incidents by type; and

33 (6) A table, categorized by region, indicating whether the following performance
34 metrics have been met:

35 (a) All transporter and driver vehicles have a valid state motor vehicle
36 inspection sticker;

37 (b) The monthly member complaint rate does not exceed one complaint per
38 100 trips delivered;

39 (c) The call center call abandonment rate does not exceed 5%;

1 (d) Ninety percent of calls to the call center are directed to a live representative
2 within 60 seconds;
3 (e) No more than 1% of trips scheduled to be delivered are missed, not
4 including trips cancelled by the member or trips cancelled due to weather; and
5 (f) At least 85% of trips are on time, except that, for trips in which the member
6 being transported is a child under 16 years of age or is receiving services under
7 a home and community-based services waiver, the timeliness standard is 95%
8 of all trips delivered. A trip is considered on time if the driver arrives from 30
9 minutes before until 15 minutes after the scheduled pickup from the point of
10 origin, from 30 minutes before until 5 minutes after the scheduled drop-off
11 time at the MaineCare-covered service location and until 30 minutes after the
12 scheduled pickup from the MaineCare-covered service location. Trips to
13 methadone clinics for the purpose of dosing are considered on time if the
14 member arrives within the window of the clinic's operating hours and no later
15 than 30 minutes prior to the clinic's closing time for the day. Trips by members
16 using the mileage reimbursement option or public transit are considered on
17 time for all trips for the purpose of data reporting. Trips by facilities under
18 contract with the broker to provide transportation for their members are
19 considered on time for all trips for the purpose of data reporting.

20 **3. Incident reporting.** The department shall track incidents by region, categorize
21 incidents and issue a monthly report with the following:

22 A. Incidents requiring immediate attention, including any incident involving injury
23 requiring medical care or emergency services; accidents resulting in injury or death;
24 evidence of a weapon; assaults; incidents requiring police assistance; harassment;
25 illegal activities by the member, driver or escort; other serious safety concerns; and
26 incidents related to a minor or to a person over the age of 65. These incidents must be
27 reported to the department within one business day of the incident;

28 B. Incidents not requiring immediate attention, including accidents without injury;
29 wheelchair tie-down issues that have not caused injury; and repeated issues with drivers
30 and disruptions that do not cause danger but result in service delays. These incidents
31 must be reported to the department by the 15th day of the month following the prior
32 month's reporting period; and

33 C. Isolated incidents, including isolated late trips; vehicle cleanliness concerns;
34 member hygiene concerns; and vehicles or drivers incompatible with member needs.
35 These incidents must be reported to the department by the 15th day of the month
36 following the prior month's reporting period.

37 **4. Corrective action plans.** The department shall issue a corrective action plan to a
38 broker who has failed to meet the same performance metric for 3 consecutive months. The
39 corrective action plan must include a root cause analysis regarding the reasons for the
40 deficiency, a timeline with a completion date for when the broker is expected to achieve
41 compliance and a description of the actions taken and the results of these actions. A
42 corrective action plan issued by the department to a broker must be made available on the
43 department's publicly available website.

1 **5. Surveys.** Beginning July 1, 2026, and annually thereafter, each broker shall conduct
2 annual member surveys to assess transporter and broker services. Results must be provided
3 to the department and published on the department's publicly available website by
4 November 15th of each year.

5 **6. Report.** The department shall provide a report by December 31, 2025, and annually
6 thereafter, to the joint standing committee of the Legislature having jurisdiction over health
7 and human services matters demonstrating compliance with this section and demonstrating
8 that broker performance requirements have been met or, if requirements have not been met,
9 outlining defects or failures to meet requirements and expectations for corrective actions
10 to remedy those defects or failures.

11 **Sec. 2. 22 MRSA §3198** is enacted to read:

12 **§3198. Nonemergency transportation advisory committees**

13 **1. Advisory committees.** The department shall establish a nonemergency
14 transportation advisory committee in each region to provide the department with
15 recommendations regarding the performance of nonemergency transportation services in
16 that region.

17 **2. Membership.** A nonemergency transportation advisory committee under this
18 section must consist of the following members, appointed by the commissioner or the
19 commissioner's designee:

20 A. At least 2 members who receive nonemergency transportation services and who
21 reside in the region;

22 B. At least one representative of each federally recognized Indian tribe in the region;

23 C. At least one representative from a behavioral health facility operating in the region;

24 D. At least one representative from an opioid treatment program operating in the
25 region;

26 E. A representative of a home and community-based services provider;

27 F. At least one representative from each transporter under a service agreement with the
28 region's broker;

29 G. At least one representative from each public transportation provider that provides
30 services to members in the region;

31 H. At least one representative of a taxi company;

32 I. If volunteer drivers are used in the region, at least one active volunteer driver;

33 J. A representative of the department;

34 K. At least one representative of a provider of services for persons with disabilities;

35 L. At least one representative of a provider of services for immigrants and refugees, if
36 such a provider is available in the region;

37 M. At least one representative from each of the federally qualified health centers in
38 the region; and

39 N. At least one representative from each of the hospitals in the region.

1 **3. Meetings and notice.** A nonemergency transportation advisory committee must
2 meet at least once every 6 months and must provide notice of meetings at least 30 days in
3 advance of any scheduled meeting.

