

5-2022

Expand NEMT Across Central and Western Nebraska

Bri Parr
bparr@unomaha.edu

Follow this and additional works at: https://digitalcommons.unomaha.edu/university_honors_program

 Part of the [Public Health Commons](#)

Recommended Citation

Parr, Bri, "Expand NEMT Across Central and Western Nebraska" (2022). *Theses/Capstones/Creative Projects*. 180.

https://digitalcommons.unomaha.edu/university_honors_program/180

This Dissertation/Thesis is brought to you for free and open access by the University Honors Program at DigitalCommons@UNO. It has been accepted for inclusion in Theses/Capstones/Creative Projects by an authorized administrator of DigitalCommons@UNO. For more information, please contact unodigitalcommons@unomaha.edu.

Expand NEMT Across Central and Western Nebraska

Brianna Parr

Dr. Morrison & Dr. Stacy

May 1st, 2022

Abstract

The average age of adults in the US is increasing, especially in rural areas. Approximately 60 million individuals live in the rural US, including millions of Medicare beneficiaries (Harvey, 2019). Older rural Americans are more likely to be in poverty, unhealthy, and medically underserved (Harvey, 2019, p. 66). They rely heavily on government health insurance programs, such as Medicare, to provide for their health care needs. Unfortunately, for many older adults living in rural areas, health care is both difficult to access or in some cases completely unavailable. This is due to several factors, including the lack of specialist care in rural areas (mental health specialists, physical therapists, surgeons), the rising cost of health care, and issues with transportation (Butler, 2006). Transportation is among the biggest barriers to health care among older adults in rural areas, as rural American communities have gaps in public transportation, older adults start losing driving capabilities as they age, and geographic isolation requires rural residents to travel greater distances to fulfill basic needs such as quality health care, prescription medicines and healthy food (Skoufalos et al., 2017). As well as this, rural areas typically lack the infrastructure and connections required to transport people where they need to go, attract quality services to the community, and avail modern technology for in-home support (Skoufalos et al., 2017). If older adults can access health care earlier in their lives, it could prevent issues that hurt them in the long run. Because of this, different approaches to transportation must be found. Currently, Medicare provides transportation to primary care appointments through services such as IntelliRide, a non-emergency medical transportation service for those under Medicare or Medicaid (Healthy Blue Heritage Health, 2021). These services are highly beneficial to older adults, but in Nebraska, they are primarily only located in populated, eastern cities such as Omaha or Lincoln. As well as this, transportation is limited to general doctor visits, and occasionally other health care services. The purpose of this thesis is to create a bill that would both expand these services to rural areas throughout central and western Nebraska, offer transportation beyond primary care visits (such as to the dentist or the grocery store), and offer long-distance non-emergency transportation for older adults in rural areas who need specialized care that can only be found in a city.

Introduction

This bill, titled LB5978, would be a Nebraska statewide bill that would require non-emergency medical transportation (NEMT), such as IntelliRide, to be spread across a wider array of areas and towns in Nebraska to better accommodate rural older adults and communities. As well as this, Medicare-covered services would include long-distance non-emergency medical transport (LDMT) for older adults who need specialized care in cities that require long-distance transportation.

Older adults need this transportation for many reasons; without it, they have less access to mental health services and social events (which can lead to social isolation or depression), less access to general health care (which provides preventative action), and little to no access to specialized care (which they may need for critical health needs) (Harvey, 2019). Current Medicare-covered transportation services are primarily located in Omaha and Lincoln, with few services available to more rural areas in central and western Nebraska. Because of this, many older adults in rural areas have a higher rate of opioid misuse, a higher prevalence of chronic disease, a higher disability rate, a lower prevalence of healthy behaviors, and a widening gap in life expectancy relative to the nation as a whole (Arbore, 2019, p. 63). Many of these issues can be solved through transportation services that provide access to health care that older adults in rural areas need. Critical access hospitals (CAH) are available in some rural areas to provide these services but are closing at an alarming rate (MacKinney et al., 2019, p. 46). Telehealth obviates the need for long-distance transportation, but many rural Americans lack access to high-speed internet, or even decent internet (MacKinney et al., 2019, p. 49). On top of this, older Americans are often not as proficient in technology, making telehealth a tricky option for health care services among this population. While technology is an efficient tool to create better access to health care services, MacKinney (2019) states that medicine is still “about people, patience, quality of service, and processes” (p. 49). For this reason, in-person transportation is necessary and critical to the health and well-being of older adults in rural areas.

Methods and Materials

This thesis consists of various components that go along with LB5978. To research this bill, a literature review was conducted to gain an in-depth understanding of the rural older adult population in America, as well as what health care and transportation as a means of access to health care look like in this setting. This literature review revolved around the following research questions:

1. What are barriers to healthcare access in rural areas among older adults?
2. What types of healthcare services are frequently difficult to access in rural areas?
3. Why is primary care access important for rural residents?
4. What specific health care issues, such as access to inpatient care or long-term care, are most prevalent among older adults in rural Nebraskan towns?
5. What are some strategies to improve access to care in rural communities, based on literature and interviews?

