

Good morning –

I am providing this testimony on HB 7166 on behalf of the Health Improvement Collaborative of Southeastern Connecticut. Thank you for the opportunity to share the experiences and perspectives of our Collaborative members and the residents we serve.

Our Collaborative is made up of representatives from multiple sectors – healthcare, public health, community organizations and residents, all working together to advance our vision of a community healthy in body and mind that promotes access, health equity, social justice, inclusiveness and opportunities for all.

The partners on our Collaborative share a commitment to addressing systemic barriers and inequities in the social determinants of health. Transportation is a key social determinant, especially in our region. Our 2016 Community Health Needs Assessment found that 42% of those in the Greater New London area making less than \$15,000 a year stayed home when they needed to go someplace in the previous 12 months and that 20% of that population reported never or almost never having access to a car. These data drive our Collaborative members to remain vigilant regarding the level of service provided to those in need of transportation to and from medical care.

Unfortunately, our member organizations regularly receive reports from their patients that they encounter situations when their non-emergency medical transportation benefit is not provided. People report scheduled pick-ups being late – often time more than one hour late, or not coming at all. Providers have paid for cab rides for patients still waiting for their scheduled ride to arrive when it is time to close the clinic for the day. Patients frequently scramble to make alternative transportation arrangements and still end up missing appointments. This has an impact on the individual patient as well as on the efficiency of the system of care.

Our Collaborative is working to improve community conditions that impact health. We have Action Teams focused on reducing risk factors for diabetes, access to care for low income populations, mental health for Latinx residents and opioid use disorder. We have been successful in building partnerships, bringing federal resources to our community and launching innovative interventions. Unfortunately, we have also had to divert local resources to provide transportation and to advocate for people because the transportation benefits promised have fallen short. Providing quality non-emergency transportation benefits is an urgent matter of health justice. For the person who does not have access to their medication for opioid use disorder, for the patient recovering from a stroke who missed their neurology appointment, for the child living with asthma who needed an adjustment to their medication – their lives may depend upon it.

Thank you for your time.

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