4 **Sec. 3. 22 MRSA §3199** is enacted to read:

5 **§3199. Nonemergency transportation ombudsman program**

6 **1. Program established.** The nonemergency transportation ombudsman program,
7 referred to in this section as "the program," is established as an independent program within
8 the Executive Department to provide ombudsman services to MaineCare members
9 regarding MaineCare nonemergency transportation provided by the department. The
10 primary duty of the ombudsman is to ensure that all complaints and concerns related to
11 MaineCare nonemergency transportation are investigated and recommendations for
12 appropriate redress are made in a timely fashion.

13 **2. Contracts.** The program shall operate by contract between the department and a
14 nonprofit organization that the Executive Department determines to be free of potential
15 conflict of interest and best able to provide the ombudsman services on a statewide basis.
16 The contract must be for a term of one initial year, followed by renewals for up to 4
17 additional years. The ombudsman may not be actively involved in state-level political
18 party activities or publicly endorse, solicit funds for or make contributions to political
19 parties on the state level or candidates for statewide elective office. The ombudsman may
20 not be a candidate for or hold any statewide elected public office.

21 **3. Duties.** The program shall:

22 A. Consider and promote the best interests of MaineCare members and investigate,
23 advise on and work toward resolution of complaints of infringement of the rights of
24 members;

25 B. Establish a comprehensive outreach program regarding the services offered by the
26 ombudsman, including outreach and education to MaineCare members and 3rd parties
27 that provide services or support to MaineCare members, including health care
28 providers, social service providers and health insurance navigators, brokers, agents and
29 other enrollment professionals;

30 C. Provide information regarding the services available through the ombudsman
31 program to all MaineCare members;

32 D. Maintain a toll-free telephone number, to be advertised on the department's publicly
33 accessible website and in the MaineCare member handbook;

34 E. Answer inquiries within 10 business days of receipt, investigate and resolve
35 complaints regarding the performance and services of the department and provide
36 monthly updates to MaineCare members regarding the status of outstanding complaints
37 and concerns;

38 F. Analyze and provide opinions and recommendations to agencies, the Governor and
39 the Legislature on state programs, rules, policies and laws;

40 G. Determine what types of complaints and inquiries are accepted for action by the
41 program and adopt procedures regarding communication with MaineCare members
42 making inquiries or complaints to the department;

1 H. Apply for and use grants, gifts and funds for the purpose of performing the duties
2 of the program; and

3 I. Collect and analyze records and data relevant to the duties and activities of the
4 program and make reports as required by law or as the department considers
5 appropriate.

6 **4. Confidentiality of records.** Information held by or records or case-specific reports
7 maintained by the program are confidential. Disclosure may be made only if the
8 ombudsman determines such disclosure is lawful and in the best interest of the MaineCare
9 member who is the subject of the records. The awarded contractor shall enter into a
10 business associate agreement with the department. The program may not make public the
11 identity of any individual requesting assistance from the program or make public any
12 protected health information in the conduct of its duties.

13 **5. Liability.** Any person who in good faith submits a complaint or inquiry to the
14 program pursuant to this section is immune from any civil or criminal liability for that act.
15 For the purpose of any civil or criminal proceedings, there is a rebuttable presumption that
16 any person acting pursuant to this section did so in good faith. The ombudsman and
17 employees and volunteers in the program are deemed employees of the State for the
18 purposes of the Maine Tort Claims Act.

19 **6. Report.** The program shall provide a report by December 31, 2025 and annually
20 thereafter concurrently to the department and to the joint standing committee of the
21 Legislature having jurisdiction over health and human services matters describing the
22 activities and services of the program, priorities set by the program, waiting lists for
23 services, provision of outreach services and recommendations for changes in statute or
24 rules to improve the provision of MaineCare transportation services.

25 SUMMARY

26 This bill does the following.

27 1. It requires the Department of Health and Human Services to create and maintain a
28 MaineCare nonemergency transportation dashboard, which is information posted on the
29 department's publicly accessible website reflecting broker performance indicators and
30 results.

31 2. It requires the department to track nonemergency transportation trips by region and
32 categorize and issue a monthly report regarding all incidents involving the delivery on
33 nonemergency transportation.

34 3. It establishes the nonemergency transportation ombudsman program as an
35 independent program within the Executive Department to provide ombudsman services to
36 MaineCare members regarding MaineCare nonemergency transportation provided by the
37 department.

38 4. It requires the department to establish a nonemergency transportation advisory
39 committee in each region to provide the department with recommendations regarding the
40 performance of nonemergency transportation services in that region.