After the completion of this literature review, I interviewed an older adult living in Sutherland, Nebraska, to understand her perspective on access to health care in her area, and how expanded transportation services may help. The completion of this led to the “storytelling” aspect of my bill, in which the woman, Eileen Edmond, testifies on behalf of my bill through her own experience with access to health care in a rural setting.

The following graphs represent the senators who are presenting the bill, as well as opponents and proponents of the bill, who also testified at the hearing. The geographical area they represent, their anticipated vote, their reasons for the vote, and the group they represent are all presented. This gives background to the bill itself, and the benefactors involved. The date and time of the bill are also included.

LB #999- Amendment to LB5798: Expanding NEMT Across Nebraska

4th Committee – Room 17
[Wednesday], [March] [21], 2022 @ 9:30 am

Senators

Senator & District	Contact Info	Area represented	Anticipated Committee Vote
Chair: Sen. Brianna Parr	briparr@gmail.com	LD 50-urban	for
Sen. Larry Buschon	buschonl@cox.net	LD 8-rural	for
Sen. Debbie Lowe	lowed@gmail.com	LD 12-rural	for

Opponents

Group	Testifier & Contact Info	Points
24/7 Long Distance Medical Transport	Thomas Cavalieri, 765-494-1374	For-profit long distance medical transportation

Proponents

Group	Testifier	Points
Health Resources and Services Administration (HRSA)	Bill Linden	Rural older adults are often isolated and require further attention
Arkansas Aging Initiative	Linda Mitchell	The only way to improve the health outcomes of older Americans is through influencing policy at the state and national levels
American Society on Aging (ASA)	Nancy Aldrich	Older adults deserve health equity in the form of access to health care country-wide

The Hearing (March 21st, 9:30 am)

The following is the hearing of LB5978. It occurred on March 21st, 2022, at 9:30 am. Speaking first is Senator Brianna Parr, followed by the proponents of the bill. Opponents may be present but do not speak at the hearing. Eileen Edmond, the key testimonial for this bill, speaks after the proponents. The hearing is then concluded by Sen. Brianna Parr.

*Citations are included for research citation purposes. Citations would not be included in an actual bill.

March 21, 9:30 a.m., 2022

Council Member: Good morning. We will reconvene the Health and Human Services Committee, and we will start the hearing with LB5978, Senator Parr's bill to extend Medicare non-emergency medical transportation services across central and western Nebraska. Senator Parr, you are welcome to open.

Parr: Members of the Health and Human Services Committee, my name is Brianna Parr, for the record B-R-I-A-N-N-A P-A-R-R, representing the 50th Legislative District. Today I am here to introduce a bill intended to expand non-emergency medical transportation to rural areas in Nebraska, to better serve the older adult population. LB5978 seeks to improve rural older adults' access to health care using transportation services. Through LB5978, transportation services, such as IntelliRide, will be offered to older adults in rural areas across central and western Nebraska. Currently, such services are primarily located in Lincoln and Omaha and offer rides to primary care appointments. While this is helpful to Nebraska's urban population, the older adult rural population is left to fend for itself. There are approximately 60 million individuals living in rural US areas, including millions of Medicaid and Medicare beneficiaries (Harvey, 2019). Compared to their urban and suburban counterparts, rural Americans are more likely to be living in poverty, be unhealthy, be older, be uninsured or underinsured, and be medically underserved (Harvey, 2019, p. 66). They face numerous public health issues, including a fragmented healthcare delivery system, a diminishing rural health workforce that is becoming increasingly stretched thin, the unaffordability of insurance, and a lack of access to specialty services and providers (Harvey, 2019, p. 66). As well as this, individuals living in rural America have a higher prevalence of chronic disease, a higher disability rate, a lower prevalence of healthy behaviors, and a widening gap in life expectancy relative to the nation as a whole (Arbore, 2017, p. 63). This population not only has barriers to physical health care services, such as hospital access or physical therapy; it also has major barriers to mental health care, including shortages of trained professionals in the field of aging, difficulty in accessing care, long distances to travel for care and a shortage of transportation, and the prevalence of stigma that is associated with seeking mental health treatment. Of all the barriers to health care for older adults in rural areas, transportation remains among the biggest. This is because rural American communities have gaps in public transportation, older adults start losing driving capabilities, and geographic

