

Public Hearing Testimony

SB: 1052

February 21, 2007

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Transportation to Health Care Appointments SB #1052

Driving to and from work, to grocery stores, pharmacies, restaurants and to our many personal appointments is considered a normal part of our lives. When I stop to think about how I would manage without a car I realize how dependent we are on our vehicles. I think about the distance from the stores I frequent and the locations of my physicians. I question who would drive me and wonder about what it would cost. It strikes me that there is no public transportation available where I live. And if there was would I be able to access it? I think about those who are elderly, disabled, visually impaired, those who walk slowly or who can't walk and are confined to wheelchairs. I think of the day several of us from Norwich rode the bus to the LOB to make our voices heard. A young man in a wheel chair was unable to join us because the chair lift did not work. I think of those who have no family or whose family members work and who are unavailable to provide needed transportation. I know that I would not want to be dependent upon the transportation system that our elderly and disabled are subjected to today.

We at CCCI Eastern Region assist clients who have difficulty arranging transportation to and from their medical appointments. We are often faced with the challenge of finding the appropriate transportation that will adequately meet the needs of the client. Clients on the CT Home Care Program are near or at a nursing home level of care. They often face barriers to accessing transportation to their medical appointments. When it is necessary for them to visit their physicians they have few options if they do not drive.

1. If they are lucky there is a family member or a neighbor who will drive the client.
2. If they are ambulatory and able to afford to pay they could use a taxi.
3. Some areas offer Dial-a-Ride.
4. Some homemaker agencies will provide transportation to a physician.
5. Those on Medicaid may access medical transportation. However, transportation must be arranged 48 hrs in advance and medical appointments must be within the town or the town adjacent to client's town. For example if the client lives in Norwich and had heart surgery in Hartford, the client will not be transported to the surgeons office until there is a letter written by the physician that the visit is necessary. If the client's primary physician is located in Willimantic and the client lives in Norwich and is now on Medicaid, the client would be expected to find another physician in the Norwich area or would require a letter explaining the need for transportation to Willimantic. Think about how you would feel if you were told to find a new doctor.

If the client requires a wheelchair the provider needs a medical reason why they need one. If they require an oversized wheel chair they need a letter as to why it is needed.

Medical transport will not assist the client and they will not allow someone to accompany unless there is a letter from the physician explaining the need.

If a client requires transportation to a podiatrist the state will not pay.

If the provider doesn't accept T-19 transportation will not be provided.

Some examples of issues related to transportation are as follows:

A client who suffers from macular degeneration, anxiety and dizziness was scheduled for a hearing evaluation. Her diagnosis required someone to accompany her. The transportation provider refused to allow the companion. Fearful of going without the companion the client refused the ride and missed her hearing evaluation.

When attempting to arrange for their transportation clients become discouraged because they are put on hold for long periods of time and often the transportation company employees talk fast and are impatient.

Client is legally blind and needed a companion to help with forms at the Dr's office. She was going to the eye surgeon. She was refused the transportation because she had no letter from the physician and therefore, missed 2 appointments.

A client who suffers from shortness of breath and hip and knee pain had an appt with her physician at 1:30PM. Following her appointment the client had to wait for two hours before being picked up by the medical transportation.

A client was upset that the transportation service driver, in addition to being very rude, did not drop him off at the Community Health Center for his appointment. It was necessary for him to walk 3 buildings over which caused him to suffer pain. When the center called there was no transportation available to pick him up. They called for a cab but he couldn't afford one. He had extra change in his wallet and they were able to locate a Seat Bus that would deliver him to his home.

A frail elderly client waited outside her home for over a half hour for her ride. It never came. As a result the client missed her physical therapy appointment. The clients function deteriorated, she ended up in the ER and was then admitted to a nursing home.

Client missed her regularly scheduled appointment with the ophthalmologist due to the Valentine's Day snow storm. The doctor wanted to see her to check her unstable glaucoma and macular degeneration. Neither of the two homemaking agencies she has used could provide transportation. The client does not have T-19 and the expense of a livery service for an ambulatory client was prohibitive. The client was forced to call a taxi service that would not be able to accompany her from her door to the taxi, leaving her to traverse the icy sidewalk by herself.

A T-19 provider transported an elderly woman to her eye appointment (scheduled for early afternoon). This client was given a card and told to call for pick up. CCCI received a call from the Dr's office stating that client had been waiting for hours to be picked up – the office had called transportation several times for pick up to no avail. Client's daughter was finally called to pick up client on her way home from work. Client had to wait outside after the Dr's office closed for daughter to pick her up. The person from the MD office stated she kept client inside as long as she could but had to leave and close the office.

There are several instances of elderly clients who are diabetics – not receiving the care they need from podiatrists. Title 19 no longer pays for podiatry care. Because they no longer pay, clients

cannot obtain transportation through a T-19 transportation provider and are not receiving the critical foot care needed for diabetics. Clients also find the co-pays unaffordable.

These are a few examples of what our frail and disabled elderly face when they try to access health care and are dependent upon someone to transport them. Would you want your mother or father sitting outside alone at night waiting for a ride? Would you want them to miss their doctors' appointments because of the lack of transportation or due to the barriers to accessing transportation? I don't think so. We can do better.

Thank you,

Cynthia J. Kovak