isolation requires rural residents to travel greater distances to fulfill basic needs such as quality health care, prescription medicines, and healthy food (Skoufalous et al., 2017). As well as this, rural areas typically lack the infrastructure and connections required to transport people where they need to go, attract quality services to the community, and avail modern technology for in-home support. If older adults can access health care earlier in their lives, it could prevent issues that hurt them in the long run. Because of this, different approaches to transportation must be found. The approach presented here is the expansion of Medicare-funded transportation services in rural areas across Nebraska. Current Medicare NEMT services in Omaha and Lincoln have proved to be beneficial to older adults. The problem is not the service itself, but its availability in rural areas. Current NEMT services provide rides to and from primary doctor's visits. While this is needed, rides to other health care appointments, such as the dentist, the physical therapist, or a specialist are also necessary. It can also be argued that rides to the grocery store and social events are needed as well, as the lack of social interaction can lead to social isolation and depression, and the grocery store is a necessity for seniors who cannot order groceries online to be delivered. For these reasons, rides that go beyond primary care visits would be introduced through this bill as well. In addition, many seniors in rural areas of Nebraska are required to drive to larger cities, such as Omaha, for specialized care. In the likely event that the senior is no longer able to drive, as driving capabilities often become limited with age, transportation becomes needed. Long-distance non-emergency transportation services are available in some rural areas but are often not covered by Medicare. Many older adults are unable to afford medical services without the aid of Medicare. For this reason, long-distance medical transportation would also be included in this bill for seniors in rural areas. While gas prices are rising, and telehealth options become more readily available, it is argued by some that increased automobile transportation would be less efficient than other means. However, to best serve our rural older adult communities, we need to create rural healthcare that is accessible, affordable, and accountable. Although the internet and internet-based services are important in increasing access to health care, we must realize that telemedicine is a tool, not a goal. Medicine is still about people, patience, quality of service, and processes. That is why I believe that LB5978 is necessary to improve the overall well-being of our older adults in rural areas, who are far neglected when it comes to quality health services. To work towards fixing this, I strongly consider you support this bill, and will gladly answer any questions. Thank you.

Council Member: Thank you, Senator Parr. We will now hear from one of our benefactors testifying on behalf of LB5978, Linda Mitchell of the Arkansas Aging Initiative.

Proponent #1: Thank you, Senator Parr. I am Linda Mitchell, for the record L-I-N-D-A M-I-T-C-H-E-L-L, and I work as the director of the Arkansas Aging Initiative and serve as a Chair in Rural Aging at the University of Arkansas. The Arkansas Aging Initiative was created to improve the overall quality of life for older adults and their families in Arkansas through the development of regional Aging Centers that provide quality, interdisciplinary care and educational programs to rural older adults. These services are not only clinical but preventative, working to reduce health disparities among this underserved population (Arkansas Aging Initiative, 2021). Arkansas is a poor, rural state, and our residents have many health issues, particularly older adults. The top three leading causes of mortality are cardiovascular disease, cancers, and cerebrovascular disease, all of which are preventable (Beverly et al., 2005). Among older adults, the top three health needs revolve around affordability issues, health insurance,

transport, and access to quality medical care. Across the nation, health care costs are a concern to all elders, but most specifically, low-income elders (Butler, 2006). Current policies do not consider our aging population. The Arkansas Aging Initiative was created with this in mind. After its implementation, 90% of Arkansans aged 65 and older were within at least 60 miles of interdisciplinary geriatric health care, each clinic serving as an outpatient department of the parent hospital (Beverly et al., 2005, p. 198) As well as this, our clinics have had 194,299 interprofessional primary care visits from underserved older adults. Because of this, Arkansas has become a key state to study the quality of life of the aging population, unlike any other state (Arkansas Aging Initiative, 2021). On top of this, hospital-based primary care clinics have shown to be profitable, in addition to increasing downstream revenue for the hospital (Arkansas Aging Initiative, 2021). Older adults need and deserve our attention, especially in terms of health care. To change the narrative for this population, we need policy; policy such as LB5978. Providing transportation to rural Nebraskan older adults would create change as we saw in our initiative. There are two options when it comes to rural adults and access to health care; bring the health care to them or bring them to the health care. Our initiative brought health care to them. This bill would bring them to the health care, and tackle yet another health issue presented in these older adults- social isolation. This transportation would provide them with a place to be outside of their homes, while also treating them with the quality care that they need. We can no longer sit on the sidelines and watch our aging population suffer. We must fight for them, and care for them as they deserve. That is why I propose on behalf of LB5978. Thank you.

Proponent #1:

Thank you, Linda. Next, we will hear from Eileen Edmond, who will also testify on behalf of LB5978. Eileen is a resident of Sutherland, Nebraska, and will be telling her story. The floor is yours, Eileen.

Benefactor #2:

Thank you. Hello, my name is Eileen Edmond, and I live in Sutherland, a small western Nebraska town with a population of less than 1,000. Here in Sutherland, amenities of any sort are hard to come by. There is one convenience store that sells some produce and meat, there are two churches, and there is a small long-term care facility. In terms of health care, this is what we've got. The nearest hospital is in North Platte, which is a half-hour drive away. The nearest physical therapist is at least a half-hour away. The nearest primary care doctor is a half-hour away. For folks who can drive, this would not be an issue. But as I've gotten older, I am no longer able to drive myself to appointments. I have had multiple hip and knee surgeries, and can no longer walk without a walker, or drive at all. This has been incredibly limiting for me. Home health care would be nice, but there are not many options available to me under my insurance that will drive to my town. It makes me incredibly anxious to ask friends to drive me, as I do not want to take their time or make them pay for gas. I have been advised to use telehealth, but I do not want to. I have a phone, but not a computer with these capabilities. As I cannot drive, I feel stuck in my home. I miss going out and seeing people for appointments and being able to take myself. I am limited from all of the places I used to go; the dentist, the hairdresser, the grocery store, and my church. I do not have any family in town, and I live alone. The social isolation can be too much to bear at times, but the anxiety of asking for help is often worse. On top of this, I have ulcerative

colitis, which is a colon condition that requires specialty care. The only specialist I have found who can treat me lives in Omaha. This is over a 5-hour drive. I am not capable of driving on my own anymore, and telehealth is not an option. I am isolated not only from other people but from the care that I need. With transportation provided to me through this bill, I would not have to worry about either of these. I would have access to the health care that is required for my well-being. I would not live in this isolation. Please, I ask for your support of LB5978 so that I and others like me would have the health care that is readily given to those in cities. Thank you.

Proponent #1:

Thank you, Eileen. We will now hear from Senator Parr for closing statements and remarks.

Senator Parr:

Thank you, and thank you also to Linda Mitchell and Eileen Edmond, for your support of LB5978. I would like you all to take into consideration what you have just heard. LB5978 would affect real people and create real results. Rural health care is an important issue; it deserves our consistent attention. Our older Nebraskan citizens do not always have the means or ability to travel the many miles that are often necessary to get the health care they need. Affordability is a huge issue, as many older adults live on fixed incomes, and recent gas prices underscore this issue. In addition, rural providers themselves face barriers and challenges as well. They have a greater patient load, they have fewer resources, and they have more patients who are reliant on governmental insurance assistance, primarily Medicare (MacKinney et al., 2019, p. 49). Through Medicare-funded non-emergency transportation, the load would be lighter on rural providers, and access to health care for older adults would be a right, not a privilege. Should this not be the case for over half of our American population? We will continue to neglect those who deserve quality health care just as much as the rest of us? I ask you to consider this, and I thank you for your time today.

Conclusion

LB5987 was created to bring awareness to a chronically underserved population. As stated previously, rural older adult Americans are more likely to be unhealthy, older, uninsured or underinsured, medically underserved, and living in poverty (Harvey, 2019, p. 66). As the average age of adults in America increases, access to quality health care is critical. While health care services in urban Nebraska are many, rural Nebraska oftentimes lacks even primary care. With a bill like LB5978, this statement could be changed. Policy is necessary to create real change. In this case, policy would increase the health of a population that deserves America's attention now more than ever.

References

- Arbore, P. (2019). Suicide prevention among rural older adults. *Generations*, 43(2), 62-65.
- Beverly, C. J., Mcatee, R., Costello, J., Chernoff, R., & Casteel, J. (2005). Needs assessment of rural communities: A focus on older adults. *Journal of Community Health*, 30(3), 197–212. <https://doi.org/10.1007/s10900-004-1958-y>
- Butler, S. S. (2006). Low-income, rural elders' perceptions of financial security and health care costs. *Journal of poverty*, 10(1), 25-43.
- Harvey, D. (2019). *Perceptions of and policy-making around aging in rural America*. Ingenta Connect. Retrieved March 23, 2022, from <https://www.jstor.org/stable/pdf/26760117.pdf>
- MacKinney, C., Dudley, D., & Schoephoerster, G. (2019). Aging Well in Rural America—the Role and Status of Healthcare. *Generations: Journal of the American Society on Aging*, 43(2), 46–54. <https://www.jstor.org/stable/26760114>
- Skoufalos, A., Clarke, J. L., Ellis, D. R., Shepard, V. L., & Rula, E. Y. (2017). Rural Aging in America: Proceedings of the 2017 Connectivity Summit. *Population health management*, 20(S2), S1–S10. <https://doi.org/10.1089/pop.2017.0177>
- Arkansas aging initiative*. Arkansas Aging Initiative - American Academy of Nursing Main Site. (2021). Retrieved April 6, 2022, from <https://www.aannet.org/initiatives/edge-runners/profiles/edge-runners--arkansas-aging-initiative>
- Book a ride*. Healthy Blue Heritage Health. (2021, September 13). Retrieved April 6, 2022, from <https://gointelliride.com/nebraska/>